

*Source: submitted by the Authors;
First published in Jivaka Journal*

A Thai Approach to Rounded Shoulders

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“Every day we sit, stand, read, work and exercise in positions that are detrimental to our posture. Posture is an aspect of training that is often overlooked; however, improving your posture is just as important to your regular fitness routine as proper nutrition, exercise and stress management. Improving your posture can help improve your health.”¹

What is Rounded Shoulder?

Rounded Shoulder, or Protracted Shoulder Girdle, is a chronic condition which is defined as “an increase in the convex [curving or bulging outward] nature of the curve”² of the upper back. A person suffering from this condition may take on a ‘hunched’ or anterior compressed posture, which, if left untreated will increase in severity with age. Currently, this disorder affects over two thirds of the population in the United States.³ As our increasingly sedentary society continues to ignore proper posture when behind the wheel, while watching television and/or working at a computer,⁴ and at the same time, continues to adopt exercise routines that over- focus pectoral muscles and neglect opposing muscle groups in the back, incidents of Rounded Shoulder will continue to increase over time.

Physiological Effects of Rounded Shoulder

The physiological effects that are often attributed to Rounded Shoulder vary in incidence and severity from person to person. Compressed nerves in the shoulder girdle are common and in some cases cause numbness, tingling or even pain which may radiate down the arm. Since the pectorals are in a continually contracted state “Rounded shoulders can restrict rib cage expansion”⁵ and as a result, may lead to difficult or labored breathing. Tight pectoral muscles can also pull the shoulder girdle forward, out of its anatomical plane of movement, and cause a decreased Range of Motion,⁶ discomfort or even pain. Continued contraction over an extended period of time will eventually lead to a shortening of the tight muscle, lengthening/weakening of the opposing muscle group in the back, and leave a person vulnerable to knots and/or permanent muscle damage.

Treating Rounded Shoulder – Western Style

The list of contributing factors for Rounded Shoulder is long. Because of this, there is no one set method of treatment, no silver bullet that will eradicate pain, pinpoint cause and erase existing muscle damage. That being said, an assessment of possible causative factors and a change in lifestyle can eliminate the suspected cause(s) of the disorder and stop its progression.

The aforementioned change in lifestyle often takes the form of a prescribed set of stretches and/or exercises that are specifically designed to elongate the pectoral muscles, release tension in the shoulder and allow the chest, shoulders and back to return to their anatomically correct position. Other exercises that are also suggested are those that strengthen the over-stretched and weakened back muscles to create a more stable operating environment for the free-floating shoulder girdle. Of course, the success of these stretches depends primarily on the determination of the client, so progress is reliant upon strict adherence to one's prescribed stretching regimen.

How Thai Massage Can Help

When a client receives a diagnosis and calls upon a Thai Massage practitioner to help with recovery, the initial response must be to translate the patient's needs from 'Western' concepts of disease into a traditional Thai approach. Since Thai massage works primarily with preserving and/or re-establishing energetic balance to the body, the most sensible place to begin treatment would be to first ascertain which of the sen line(s) (aka. energy lines, meridians, etc.) appear to be affected. Once this diagnosis is made, a course of treatment can be designed and put into practice.

According to Thai belief, Rounded Shoulder occurs as a result of energetic blockage in the Kalatharee sen:

Sen Kalathari starts at the navel, where it divides into four lines like an X that travels symmetrically on both sides of the body. The top two lines travel up to the armpits, passing above the nipples on the way. From there, they travel inside the middle of the arms to the wrists. At the wrists, Sen Kalathari splits into five branches, with each branch running to the tip of a finger. They then retrace themselves up the hands and arms, to the collarbones which they run under, up the sides of the front of the neck and face, over the temples to the end of the eyebrows. From there, they run up over the sides of the head and then down the back sides of the neck. Just below the neck, they branch off to the armpits, where they merge with the aforementioned lines traveling inside the middle of the arms. The main trunks continue down the back to the ischial tuberosities (the bones at the bottom of the pelvis that bear the body's weight when you are sitting down – commonly known as the "sit bones."). From there, they go down the backs of the thighs to the backs of the knees. From the backs of the knees, they travel down the middle of the backs of the calves to the feet. At the feet, Sen Kalathari splits into five branches with each branch running to the tip of a toe. Sen Kalathari then retraces itself up the feet and then travels up the fronts of the lower legs to the knees. It goes through the knee joints and then travels up the fronts of the lower legs to the knees. It goes through the knee joints and then travels up the backs of the thighs to the ischial tuberosities. From there, it goes through the legs to the femoral pulses in the inner and upper thighs, where there is a pathway from one femoral pulse to the other, connecting the right and left lines. From the femoral pulses, Sen Kalathari returns to its starting place at the navel.⁷

Since Kalatharee travels through the shoulder girdle, manipulating it with acupressure, joint mobilization and yogic stretching can effectively locate the source of the blockage and encourage a more healthy flow of energy through the body. Salguero supports this theory and offers further advice in the treatment of Sen blockages in his book *Encyclopedia of Thai Massage*. He says that it is important to:

“Apply strong presses to the site of the blockage, and then to move along the sen away from the site, as if ‘flushing’ the blockage away” Travel all the way to the ends of the meridian or meridian segment,

and finish by returning to the site. This encourages the disposal of stagnated energy, and then encourages the flow of fresh energy.”⁸

In some cases, the client may be experiencing numbness, tingling and pain radiating down the arm. In such an instance, it is advisable that the practitioner begins treatment with this “flushing” at the point where the Kalatharee travels through the shoulder. This is most commonly the site of the blockage and the altered sensations in the arm are often referred pain brought on by the lack of proper energetic flow. It is also effective to apply heat, hot compresses and direct acupressure to the site of injury in order to break any energetic obstructions in the area that may be impeding proper flow of energy and, as a result, causing pain and impinging movement.

According to Thai medical theory, if the client’s shoulder girdle is anatomically misaligned, it is also believed to be a result of energetic blockage in the Kalatharee sen. Despite this similarity, the actual causes and site of the blockage are quite different. The location of the energetic blockage is often situated in the pectoral muscle itself, and as a result, the client frequently presents with difficulty breathing. When this occurs, administering pressure to the site of blockage is difficult as it is often uncomfortable for the client. Symptoms of the condition are best alleviated by treating the correlating Sumana sen which “runs from the navel to the base of the tongue.”¹⁰ This, combined with intentional acupressure and joint mobilization to the Kalatharee Sen will effectively treat Rounded Shoulder.

Specific Thai Yoga Massage Stretches for Rounded Shoulder

*Please note that the following stretches should only be performed by qualified Thai Massage Practitioners and should not be attempted otherwise. These exercises require knowledge of proper body alignment in order to reduce the risk of injury for both client and therapist.

WALKING BACK STRETCH

Have your client sit in front of you on the mat with legs straight or in a cross-legged position. Ask the client to reach both arms toward you with palms facing up and thumbs rotated towards each other. Reach forward and grab both forearms. Position your feet so that your toes are just beneath the client’s scapula. Your knees should be bent. From this position, use your body weight to pull back on the arms, rotating toward you slightly (medially). At the same time that you pull on the arms, apply a small amount of pressure with your feet while the client exhales. Hold for a breath or two before releasing. Repeat the stretch a few times, dropping your feet an inch or two with each adjustment. This stretch elongates the pectoral muscles and helps maintain and/or re-establish proper vertebral alignment. It also applies pressure to the rhomboids, which may be damaged, and/or have “knots.”

BACK STRETCH

Have your client sit cross-legged in front of you with both arms extended skyward and palms together in a prayer like fashion. From a standing position, take hold of your client’s forearms and place your knees just between his/her shoulder blades. Gently lift the client’s arms up and toward you, while at the same time, applying pressure to the upper back with your knees. This stretch will lengthen the pectoral muscles and open the chest to inspire deeper breathing and proper energetic flow along the Sumana sen.

COBRA

Have the client lie face down in a prone position. Situate yourself on top of the client with your knees just above the iliac crest. (This is important so as not to force extreme compression in the lumbar spine.) Hold the client's forearms in the same manner as seen above in the Walking Back Stretch. Gently lean back with your body weight to lengthen the pectoral muscles and encourage the chest to open.

For clients that are suffering from more severe forms of Rounded Shoulder, Cobra pose may be difficult and/or too intense to perform. It can be supplemented by hooking your fingers under the client's shoulders and manually drawing the scapulae together by leaning your body weight back. This will open up the chest and inspire proper energetic flow on both Sumana and Kalatharee sen.

SHOULDER MOBILIZATION

From a side-lying position, have your client bring the back of his/her hand to the sacrum, creating a 90 degree angle at the elbow. Using thumb presses, finger presses, and/or a bladed hand, apply gentle pressure just below the scapula. At the same time, use the other hand to pull the front of the shoulder, just lateral to the deltoid, toward you in a rotational motion. Repeat on the other side to lengthen the pectoral muscles. From this position, you can also address knots and/or energetic stagnation in the rhomboids with finger presses and/or thumb presses.

MODIFIED FISH POSE

Fish Pose may be too intense for clients with Rounded Shoulder, so this modification is more appropriate. Have your client sit with his/her legs extended forward. Place a bolster or firm folded blanket behind his/her hips. Support the head and thoracic spine as the client leans all the way back to lie flat. Sit behind the client's head and from this position, gently hook your fingers underneath the skull at the occipital ridge. Lightly pull to lengthen and align the cervical vertebrae. You can also encourage further chest expansion by pulling the armpits open and out.

Endnote

While it is always important to address specific issues that a client brings to the mat, it is equally important to practice mindfulness for the well being of your client, to trust in the knowledge of the Father Doctor and to respect the lineage from which this energetic healing has been passed down through generations. "The true practice of the art of healing – be it nuad boran (Traditional Thai Massage) or any other type of medicine – is in the compassionate intent of the healer."¹¹

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Note: The information presented in this article is in no way intended to be used as a tool for diagnosis and or treatment. It is meant only to compare Eastern and Western approaches to a specific physical condition.