

2. Patient on table prone, feet strapped down. Extend neck and trunk, with the right hand placed on back of head and left on the hip.

When we come to a case of curvature, the problem becomes more complicated and each patient must be a special study.

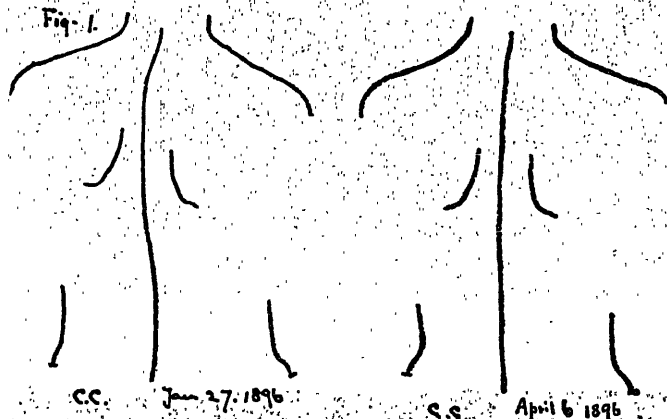
Before prescribing exercises to any particular case a diagnosis of the condition must be made after a careful examination of the back, exposing it down to the gluteal cleft. The spinous processes should be marked, the levels of the shoulders and points of the scapulæ should be noted, the amount and levels of deviation and rotation observed, and while stripped, the flexibility should be tested by bending forward and to the sides. The habitual posture should also be found. The patient should be put in the best possible position and made to take this pose by herself.

This best possible position should be the key-note of future work. It is to be remembered that the greatest amount of movement is obtained in the cervical region where we may get good results by the action of the trapezius, rhomboids and erector spinæ mass, and in the lumbar region, where the erector spinæ, quadratus lumborum and psoas muscles can be called upon to assist us.

In the mid-dorsal region, the presence of the ribs limits the voluntary movements, and we have to resort to stretching of the ligaments by mechanical force for the best results.

To illustrate the method of working out a prescription I will give a brief summary of one or two cases from my records:—

C. C., æt. 13, consulted me on Jan. 27th, 1896. On examination I found the right scapula low, left dorsal curve and a slight right lumbar



compensatory curve, trunk inclined over to the left, round shoulders, flat chest, protruding abdomen and general relaxation of the ligaments.