FORWARD HEAD POSTURE

And the risk of aspiration
Literature on positioning and swallowing

• Nothing in PT literature
• Addressed in SLP literature, OT literature, Nursing literature
• Also in oral rehabilitation literature
SLP and OT

- Various head positions are suggested for different swallowing problems
- Chin tuck or chin down “improves tongue base to pharyngeal wall contact, narrows the airway entrance, and puts the epiglottis closer to the posterior pharyngeal wall, thus improving airway protections.” *

*Logemann, Rademaker, & Kahrilas, 1993
Head positions

- Chin down or chin tuck may be related to airway protection.
- In most studies there is little information about what chin down or chin tuck really mean anatomically.
Identifying head posture

- 12 US SLPs
- 30 Japan STs
- All received specialist training and had worked in the area of rehabilitation of dysphagia

Results

• 58% of US SLPs thought chin-down and chin-tuck were different
• 50% of Japanese STs thought chin-down and chin-tuck were different
Head Postures
## Results

### Head Positions

<table>
<thead>
<tr>
<th></th>
<th>Chin-down US</th>
<th>Chin-down Japan</th>
<th>Chin-tuck US</th>
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No answer
Forward Head Posture
Different methods of looking at head posture
Measuring Forward Head
Sitting upright

• Generally described as sitting with 90° of hip and knee flexion, feet supported flat on the floor/support, trunk and head in midline, head slightly flexed with chin down*

* The Joanna Briggs Institute for Evidence Based Nursing and Midwifery, Volume 4, Issue 2, 2000
Sitting up straight
videojughealth
Feet flat on the floor
Lateral view
40 Degrees
60 Degrees
Kyphosis
Kyphosis
Proper head posture requires proper pelvic positioning
Proper head posture requires proper pelvic positioning.

• Not always 90 degrees