

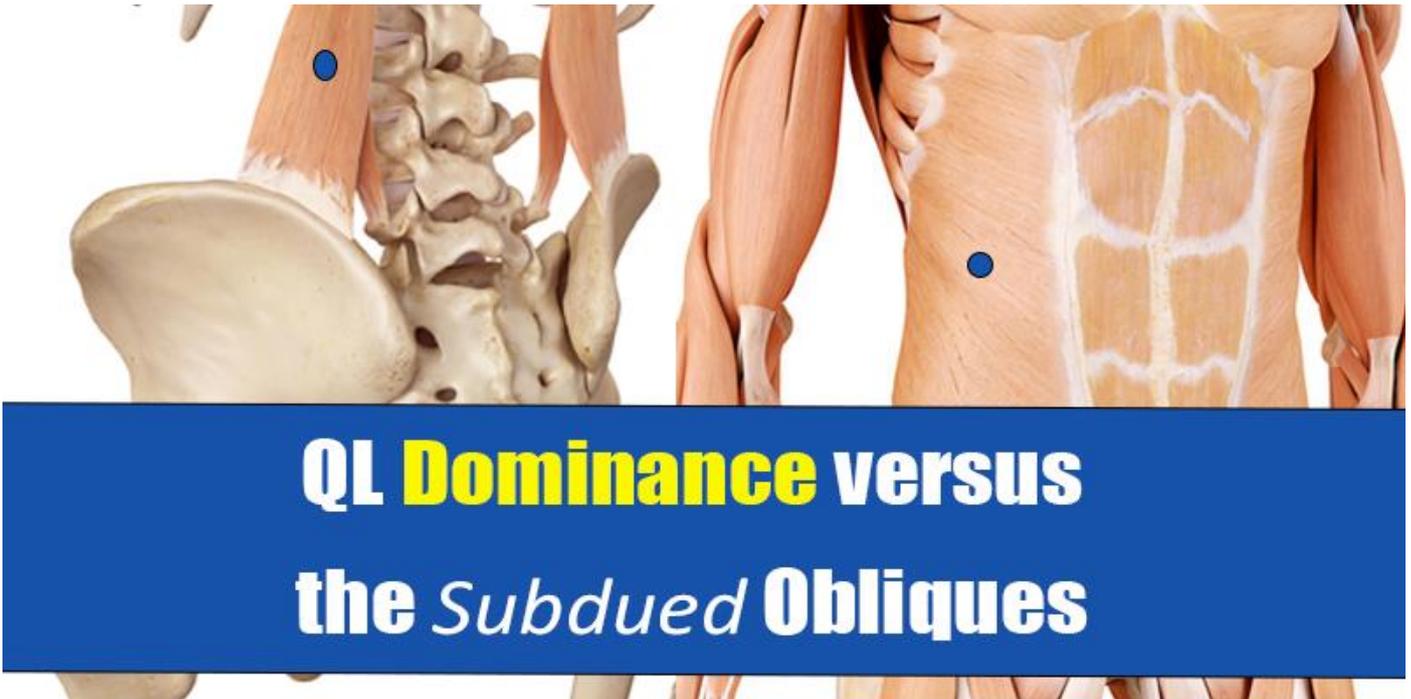
QUADRATUS LUMBORUM VERSUS OBLIQUES

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QL Dominance versus the *Subdued* Obliques

How often have you heard your client or patient say that they feel all of their oblique work in their back? They have no sensation of it being in the area of the 'Love Handles'. Whether you are trying to assist your client with toning or whether you are trying to create strength for rehabilitation, the form and effective function of these muscle groups must be the priority. This will enable you to avoid compensation and increased dominance of an already hypertrophic muscle.

So, what is actually happening and why?

Let us analyse it from a Biomechanical perspective.

Step 1: What pelvic tilt does the client have?

- **Posterior;**
A posterior pelvic tilt will lend itself to a lengthened QL (Quadratus Lumborum) because the QL is active in lumbar back extension, an anterior pelvic tilt, a lateral pelvic tilt, spinal rotation and breathing. However, even if the QL is lengthened, it may be in a state of spasm due to having to hold the pelvis posteriorly in an eccentric position.
- **Anterior;**
An anterior pelvic tilt will cause the QL to be in a shortened state. This does not necessarily mean that it is tight, it just means that it is constantly active. It could also be more unilaterally active especially when the anterior tilt is combined with a lateral tilt.
- **Lateral;**
A lateral tilt is a QL's best friend as it is a strong lateral tilter. It is quite common that a client with an anterior tilt and a lateral tilt in their pelvis will struggle to get the sensation and activation in the Obliques because the movement is masked by the QL.

Step 2: What is the flexibility of the QL and Hip Flexors

If the QL is really inflexible, then it will not enable the client to lie in a neutral pelvis (even if they are lying laterally on their hip as seen in a common side or oblique exercise) or in a slight posterior tilt. The neutral pelvis and slight posterior tilt will favour activation in the anterior torso therefore, shining a 'spotlight' on the obliques rather than the lumbar spine. If the Hip Flexors are tight, then this too will affect the client's ability to gain effort in the front and front-side of the torso. Therefore, a change in the leg position as well as the torsos can enhance and anterior activation in the torso.

The image below depicts the spotlight that I am referring to in the paragraph above. This image is taken from our [Training Your Eye Online Video Course](#). Here we show how we can change the dynamics and form of the exercise through simple yet effective adjustments to the torso and pelvis.



Step 3: What is the Strength of the Abdominals and is this important?

How strong do you think the abdominals need to be in order to change the position of the pelvis from an anterior tilt to a neutral or posterior tilt? The answer; not very strong at all. They just need the ability and awareness to activate effectively and pull the pubic symphysis through to the desired position. This needs to be a focus when performing lateral spinal flexion because this will assist you in avoiding the most common compensation of lateral flexion work which is TFL dominance and an anterior pelvic tilt.

*The activation of the abdominals is not as intense as you might think, this we too tested with an **EMG**.*

Step 4: What is the client's habitual movement patterns?

This is very important. A short or continuous concentric QL is unhappy as well as a constantly lengthened QL. The short QL will tell you that it is short and unhappy and it will dominate movements like lateral spinal flexion. The longer QL will tell you that it is unhappy too as it is expected to maintain the pelvis when the pelvis drops into the posterior pelvic tilt. Spasm is common as well as a sensation of obvious muscle activation in the area of the QL.

Step 5: What is the Lateral Flexion Flexibility?

Can you remember learning that the shorter side is always stronger? Or is the QL on the shorter side more dominant and are the obliques struggling to fire? What if you were to train the shorter side in a lengthened position and the longer side in a shortened position? Short never means strong, but it does mean that it can be favoured in a repetition. Clients tend to be really tight laterally on their torso and we really want to improve this range because this will allow the QL to release as you go into full lateral flexion and it will also enable you to reach a good state of oblique contraction without QL dominance in every repetition. This combined with the altered pelvic tilt and abdominal awareness can be a powerful tool in your tool kit to enhance oblique activation.

Step 6: What is the habitual position of the thoracic spine?

Have you noticed your clients flex their thoracic spine when doing lateral flexion? It is like a little moment of 'momentum' that they give themselves with that wonderful built-in **Garmen** kicks in and immediately speaks to the Rectus Abdominus and asks it to kick in *now* because the obliques are not that efficient in this movement. If the thoracic spine is slightly kyphotic, it makes for more challenging oblique work as the lateral flexion is compromised.

Step 7: What load are you using?

We are used to moving our spines in flexion and maybe in extension, but we tend to restrict the number of times that we do lateral flexion. Due to this, our spine is more vulnerable in all functional lateral flexion movements because we do not do this movement enough and because we are possibly inflexible in this position. Hence our range is restricted and our body awareness of the movement is poor. This is one movement where we need to ensure good form.

Therefore, supported lighter load in full to medium range when starting oblique training and with this ensuring a good pelvic position, abdominal awareness and adjusting the body according to the flexibility of the hip flexors. Only when this form is looking great, do we add in load and start using less support. We only have **ONE** spine, so we need to be cautious of the steps to getting the torso stronger.

Step 8: Do you incorporate Isometric and Isotonic training?

Incorporating both isometric and isotonic oblique training with following the guidance in step .7. and with taking all the information above into account, can really take your oblique training to a new level of success. The main objective here is to **not** ELIMINATE QL COMPLETELY (How would you do that?), but you want to ensure that the Obliques are getting the most effective workout or training as they should be the primary movers in lateral flexion.

Incorporate slow isotonic training and when you see that the form is good, then increase the speed. For isometric training, increase the time of the contraction. Remember, when it is challenging then it is making a difference.

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