

Ep. #327 - Planes of Movement - Over Posture
Fixes: A Case Study in Coordination vs
Compensation



Full Episode Transcript

With your host:
Susi Hatelly

[From Pain to Possibility](#) with Susi Hatelly

Introduction 00:00:01 You're listening to From pain to Possibility with Susi Hately. You will hear Susie's best ideas on how to reduce or even eradicate your pain, and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi 00:00:22 Welcome and welcome back. I'm so glad that you're here, because today we're diving into a nuanced and very relatable case study. One I think will resonate deeply with movement professionals, yoga teachers, yoga therapists, and even manual therapists who are listening. It's a story about forward head posture, hypermobility, and two different ways of supporting change. It's also a story about how we hold multiple lenses without conflict, and how this integration can matter way more than correction. So here's the case. One of my trainees recently shared an update about a client of hers who's been experiencing chronic neck and shoulder tension. The client also presents with a visible forward head posture, a noticeable curve kyphosis at the level of C7 to C5. If you've worked with enough clients, you've likely seen this: upper back rounds, the base of the neck pokes out, and there's often a sense of carrying the head forward, especially when seated.

Susi 00:01:18 Now, this client is also hypermobile, and she's been working with my trainee and with the manual therapist. The manual therapists have been focusing quite directly on the kyphosis at the cervical spine, offering seated chin tucks at a 45 degree angle and trying to reduce the prominence of the spinal curve. In a recent session, the client asked the therapist about this focus. Why so much attention on the curve at the neck? The therapist's answer was reasonable. She said essentially, the C7 to C5 curve was not the root issue, but rather the most visible indicator of an underlying pull. That the muscles and tissues on the front of the chest and neck, especially on the right side, were drawing the cervical spine forward and down. She described the soreness in the back of the body as a result of being pulled on, not because those back body tissues were doing the pulling. And from a biomechanical standpoint, this explanation holds water. If you imagine the anterior myofascial line; front of the neck, chest, and even into the belly and hips; you can begin to see how tightness or overactivation in muscles like the sternocleidomastoid, scalene, subclavian, and pectoralis minor could absolutely generate that forward drawn posture.

Susi 00:02:42 Add in a right dominant pull, which is so common in people who have asymmetrical habits, hypermobility, or unaddressed compensation patterns and it makes sense that the head would start to rotate or tilt subtly, and that kyphosis could increase at the lower cervical spine. So to name it clearly, what the manual therapist is seeing is not wrong. The structural pattern she's naming is real. It's not bad or misguided. It's a valid, biomechanically sound observation. And this kind of pattern focused thinking is often what people are taught in manual therapy training. Assess the posture. Identify the direction of tension. Apply manual release or corrective exercise to help realign the tissues. And yet, it's also incomplete. Here's why. The plan, as described by the client, focuses on what's tight and what's long. It's looking at anterior posterior relationship and perhaps eventually lateral structures too. And again, that's not wrong. But it doesn't account for function, it doesn't address how movement is happening and it doesn't consider how load is being shared across the system. In other words, the therapist is

identifying what looks off, but she's not looking at how the system is organizing, how the parts are coordinating to create that visible pattern, and more importantly, how to help the system reorganize in a sustainable way.

Susi 00:04:15 And this is the shift that matters most, particularly for someone who's hypermobile. Because in hypermobile clients, the issue is rarely about releasing tension. More of the issue is not enough coordinated tension. They often lack timing and coherence to share load effectively, which means certain areas overwork, while others underparticipate. The body learns to grip or brace through the places that feel the most familiar; often the neck, shoulder girdle, pelvic floor, or inner thighs; and it becomes hard to differentiate between what feels active and what's truly functional. So when we look at a visible kyphosis or a posterior chain, we need to ask, is this person coordinating movement across multiple joints? Is their breath supporting or limiting their ability to move? Are they moving through all three planes of motion: sagittal, frontal and transverse? And is their system organized enough to tolerate load without reverting to bracing? If we don't ask these questions, we risk chasing symptoms like the bump at C7 rather than supporting the system in a redistribution effort. And that's what today's episode is all about.

Susi 00:05:31 It's not about proving one approach right or wrong. It's about layering the lens. It's about seeing how structural insights can be useful and how they can become limited unless they're paired with functional awareness. And in this next segment, we'll share exactly what the trainee did with this client and why it's working. So let's go deeper into the real opportunity in this kind of case; the thing that's often missed when we focus too narrowly on what's off structurally, and that opportunity is teaching the body how to coordinate across planes of movement, not just correct a posture. In this client situation, it would be very easy to stay fixated on what the neck looks like, or on what's tight or long or pulled, but that keeps the work flat, linear. It assumes if we just release the right tissues or strengthen the right muscles, the posture will fix itself. But bodies aren't that linear. What changes people is not what we release, it's what we reintegrate. And that's exactly what my trainee is doing with the client. Let's look at a few elements she's using and why they matter so much.

Susi 00:06:36 She's helping the leg bones move better in the sockets. Well, that might seem unrelated to the neck at first glance, but this is actually helping the client access her hip joint deeply, not bracing in the quads or tucking the pelvis. And for someone who's hypermobile, this can be really huge. It's giving the system a grounded sense of orientation. When she moves the leg bone in the socket with clarity, the pelvis can organize more easily. The spine can then stack more naturally and the ribcage isn't hanging forward or splaying open. The cervical spine does not have to do all the orienting. So something as unrelated as how a leg bone moves in the hip socket can actually change the map upstream. Next, we have a movement that we often use within our program called the sunrise and sunset. And this is where a client is lying on their side, and they bring their arm up from the floor towards the sky, and they move through rotation in their torso. So you can imagine the sun rising with sunrise, going through a twist, and then arm dropping with sunset in a very flowing way, gradually building up more proprioception and control through the thoracic spine, ribcage, abdomen, and pelvis.

Susi 00:07:50 And again, this matters for her neck. Rotation is one of the first movements that can go when someone is stuck in a bracing pattern, and it's one of the more powerful movements to restore when we're helping someone come out of it. Without rotation, load can get really concentrated and the neck can try to make up for it when the ribs can't do it and the scapula can lose mobility, the breath can flatten and it can all start to tighten. And so the sunrise and sunset movement can reintroduce transverse plane movement, not just for mobility but for coordination. They can teach the whole body to participate again. The trainee also worked on differentiating between the shoulder and her trunk. This is such a key piece, especially with someone who's hypermobile who tend to move in really big global ways, helping a client isolate and then reintegrate the movement of their shoulder blade versus their ribcage or spine helps them clarify load pathways. It tells the nervous system this is the job of the scapula and this is the job of the ribs.

Susi 00:08:50 You don't need to brace and blur them together. Differentiation creates the possibility for refinement, and refinement is how coordination improves. Glute sequencing: let's not forget the glutes. In this case, the client had a history of favouring her inner thighs and shoulders to initiate movement. And that's common and often a compensation pattern that develops when the glutes aren't firing in a sequence. When the glutes come online in relationship to other parts, particularly with the pelvis and inner thigh softening, it can change everything. And there's less pulling from above and more initiation from below. The glute activation isn't about powerlifting or reps, it's about timing and relationship. And as that comes back, the upper body can let go oftentimes of its overwork. And finally, the piece I'm always watching for is the nervous system downshifting. This client, like many hypermobile folks, was over recruiting effort. Not just physically, but neurologically. She was trying hard, bracing to do it right. And what my trainee did beautifully was integrate somatic softening into the mix. That's the breath, the pauses, the cues that help clients come into sensation without fixing.

Susi 00:10:02 And when that happens, the body begins to self-correct. Not because it was forced to but because it had the space to. And this is why I keep saying function over form. The goal isn't to flatten a C7 bump. The goal is to support an integrated, responsive, adaptable system. And as a result of that better coordinated system, the kyphosis often reduces and the bump often reduces, but it becomes a result, not the focus. See, if the load is being shared and if the client is moving with more coordination, the breath is available, the rotation is returning, we're winning! That's the fuel source and the postural change becomes a byproduct, a functional change, not the goal in and of itself. In the next section, I'm sharing with you what you might say to a client in this situation, especially if they're caught between two professionals offering different models. We'll explore how to help them stay curious, empowered, and aware of what's actually changing and not what's being corrected. So this is where we shift our focus into the interpersonal side of this work.

Susi 00:11:08 The experience your client is having as they navigate perhaps two different practitioners, two different models, two different ways of understanding their body. And it's so important because even when professionals that are well-meaning and skilled, and even when their inputs are technically accurate, the client can still feel caught, caught in what feels like a

conflict, caught between correction and connection, between one person fixing and another retraining, between posture and possibility. And if we don't help them make sense of it, they may unconsciously dismiss one lens or feel confused, or even worse, question their own progress. This is where your language, your presence, your own clarity becomes the bridge. Here's a simple way to help a client integrate both experiences without setting up a right wrong dynamic. You might say something like, it's great that she's noticing what's happening at the front of your body. And that can be a real source of pull and postural change. I'm also noticing how your system is learning to share the work more evenly, like how your arms are moving more freely or how rotation is returning.

Susi 00:12:14 And these are really good signs. And they can show the system is reorganizing in a more integrated way. So notice the tone. You're not dismissing the therapist view and you're not competing with it. You're layering insight. You're giving your client a way to make sense of multiple inputs without needing to choose one or reject the other. This is one of the most powerful things you can do as a movement professional. Help the client develop discernment, not dependency. Another move you can make, especially when a client gets focused on something cosmetic like, is my neck still sticking out? Is to guide their attention towards the lived experience. Instead of asking, is the bump still there? Ask, what's feeling easier lately? What's changed in how you move? How have you noticed any new ranges or less effort in certain movements? What's your breath like today compared to a few weeks ago? These questions help to anchor a client in sensation and process and presence. And the great thing of it is that as someone asks these questions, they interweave with that cosmetic question of is my neck still sticking out? By anchoring a client in sensation, in process and presence, it helps the client notice real progress that goes beyond the mirror.

Susi 00:13:38 And the clients that I've worked with, with posture that has changed, we have maintained both sets of questions. The postural: is my neck sticking out? And the functional: is it feeling easier lately? What has changed in how you move? How have you noticed any new ranges? What's your breath feeling like today? Right? Both worlds can live. But also the truth is that many of the most important shifts, the shifts that last, don't show up as aesthetic changes right at the start. They show up in how someone gets out of bed. They show up in how their shoulders drop after an exhale. They show up in how they feel walking in and out of a room. Then as the sessions continue, those aesthetic changes change. They're noticeable, you can see them. It's really important to recognize that this is not fluff. It's the nervous system saying we're okay, we're safe enough to move differently now. Let's say your client tells you that they're not sure that anything is changing.

Susi 00:14:54 You can gently reflect. When we started working together, there was very little rotation in your sunrise sunset movements. You were recruiting mostly through your shoulder and your inner thigh. And now what I'm seeing is more movement through your ribs. We're sequencing from your hips and less gripping in your neck. That's not just movement, that's your nervous system trusting more of you to participate. This kind of reflection does more than reassure. It teaches the client what to notice. It helps them develop a more refined body map, and over time, they begin to track these changes on their own. They start to say, I feel that

unfolding through my ribs now. Or I noticed that my inner thighs aren't hijacking everything I do anymore. And that's really the beginning of embodiment. The other thing to remember here, too, is that you don't need to overexplain. Sometimes the most powerful thing is to let a client experience the result. To simply move with more ease. To breathe a little deeper, to notice the tension they once thought was just the way their body is, that is quietly let go.

Susi 00:15:59 This is why I love to ask my clients, tell me what you feel. So when they're asking why or how is this helping, you've got the layer of: what are they feeling, what are they embodying? But also you can add because we're not trying just to fix what's visible. We're helping your body learn to move in a way that includes all of you. We're retraining the coordination underneath the compensation so that compensation can integrate into something that's more coherent. Before we wrap up, I want to touch on something that might seem small but actually carries a lot of weight, especially in the context of this case. The manual therapist in this story prescribed a seated chin tuck at a 45 degree angle, a common proprioceptive exercise meant to increase awareness of head and neck alignment. If you've been in the rehab world, or even just on YouTube, you've likely seen it. The client leans back, retracts the chin and holds, often to cue activation of the deep neck flexors and improve cervical positioning. And I want to be really clear: it's not a bad cue and it's not wrong.

Susi 00:17:08 And for many people it can be really, really helpful. But it's not always a neutral one, especially with someone who's hypermobile. This is where we get into a conversation around proprioception and bracing. Here's what I often see in hypermobile clients. When they're given a chin tuck, they brace. Instead of gaining awareness of neutral alignment, they end up gripping with their deep cervical flexors. They hold tension in their jaw. Their breath gets shallow and their nervous system moves towards a state of protection rather than participation. Because here's the thing: the body doesn't always differentiate between a cue to activate and a cue to protect. If the system is already operating in a guarded over efforting state, if there's a history of needing to do it right in order to feel safe, then even the most well-intentioned cue can be interpreted as a demand. And when that happens, the body responds by locking down. That's why the context in which we introduce proprioceptive cues matters so much, and where the bigger picture is really important. If we ask someone to do a chin tuck without addressing how their spine is being supported, or how their pelvis is orienting, or whether their breath is available, then we're just layering effort on top of effort.

Susi 00:18:28 It doesn't mean we throw out the cue. It means we build capacity before we isolate awareness. So if a chin tuck is being introduced, it can be a lot more effective to do so after the person has found organization through their pelvis, or has begun to release compensatory holding in the ribs and shoulders, or learned to move through sagittal and transverse planes with softness and support. Then the chin tuck can become a refinement rather than a rescue. So if you're working with a client like this and you're seeing progress in breath, in sequencing, in mobility, you don't need to rush to fix your neck. You're not behind. You're not missing something. You're actually helping the system do what it knows how to do: restore coherence from the inside out. That's what creates sustainable change. So let's bring everything together. In this case study, we looked at two professionals approaching the same

client from different lenses. One with a structural view focused on a visible kyphosis at the cervical spine and the other with a functional, coordinated based lens focused on restoring movement and somatic integration.

Susi 00:19:38 And both perspectives have value. The manual therapist wasn't wrong to notice the anterior tension, especially through the right side of the neck and chest, could be pulling the cervical spine forward. She wasn't wrong to point out that the soreness in the back might not be from overuse, but from being pulled upon. What her plan didn't account for was how the system moves, how breath, pelvis, ribcage and shoulder all contribute to whether the neck needs to do extra work and how posture isn't just a matter of muscle length, but of load distribution, timing and coordination. And that's where planes of movement really come in. We talked about how the trainee supported the client, using how the leg bone moved in the socket, and sunrise and sunset for transverse plane rotation, shoulder trunk differentiation, glute sequencing, and somatic softening to recalibrate effort and trust. These practices don't target the neck, per se, and that's one reason why they work. They bring the whole system online. Instead of trying to flatten the C7 bump, they were helping the body redistribute the load. Instead of chasing the symptom, they supported the system.

Susi 00:20:48 And when that happens, the visible patterns often shift on their own, not because they're being fixed but because they're no longer necessary. We've also talked about the role of language and how to help clients hold multiple perspectives without confusion. You don't have to pick a side. You can name what's true from each lens and help the client stay rooted in what they're actually experiencing, not just what someone sees. And finally, we get to look about the nuance behind a seemingly simple cue, the chin tuck. We named how proprioceptive exercises can help or hinder, depending on whether the system is ready. And we remembered that sequencing and support come before refinement, not the other way around. So whether you're working with clients who are hypermobile, chronic pain, or just navigating different voices in their healing process, have this be a reminder: you don't have to force change. You don't have to fix what you see. You can support what's happening underneath and let the body surprise you. Because when we teach through planes, when we support integration, when we help clients notice what's already changing, we open the door to real, sustainable transformation.

Susi 00:21:57 And that's really the heart of this work. And I'm so glad you're here. I'm so glad you're involved and that you're doing it. Thank you. Thank you for being with me today. If this episode has really lit something up for you, and you want to dive deeper into supporting people to reduce and eradicate physical pain, I invite you to join me for the Yoga Therapy Certification program and the Therapeutic Yoga Intensive. You can read all about the intensive at functionalsynergy.com/intensive and the certification program at functionalsynergy.com/certification. Both programs join together to form the 1000 hour IOIT accredited yoga therapy program. They are a great, great resource for you to build a business to help people, in a really novel and effective way, reduce and eliminate physical pain. Until next time, keep listening, keep observing, and keep honouring the possibilities unfolding right beneath the surface.