



EFFECTIVENESS OF CERVICAL PROPRIOCEPTION TRAINING ON FORWARD HEAD POSTURE IN UNIVERSITY STUDENTS OF AGE GROUP 18-25 – EXPERIMENTAL STUDY.

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ABSTRACT

Objective- To study the effectiveness of Cervical Proprioception training on forward head posture in university students for 6 weeks. **Method-** A total of 60 participants were taken , and were divided into two group, Group A was given Conventional forward head corrective exercises and Group B was given Cervical Proprioceptive Training along with Conventional Forward head correction exercises for 6 weeks. **Outcome Measure-** Craniovertebral Angle (Image J Software). **Result-** The post intervention value obtained by performing unpaired t-test showed that craniovertebral angle was comparatively more increased Group B than in Group A. **Conclusion-** This study concludes that Conventional forward head correction exercises along with cervical proprioception training is more effective in increasing craniovertebral angle than conventional forward head corrective exercises alone in individuals with forward head.

KEYWORDS : cervical proprioception, craniovertebral angle, forward head posture.

INTRODUCTION

Incorrect posture is one of the major musculoskeletal concerns^[1] Incorrect posture is an abnormal state of the body, when it can't maintain a normal proper state and hampers the functioning of the tissues and organs in the body.^[1]

Forward Head Posture is a condition in which the head lies anterior to the line of gravity.^[3]

Muscles length are altered significantly in forward head posture. Weak and lengthened muscle are longus capitis and longus coli whereas the overactive and shortened muscles are longissimus capitis, Splenius Capitis, Cervical Multifidus.^[3]

Proprioception is defined as the sense of position.^[6]

Cervical muscles have muscle spindles with mechanoreceptors in them which helps in sensing the proprioception and plays a important role in afferent transition of information.^{[7][8]} Thus, an altered muscle length has a significant impact in reducing the proprioception of the cervical region.^[8]

MATERIALS AND METHODOLOGY

The study included 60 participants (male and female both) with forward head posture (craniovertebral angle <49.9) of age group 18-25 years are divided equally into Group A (30 participants) group B (30 participants)

Study Design- Experimental study

Study Duration- 6 Months

Treatment Duration- 6 Weeks, 5 days per week.

Sampling Technique- Convenient sampling

Inclusion Criteria

- 1) Students between the age of 18-25 with forward head.
- 2) Both male and females
- 3) Craniovertebral angle < 49.9.
- 4) University Students.

Exclusion Criteria

- 1) Any musculoskeletal or neurological impairment.
- 2) Pathology like cervical vertebrae fracture, dislocation of spine.
- 3) Deformity of spine like scoliosis.
- 4) Medical condition like tumor in cervical region.
- 5) Any traumatic condition for cervical region.

EXERCISE PROTOCOL

Group A were given Conventional forward head corrective exercises.

Strengthening deep cervical flexors: Chin tucks in supine , Stretching

cervical extensors through a chin drop in sitting , shoulder retraction: standing position. The patient was asked to pinch the scapulae together without elevation.

Unilateral and bilateral pectoralis stretches alternating each two-week period, Participants completed three sets of 12 repetitions of the strengthening exercise and three stretching exercises held for 30 seconds each.

Group B were given Conventional forward head corrective exercises along with Gaze direction recognition exercise. Conventional forward head correction exercises were give as described above. GRDE [gaze direction recognition exercise]PROTOCOL^[11]

Small boxes numbered between 1 and 6 will be ordered on a table with the same interval to divide five equal parts. The therapist sits towards the table at a distance of 75cm.

The patient sits behind the therapist at a distance of 75cm and towards the table. The therapist looks at the boxes randomly with cervical rotation.

The patient at the back looks at the box and he should know which box the therapist is looking at by saying the number of the box. The subjects are instructed not to move their body.

An assistant to the therapist can recorded correctness of the response.

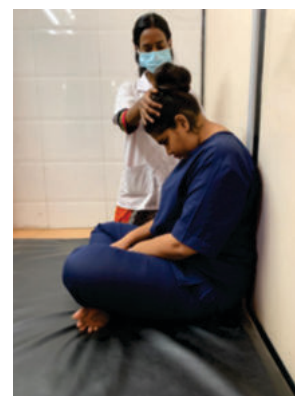


Fig.1 Stretching Of Cervical Extensors

OUTCOME MEASURE

Craniovertebral angle (Image J software) measuring of the craniovertebral angle : intersection of a horizontal line passing through C7 spinous process and the line joining the midpoint of the tragus of ear is identified as craniovertebral angle. Smaller the craniovertebral angle more is the forward head posture. Normal craniovertebral angle is 49.9 degrees.

Data Analysis

Paired t test was used to analysis pre- post difference within the group and Unpaired t test was used to analysis post- post difference between the 2

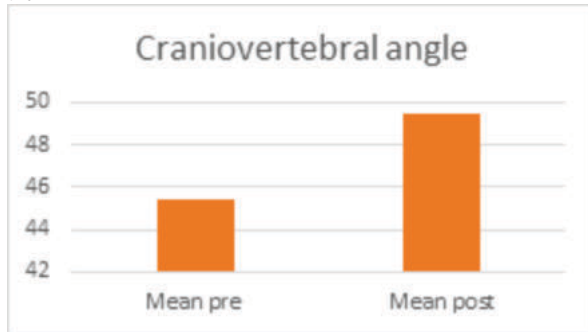


Fig2. Pre and post mean graph of craniovertebral angle for conventional forward head corrective exercise + gaze recognition direction exercise.

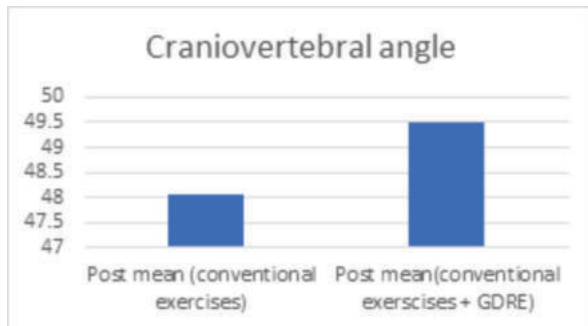


Fig3. Post and post mean graph of craniovertebral angle after convention exercises and conventional exercises + gaze direction recognition exercise.

RESULTS

The result for craniovertebral angle obtained by Conventional forward head correction exercises were , ' p ' value obtained was less than 0.0001 and the t value obtained was 17.64 this suggests that there is extremely statistical significant effect of Conventional forward head correction exercises.

The result for craniovertebral angle obtained of Conventional forward head correction exercises with Gaze direction recognition exercise were , ' p ' value obtained was less than 0.0001 and the t value obtained was 20.39 this suggests that there is extremely statistical significant effect of. Conventional forward head correction exercises + gaze direction recognition exercises.

DISCUSSION

Forward Head Posture (FHP) and is described as head positioned anterior to a vertical line passing through the centre of gravity. This study focused on checking the effects cervical proprioception training in increasing craniovertebral angle in subjects with forward head posture.

It was a study where 60 samples were chosen according to the inclusion and exclusion criteria. The collected data was analysed as there were 2 groups , with in the group paired t test was done and pre and post values were compared. To compare post values of both groups unpaired t test was done.

Danish Hassan et al (2020), Forward head occurs due to change in muscle length. Weak and lengthened muscles in Forward head posture are deep neck flexors which include longus capitis and longus coli. The overactive and shortened muscles participating in Forward head posture are Deep upper cervical extensors which include longissimus capitis, Splenius Capitis, Cervical Multifidus.^[3]

Proprioceptors provide sensory feedback from the body to the nervous system , thus contributes to maintaining optimal body alignment. Kronik boyun et.al stated that in GDRE Observing the movement of another individual activates the mirror neuron systems located in the temporal sulcus, and premotor area activate the brain's representation areas specific to the neck^[23]

The motor imagery is also applied which causes the increase of activation of the neck specific representation areas in the brain. This indicated that the motor imagery resulted in the increase of the brain activation^[23]

In the present study it has been proven that cervical proprioception training given with conventional forward head correction exercises has significant effect in increasing craniovertebral angle in subjects with forward head and was more effective in increasing craniovertebral angle than alone conventional forward head correction exercise.

CONCLUSION

This study concludes that Conventional forward head correction exercises along with cervical proprioception training is more effective in increasing craniovertebral angle than conventional forward head corrective exercises alone in individuals with forward head.

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