

POSTURE → PRIORITY FRAMEWORK

Decision Reference (Version 1)

PURPOSE

This framework exists to help instructors make clear, restrained decisions in real time.

It is not a classification system.

It is not a diagnostic tool.

It is not an exercise list.

It is a thinking lens.

WHY THESE 5 POSTURE PATTERNS (V1 LOGIC)

We start with the five posture patterns that instructors see daily on the Mat and Reformer, in both group and 1:1 settings. These patterns:

- appear in ~80% of clients
- explain most compensation
- directly affect cueing, load, and breath
- are observable without medical framing

THE 5 CORE POSTURE PATTERNS

1. Anterior Chain Dominant

(Rib thrust / hip-flexor driven)

Observe

- Rib flare, lumbar extension
- Constant hip-flexor engagement
- Breath held high or forward

Priority Segments

- Pelvis, Rib cage

Treatment Intent

- R — Hip flexors, lumbar extensors
- A — Deep abdominals, glutes
- M — Pelvic control

Exercise Direction

- Exhale-led movement
- Posterior pelvic organization
- Low-load spinal articulation

2. Posterior Chain Dominant

(Tucked pelvis / gripping back line)

Observe

- Flat or restricted lumbar spine
- Over-gripping glutes and hamstrings
- Limited hip-spine dissociation

Priority Segments

- Pelvis, Lumbar spine

Treatment Intent

- R – Glutes, hamstrings
- L – Posterior chain
- A – Controlled hip flexors
- M – Spinal articulation

Exercise Direction

- Controlled spinal extension
- Hip-spine differentiation
- Gradual load tolerance

3. Lateral Shift / Asymmetrical Load

(Unilateral dominance)

Observe

- Uneven weight-bearing
- One hip or shoulder consistently leads
- Rotation bias

Priority Segments

- Feet, Pelvis, Rib cage

Treatment Intent

- R – Dominant side
- A – Underactive side
- M – Weight transfer

Exercise Direction

- Unilateral work
- Slow transitions
- Load awareness (not forced symmetry)

4. Collapsed / Low-Tone Structure

(Low rebound, poor organization)

Observe

- Poor postural tone
- Joint hanging or hypermobility
- Fatigues easily

Priority Segments

- Feet, Pelvis, Scapular stabilizers

Treatment Intent

- A – Intrinsic stabilizers
- M – Joint centring
- A – Proprioceptive support
- A – Breath-pressure system

Exercise Direction

- Short-range control
- Ground reaction awareness

- Stability before mobility

5. Rigid / Over-Controlled Pattern

(Strong, precise, inflexible)

Observe

- Excessive muscular control
- Restricted breath
- Limited adaptability

Priority Segments

- Rib cage, Spine, Breath

Treatment Intent

- R – Global tension
- M – Spinal fluidity
- L – Myofascial chains

Exercise Direction

- Flow-based articulation
- Reduced cue density
- Rhythm and timing

THE DECISION FRAMEWORK (CORE TOOL)

1. Identify dominant posture pattern
2. Select 2–3 priority segments max
3. Choose treatment intent (R / A / L / M)
4. Select exercises that express intent
5. Observe the response, then adjust

EXAMPLE (REAL-TIME USE)

Rib flare + tight hip flexors

- Pattern: Anterior Chain Dominant
- Priority: Pelvis + ribs
- Intent: Release hip flexors, activate deep core
- Direction: Short-range, breath-led pelvic control
- Cue less. Observe more.

We do not do more.

We decide better.

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