

## Basic starting positions and exercises

### 1. Supine

Functional type	Description	Passive corrections (pads)
G1	Both legs in Flexion Correct frontal and sagittal alignment Variable arm action	None in classical JK (but Protect) Soft roll in TL and L JK Lateral W pads (Thoracic Lordosis) W pads under distal under ischions (LS lordosis) <i>Head support if necessary</i>
3C A Type	Both legs in flexion. Correct sagittal alignment. Trunk in the sense of correction (diagonal line to the 'weak side') + neck and head. Check imaginary ventral line. Variable arm action.	'weak side' shoulder. dorsal rib hump. 'weak side' pelvis. <i>Eventually:</i> The lumbar prominence in sub-types A2/A3 <i>Head support if necessary</i>
Non 3 Non 4 (C1 and C2)	Both legs in flexion. Correct sagittal alignment. The trunk vertical from the pelvis or minimum. Check imaginary ventral line. Variable arm action.	'weak side' shoulder. dorsal rib hump. lumbar region at the weak side <i>Head support if necessary</i>
4C B Type	The legs: Convex T side: in flexion. Concave T side: in extension + abduction. Pelvis Centered/non-rotated/untitled Correct sagittal alignment. Trunk vertical from pelvis + neck and head. Check imaginary ventral line. Variable arm action.	'weak side' shoulder. dorsal rib hump. lumbar prominence.  <i>Head support if necessary</i>
Lumbar / Thoracolumbar E Type	Like in four curves.	lumbar / or TL prominence.  <i>Head support if necessary</i>

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## 2. Prone on a Stool with roll

Functional type	Description	Passive corrections (pads)
G 1	Pelvis on a stool (+ roll. No roll in rigid TL K)	Both arms (roll or stool) for an specific de-K exercise Specific pads for 'carinatum or excavatus'
3C A Types	Pelvis on a stool (+ roll) Both legs in extension, side by side and mildly translated to the concave thoracic side (3 <sup>rd</sup> and 5 <sup>th</sup> pelvis correction). Correct sagittal alignment The trunk in the sense of correction (diagonal line to the 'weak side') + neck and head. Both elbows in flexion with the forehead on both hands / or with the forehead on the 'weak side' hand and the opposite (Tprom side) on a roll for specific SCTPS training.	Tprom side 's elbow Ventral rib hump. Pelvis on the convex thoracic side (Tprom side).
Non 3 Non 4 C Types	Pelvis on a stool (+ one roll). Both legs in extension and vertical to the pelvis. Correct sagittal alignment. Trunk vertical from the pelvis. The elbows in flexion with the forehead on both hands / or with the forehead on the 'weak side' hand and the opposite on a roll for specific SCTPS training.	Tprom side's elbow. Ventral rib hump.
4C B Types	Pelvis on a stool (+ roll. No roll in rigid TL K) Pelvis centered/Non-rotated/Untilted Both legs in extension: Convex T side: vertical to the pelvis. Concave T side: in abduction + external rotation. Correct sagittal alignment. Trunk vertical from the pelvis + neck and head Elbows in flexion with the forehead on both hands / or with the forehead on the 'weak side' hand and the opposite on a roll for SCTPS training.	Elbow on the convex thoracic side.
Lumbar / Thoracolumbar E	The pelvis on a stool (+ a roll). Both legs in extension and vertical to the pelvis. Correct sagittal alignment. Trunk vertical from the pelvis or minimum thorax translation to the 'weak side' + neck and head. The elbows in flexion with the forehead on both hands	None

### 3. Prone on knees.

Functional type	Description	Passive corrections (pads)
G 1	Both knees separated by the same distance of the hip joints. Both thighs on the vertical. Trunk anterior tilt Correct sagittal and frontal alignment	None
3C A Types	Both knees separated by the same distance of the hip joints. Both thighs on the vertical. Trunk anterior tilt Correct sagittal alignment Trunk in the sense of correction (diagonal line to the 'weak side') + neck and head. Elbows in flexion with the forehead on both hands.	Elbow on the convex thoracic side. <i>Tprom side's knee</i>
Non 3 Non 4 C Types	Both knees separated by the same distance of the hip joints. Both thighs on the vertical. Trunk anterior tilt. Correct sagittal alignment Trunk vertical from the pelvis The elbows in flexion with the forehead on both hands.	Elbow on the convex thoracic side.
4C B Types	Both knees separated by the same distance of the hip joints. Both thighs on the vertical. Trunk anterior tilt. Correct sagittal alignment. Trunk vertical from the pelvis + neck and head. The elbows in flexion with the forehead on both hands.	Elbow on the convex thoracic side.
Lumbar / Thoracolumbar E	Like in four curves.	

#### 4.4. Sitting ( in front the wall bars).

Functional type	Description	Passive corrections (pads)
G 1	Both ischium on the floor, pads, stool depending on pelvis sagittal alignment. Trunk anterior tilt. Correct sagittal and frontal alignment Elbows in extension or flexion, hands same level	None
3C A Types	Both ischium on the floor, pads, stool depending on pelvis sagittal alignment. Trunk anterior tilt. Correct sagittal alignment Trunk in the sense of correction (diagonal line to the 'weak side') + neck and head. Over-weighting weak side ischium-introducing 5ft PC Elbows extension or flexion. To seize a bar with both hands commonly at the same high, eventually at different high only with elbows in flexion.	Tprom side's knee if necessary
Non 3 Non 4 C Types	Both ischium on the floor, pad, stool depending on pelvis sagittal alignment. Trunk anterior tilt. Correct sagittal alignment Trunk vertical from the pelvis Elbows in extension or flexion. To seize a bar with both hands, commonly at the same high, eventually at different high, only with elbows in flexion.	None
4C B Types	Both ischium on the floor, pad, stool depending on pelvis sagittal alignment. Trunk anterior tilt. Correct sagittal alignment Trunk vertical from the pelvis + neck and head. Over-weighting Tprom side Ischium-relaxing WS Ischium. Elbows in extension or flexion. To seize a bar with both hands, commonly at the same high, eventually at different high, only with elbows in flexion.	None
Lumbar / Thoracolumbar E	Like in four curves.	

Side lying (lateral on the floor).

Functional type	Description	Passive corrections (pads)
<p>3C</p> <p>A Types</p>	<p>Lying on the 'weak side'.</p> <p>Lower extremities: Concave thoracic side: in flexion. Convex thoracic side: in extension.</p> <p>Upper extremities: Concave thoracic side: in extension and aligned with the trunk, neck and head. Correct sagittal alignment. Trunk-pelvis Line can be anteriorly inclined according to Leg Line Lumbo-pelvic region and Proximal Thoracic region + shoulder should be perpendicular to the floor (both oriented the same in the frontal plane)</p>	<p>Shoulder on the concave thoracic side (exception: the scapula collapsed to the 'weak side' in thoracic scoliosis going very cranial)</p> <p>Pelvis on the concave thoracic side (not recommendable in A3).</p> <p>The lumbar prominence (not necessary in A1 and A2)).</p>
<p>Non 3 Non 4</p> <p>C Types</p>	<p>Lying on the 'weak side'.</p> <p>Lower extremities: Concave thoracic side: in flexion. Convex thoracic side: in extension, the foot on a stool, parallel on floor. Correct sagittal alignment</p> <p>Upper extremities: Concave thoracic side: in extension and aligned with the trunk, neck and head. Convex thoracic side: variable ( control, SCT,...) Trunk-pelvis Line can be anteriorly inclined according to Leg Line Lumbo-pelvic region and Proximal Thoracic region + shoulder should be perpendicular to the floor (both oriented the same in the frontal plane)</p>	<p>Shoulder on the concave thoracic side (exception: like in previous case)</p> <p>Lumbar region at the weak side</p>
<p>4C</p> <p>B Types</p>	<p>Like in 3 normal. Tprom side leg has to be parallel to the floor. In B2 type with major TL and minor thoracic it could be tried side lying on the packet side.</p>	<p>Lumbar prominence+++ Eventually: The shoulder on the concave thoracic side (mainly when a structural upper curve is observed or there is room for). Some times a pad distal to the shoulder joint.</p>
<p>Lumbar / Thoracolumbar</p> <p>E</p>	<p>Lying on the lumbar/TL prominence, like any 4C Eventually E2 type) In high TL curve with no thoracic curve or with functional or structural high and minor curve, it might be necessary to lye on the concave TL side.</p>	<p>The lumbar or TL prominence +++ when lying on that side.</p>

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