

# The Thoracic Spine Screams for Release and Strength

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## The Thoracic Spine SCREAMS for Release & Strength

*Our Vitality can be gauged by our ability to move freely and effortlessly. As we age, we require our Thoracic Spine to maintain our Torso posture and it has to enable us to move efficiently for our functional movements. Looking at the ageing effects on the spine, we need the ability to maintain a neutral thoracic spine for as long as we live. But the current state of the 'Thoracic Spine' is affecting people of all ages and this needs to be addressed immediately if we are to change the way the youth and the adults age.*

*So, what is actually happening and why?*

Let us analyse it from a Biomechanical perspective.

### Step 1: What is the Thoracic Spine's resting position?

- **Restricted Flexion;** A lot of restricted flexion comes down to lifestyle and habitual movement patterns or lack thereof. This restricted flexion will therefore, affect the scapula stability, neck alignment as well as how the muscles in this area 'hold on' to the upper back. Imagine it as an elastic band that is constantly stretched over a curved surface, would it not start tethering and taking tremendous strain as well as lose its ability to shorten. Well, this is exactly what happens when we are in a constant state of flexion in our Thoracic Spine.
- **Unrestricted Flexion;** This refers to a Thoracic Spine that is often in flexion but it actually has the ability to go to neutral and possibly extend slightly. This unrestricted spine is easier to work with because there does not need to be mobilization before attempting to strengthen the spine.

## Step 2: What is the flexibility of the Abdominals?

It is one thing to mobilize the thoracic spine, but many clients are not able to fully extend their spine due to tight abdominals. This is purely because they never do any functional movements that actually allow them to stretch the abdominals. This does not only affect the ability of the thoracic spine to maintain its position with the use of the back extensors but it also affects our ability breathe effectively.

*The image below is taken from our [Spinal Isolation, Restriction & Rehabilitation Course](#) and it depicts a simple method to encourage the Thoracic Spine to work against a lower load.*



## Step 3: What is the ability of the Thoracic Spine to Extend and Rotate?

We are supposed to achieve approximately 30 degrees of rotation in our spine and we should be able to do a marginal amount of extension. This range is important for our functional movements as well as spinal health. An inability to move the spine creates tension in the shoulders, neck and torso which will lead to scapula instability, neck issues as well as spinal release issues. This means that you are now literally a walking 'stick man' and free movement does not form part of your natural movement.

*The activation of the thoracic back musculature to create a neutral to slightly extended thoracic spine is minimal, this we tested with an **EMG**.*

## Step 4: What is the influence of the cervical spine?

**This is very important.** The thoracic spine, glenohumeral joint and the cervical spine are '3 peas in a pod', where one does not work successfully without the others success. They are an undeniable team and they need each other for support, stability and strength. They have musculature that is closely interlinked and therefore, one affects all.

## Step 5: What is the Flexibility of the Pectorals?

It cannot be a given that a flexed thoracic spine = tight Pectorals. This needs to be tested because in step .1. above we established that the Thoracic Spine can be 'stuck' or just resting in kyphosis. Should the Pectoralis Major be tight, then the Scapula will be inhibited in its ability to retract or adduct. There will also be a restriction in the activation of the Serratus Anterior. If the Pectoralis Minor is tight, this will increase the activation in the Levator Scapula, Upper Trapezius and Rhomboid Minor. This in turn will inhibit the Serratus Anterior activation and restrict the ability of the Thoracic Spine to extend (*refer to the pelvic curl with arms above the head as a reference*). ***I will be teaching this in the video.***

## Step 6: What load are you using?

Remember we spoke about the elastic band effect. When you are trying to retrain a muscle that is constantly long (eccentric), particularly the back extensors, you want to wean them into contracting. You do not want to load them with heavy weights immediately especially the upper back. First teach it how to contract, and then increase the load incrementally. This will help you avoid unnecessary upper back strain, neck strain and shoulder strain. Baby steps applies here, but don't stay in the baby phase for too long because strength comes directly from load.

## Step 8: Do you incorporate Isometric and Isotonic training?

Incorporating both isometric and isotonic thoracic spinal training with following the guidance in the steps above can really take your spinal training to a new level of success. The main objective here is to ***strengthen the back for spinal health and functional movement.*** Posture requires isometric activation so you would definitely want to bring that into your training. In fact, this should form a large part of your training.

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 that when it is challenging then it is making a difference.

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