

The Accidental Ergonomist

More power, less pain with Tim Finucane



Standing 101

If you read "Sitting 101" then I hope you are curious to know how to stand truly elevated, i.e. in a manner that is easy, light and energising, and that also lessens the load on the neck, shoulders and lower back. The problem today is that many attempts to 'lift the body' fail because they unwittingly lead to oppressed use.

Standing elevated is actually very easy IF you understand the way different choices of balance affect the body. To understand elevated standing it is important that we acknowledge the difference between standing **correctly balanced** over the front or balls of the feet and standing **incorrectly balanced** over the middle of the feet or over the heels. Unfortunately most of us (including most medical experts and personal trainers) have **never been taught to make this distinction** - unless we play sports like basketball. Only then do we all seem to agree that you have to stand and move from the balls of the feet because this is what enhances the coordination and control needed to be able to react and move quickly.

Standing is a little **more complicated than sitting** because the upper body must also be correctly balanced over the legs, which themselves may be correctly or incorrectly positioned.

Oppressed standing occurs when the weight of the whole body is over the middle of the feet or heels and the weight of the upper body is allowed to shift backwards so that the pelvis starts to tip backwards. The support along the front of the chest is **weakened** causing the shoulders and head fall forwards. The arms become less connected with the whole body which is why **extra effort** to carry or control things has then to be made **from the shoulders and upper back**. It is the long term use of the arms in 'disconnected mode' that leads to the accumulation of tension in the neck, shoulders and upper back that then causes discomfort, stiffness, pain and eventually disability.

No amount of 'pulling the shoulders back' or 'straightening the back' will correct the tendency to collapse or the need to 'work from the shoulders', because these 'corrections' are too shallow (which is why they have to be repeated thousands of times ad infinitum). Nor will treatment of the muscles and joints correct **the way the WHOLE body is balanced and directed**, even if treatments undoubtedly do provide relief. These interventions fail most often to cure the aches and pains caused by misuse because **they do not address the basic mechanism** that governs the way oppressed standing is created and maintained.

To get into elevated standing try the following:

1. begin by standing normally, with your weight distributed **equally** on both feet, which should be spaced naturally apart and not together or wide apart
2. go up on your toes - this will lengthen your body naturally; if you wish you can **imagine** that you are trying to look over a fence
3. keep yourself tall (maintain your length) and come down **SLOWLY**.
4. when your heels touch the ground **STOP WITHOUT DEVIATING**, i.e. without shifting your body weight backwards; the whole under-surface of your feet should be in contact with the ground, BUT your body weight should be centred over the **front or balls of the feet** only.
5. **repeat** this sequence a few times and **observe very carefully**; if you discover any tendency to shift backwards after the heels touch the ground then repeat until this is eliminated; in the end you should be able to go **directly up and down** without any lateral movement



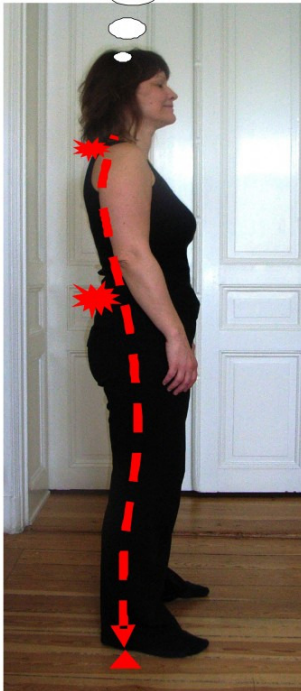
This woman had a herniated disk and a whiplash injury. Learning to stand elevated benefited her immediately as it reduced the pressure in her spine

If you have access to someone who knows how to do MUBA testing then you will be able to confirm that this standing is very stable and strong and also very secure.

If you cannot test this standing posture then you will either feel good about standing like this - it will feel light and easy - or you won't. If you don't then it is very likely that you have have some questions. For example:



- why do you feel as if you are **leaning forwards**, or even about to fall forwards?
- why do your **calves feel tense**?
- why do your **feet start to ache**?
- why does it feel as if your whole body is making **extra effort to stand** like this?



Because oppressed and elevated use are **fundamentally opposite strategies** it requires a little patience as well as tolerance for the fact that your body will probably **complain** a little (just as it will if you go to a gym for the first time in a number of years). I'll explain more about this in more detail in the next article. In the meantime have a go and see what happens and at the same time consider the following: **current thinking about posture and body use**, most often based on plumb line alignment, 'straight back thinking', and middle of feet or heel standing (or sitting bone sitting) **is reflected directly** in the oppressed use (and associated disorders) that far too many of us are struggling to escape from.

The irony of this is that this thinking - **that contradicts our efforts to use the body in a strong and healthy manner** - is the thinking that is **most often referenced and encouraged** by health experts all round the world - including manual therapists, ergonomists, rehabilitation specialists, personal trainers and even researchers and doctors.

Habitual oppressed standing - which for this woman was corrected **FOR THE FIRST TIME** after 9 years on sick leave!