This document includes some of the more basic plus some new exercises of

The Meeks Method

recently revised for more specificity and increased clarity.

Come to the course

OSTEOPOROSIS: A Comprehensive Treatment Strategy Levels 1-3

and discover how to use these exercises plus other site-specific exercises
in the management of the patient with low bone mass and other low back pathology.

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DECOMPRESSION EXERCISE

Supine lying. On your back. Lie on your back on the firmest surface you can tolerate. Bend hips and knees and place feet on Foot Triangle of Support (heels, outer border, and balls of feet – no weight on toes). Turn arms (including external rotation of the shoulder) upward and slide arms out from sides of body about 45 degrees – arms half way between shoulders and sides of body. A. position above

Your head should not tilt forward or back—have someone look at you from the side to ascertain that your head and neck are as neutral as possible.
   - If your head tends to tilt back, support your HEAD with a folded towel or small pillow. Less is More—do not over-support—use as much as you need but as little as possible.
   - If your head tilts forward (chin towards chest,) support your NECK with a rolled-up small towel or even a washcloth. Again, Less is More.
   - You may need both supports and your physical therapist can help you with this

Your shoulders should be SLIGHTLY higher than your elbows. If your shoulders are quite noticeably above elbows—support your ELBOWS and lower arm with folded towels or pillows. DO NOT place support under shoulders. Again, Less is More.

Imagine a Plumb Line running down inside your arm. Lengthen your arms along this line.

This exercise can be done in bed or even in a recliner chair. If you have any questions, please consult with a therapist trained in THE MEEKS METHOD.

This position should be relaxing and comfortable.

The idea is to relax your back and allow it to re-align in this gravity-neutral position.

NO READING, TV, CATS, DOGS, KIDS, LIFTING WEIGHTS, CELL PHONES, TEXTING OR TWEETING

If you have back pain in this position, you may need to get into the 90/90 position. B. position above. Lie on the floor (or the firmest surface you can tolerate) with your hips and knees each bent to a 90° angle and supported on pillows, a sofa or chair. Alternatively, place a bolster or pillow under your knees.

**Benefits:**
(1) Takes compression off vertebral bodies; (2) Imparts a tensile (lengthening) force on the spine and within the vertebrae; (3) Increases tolerance for lying on the back; (4) Allows for re-hydration of the intervertebral discs; and (5) Helps relieve back pain

If this position does not relieve back pain or causes more pain (it does happen,) then I would suggest you see a physical therapist trained in The Meeks Method for further instruction.

**This is the “Single Best Exercise for Most Back Pain”**
Not all you can do but a good start.
**COLLARBONE LENGTHENER/SHOULDER PRESS**

A. Lie on your back as in Decompression Exercise

- Imagine an Internal Plumb Line running down the center of each arm, inside the bones and extending out your middle finger; lengthen your arms around and along this line.
- Identify your Sternal Notch (located in the center of your chest and indicated by the red diamond above). Trace your collarbones out and up to the tops of the shoulder joint. (indicated by the white arrows above.)

Take a breath in and, as you breathe out, “lengthen” your collarbones. (The collarbones probably do not actually become longer—this is largely a visualization). However, if you have tightness in the muscles on the front of your chest, it will feel like a lengthening is occurring and you will get a tensile (lengthening) force on the bone.

Notice how, as you lengthen, your shoulders begin to move downward towards the supporting surface.

Then, actively press your shoulders downward.

Hold this Shoulder Press 2-3 seconds. Relax as you breathe in again. Repeat 3, 5 or 8 times. Work up to a 6-7 second hold.

**Benefits:**
1. Stretches the muscles on the front of the chest
2. Strengthens the mid-upper back extensors
3. Can be used with other Meeks Method Re-Alignment Exercises

**AWARENESS**—Do NOT attempt to squeeze shoulder blades together. They will come together but do not try to bring them together. This exercise is meant to target the back extensors and not the scapular retractors. Strength of the back extensors has been shown in research to minimize the risk of compression fractures in people with osteoporosis.

Eventually, the Shoulder Press can be done together with Head Press (next exercise) and also with Leg Lengthener and Leg Press which follow in this document.
HEAD PRESS

Lie on back as in Decompression Exercise. There are three variations to this exercise. Initial position of cervical spine is critical to success. Palpate to make sure you are instructing the exercise correctly. And, the initial position you decide upon for a particular patient may change as their alignment changes.....even in one session.

INITIAL HEAD POSITIONING BEFORE PRESS—refer to above diagrams

______Variation A: When patient’s head is tilted upward—cervical spine is in extension (arched)
   - Tuck chin SLIGHTLY towards chest. (1) Feel lengthening on back of neck, or
   - Pull upward on base of skull (chin comes down but focus is on pulling posterior skull upward). (2)

______Variation B: When patient’s head is tilted downward--cervical spine is in flexion (rounded.)
   - Tilt chin SLIGHTLY upwards-away from chest.(1) Feel lengthening on back of neck, or
   - Pull downward on base of skull (chin comes up but focus is on pulling posterior skull downward) (2)

______Variation C: Head and neck in neutral. Hold chin in position or do Variation A above to ensure stability of position before press..

After head is positioned in neutral alignment (arched), feel weight on back of head. Without moving chin, press head downward into supporting surface.(3)
Hold 2-3 seconds. Relax. Work up to 6 second hold. Repeat 3, 5, or 8 times.

Benefits: 1. Strengthens the deep cervical muscles; 2. Helps promote a more neutral cervical spine; 3. Can be used with other Meeks Method Re-Alignment Exercises

Eventually, the Head Press can be done together with Shoulder Press, Leg Lengthener and Leg Press
**LEG LENGTHENER**

**LIE ON YOUR BACK AS IN DECOMPRESSSION EXERCISE**

- Straighten one leg down to the supporting surface by sliding your heel away from your buttocks. Focusing on the movement of the heel results in an isotonic contraction of the quadriceps and an eccentric contraction of the hamstrings thus increasing stability of the knee joint and relieving pain in patients who otherwise have knee pain during this movement.
- Make sure leg is in alignment with the hip—leg not abducted or rotated (external rotation of the hip is quite common in this movement)
- Adjust position of foot by dorsi-flexing the ankle—focus on movement of the heel—pressing the heel out as the toes move upward.
- Visualize a paintbrush pointing straight up towards the ceiling between your 2nd and 3rd toes—this helps to keep leg in neutral alignment.
- Take a breath IN and, as you breathe OUT, lengthen your leg by pulling your pelvis away from your ribs.
- Hold 2-3 seconds. Release. Repeat 1X and then do on other leg.

**WATCH FOR COMMON COMPENSATORY MOVEMENT**

- Increased Lumbar Lordosis—Stabilize by Closing the Umbrella—see previous emails from Sara Meeks or contact Sara for this exercise
- Hip Hiking on Opposite Side—Same stabilization as above
- Flexion of Cervical Spine—Keep chin slightly up so that cervical flexion cannot occur

**VARIATIONS OF THIS EXERCISE**

- Imagine an Internal Plumb Line running down inside your leg from your hip joint, down through the central part of the femur and tibia and exiting out the sole of the foot; lengthen your leg along and around this internal plumb line. Note how this brings the movement more into the leg itself.
- “Mold, Hold & Relax”. Visualize your Foot Triangle of Support resting on an invisible wall. Press the sole of your foot into this wall as if to make a mold that looks just like the Foot Triangle of Support in the wall.

**CAUTION**

This movement can cause a pull on the spine and may cause increased compression with consequent pain in a patient with an acute compression fracture. Have the patient either stabilize so as to avoid spinal movement or instruct in the **LEG PRESS** (next exercise) and develop stability before doing the Leg Lengthener.
LEG PRESS

LIE ON YOUR BACK AS IN DECOMPRESSION EXERCISE

- Straighten one leg down to the supporting surface by sliding your heel away from your buttocks. Focusing on the movement of the heel results in an isotonic contraction of the quadriceps and an eccentric contraction of the hamstrings thus increasing stability of the knee joint and relieving pain in patients who otherwise have knee pain during this movement.
- Make sure leg is in alignment with the hip—leg not abducted or rotated (external rotation of the hip is quite common in this movement)
- Visualize a paintbrush pointing straight up towards the ceiling between your 2nd and 3rd toes—this helps to keep leg in neutral alignment.
- Adjust position of foot by dorsi-flexing the ankle—focus on movement of the heel—pressing the heel out as the toes move upward.
- Take a breath IN and, as you breathe OUT, press your ENTIRE LEG ESPECIALLY BACK OF LEG BETWEEN HIP AND KNEE straight downward, as if to make an impression of your entire leg in the sand. Do NOT dig your heel into the supporting surface as this results in a contraction of the hamstrings at the knee (knee flexion) and is not correct.
- Hold 2-3 seconds. Work up to 6-8 seconds. Release. Repeat 1X. Re-bend knee and then do press with other leg.
- Then, maintaining core stability, straighten both legs down to supporting surface, squeeze legs together in groin area and press both legs at the same time.

WATCH FOR COMMON COMPENSATORY MOVEMENT
- Increased Lumbar Lordosis—Stabilize by Closing the Umbrella—see Page 8.
- Flexion of Cervical Spine—Keep chin slightly up so that cervical flexion does not occur

BENEFITS
- Strengthens the Hip Extensors, Quadriceps, and Ankle Dorsiflexors—some of the main muscles for getting up out of a chair, going up stairs and walking
POSTERIOR PELVIC TILT*
The Meeks Method Way

Anyone who has taken my Level 1 seminar knows that, generally speaking, I do not recommend the Posterior Pelvic Tilt. Usually, when people do a posterior pelvic tilt, they also round (flex) the lumbar spine thereby bringing the lower back out of alignment.

They also tend to bring the ribs down towards the pelvis as they activate their abdominals. Below is a new way to do a Posterior Pelvic Tilt without rounding the lumbar spine (thereby creating safety for people with low bone mass) and, instead, keeping the lumbar spine in neutral arch while you strengthen Gluteus Maximus (origin) and stretch Rectus Femoris and Iliacus (origins).

- Start in standing, Weight on Foot Triangle of Support (heels, 5th metatarsal and balls of feet), Feet hip distance apart, with toes pointing straight ahead, Press feet into floor, Squeeze thighs together with adductors (Prost Press), Pretend you are at least 2” taller.

- Moving just the pelvis and keeping the upper body still, take a breath in and, as you breathe out, pull the superior, posterior rim of the pelvis downward. (Do NOT squeeze the buttock muscles as this can activate their external rotation component.)

- Holding the pelvic position and keeping the upper body still, take another breath in and, as you breathe out, pull the belly button towards the front of the lumbar spine thereby activating the abdominals.

- Hold position 2-3 seconds. Relax. Work up to a 6 second hold. I frequently hold up to 2 minutes (breathing in the chest) so as to facilitate a myo-fascial stretch on the origins of the rectus femoris and iliacus. **Be sure to continue breathing regularly during the hold.** Note that, by doing this movement, you are also moving the acetabulum on the head of the femur—another way to facilitate hip joint movement in isolation from the lumbar spine.

*NOTE: If the patient is already in a posterior pelvic tilt (in standing), you would not want to do this exercise. Instead, check out lower extremity flexibility (particularly for tightness of hip flexors—Rectus Femoris (origin) and also Quadriceps, Hamstring (insertion) and Gastrocnemius (origin). Prescribe exercise to correct any restrictions and then check out pelvis position in standing, If the lower extremity areas of restriction are affecting pelvic position in standing and you prescribe posterior pelvic tilt based on that observation, you will potentially be doing the exact opposite of what you should be doing.
The most important thing we do every day is breathe. Another important thing our body does for us (when it is healthy) is to stabilize the core so that we can perform functional movement.

However, sometimes people have compromised breath and poor core stability.

Below is a breath that will help increase both breath depth and core strength.

This breath can be done in just about any position; however, I like to start in standing and have people look in a mirror as they learn the breath. Then, it can be taken into other positions.

Start in standing, weight on Foot Triangle of Support (heels, 5th metatarsal and balls of feet,) feet hip distance apart, with toes pointing straight ahead, Press feet into floor, Squeeze thighs together with adductors (Prost Press). Pretend you are at least 2” taller than you think or have been told you are.

As you breathe IN, lift rib cage up and out as if opening an umbrella. Make sure you open the umbrella all the way around your body. You can pretend you have a little tiny doll’s umbrella all the way up to a beach umbrella. Visualize the color, design and size of the umbrella as you do the breath.

As you breathe OUT, close the umbrella and visualize the handle of the umbrella extending down inside your abdominal area. “Tie” the umbrella down as you visualize the Velcro strap wrapping around the handle. Exhale as completely as possible as you “tie the umbrella” securely to its handle. The handle can be as short or long as you like.

Repeat above movements for several breaths.

This exercise: 1) increases rib mobility; 2) strengthens the abdominals, diaphragm, intercostals, and pelvic floor muscles; and, 3) energizes the entire body.

Note:
- When performing this breath while lying on your back, there will be limited movement of the back of the rib cage.
- When performing it while lying on your abdomen, there will, likewise, be limited movement of the front of the rib cage.
- The breath can be performed well in Perch Posture, on Hands & Knees, and in Kneeling.
- Variation: As you breathe IN, begin with hands crossed over each other at abdominal level. Then, bring arms up and out diagonally extending the arms up overhead; as you breathe OUT, bring arms back down to starting position.
Note the positioning of the dowel in the lumbar spine of the therapist performing a straight leg raise/hamstring stretch in The Meeks Method Level 2 Seminar. Take a good look at the picture in the lower right corner of this email. Note the positioning of a dowel in the lumbar spine. What is the purpose of this dowel and how does it make the stretching more specific and effective? Read on to find out more details of this technique used in The Meeks Method Level 2 seminar.

It has been my observation that, when most people stretch the hamstrings in this position, they pay little attention to the positioning of the pelvis or lumbar spine. With anecdotal reports of lumbar compression fractures occurring with straight leg raising and hamstring stretching exercises, it becomes more important to isolate the stretch to the hamstrings and/or the straight leg raise to the lifting of just the leg so as to minimize the chance of injury.

Here is how this is done:

- **With your hips and knees bent to relieve pull of the lower extremity muscles on the lower back, place a dowel under the low back area so that you can feel your body pressure on the dowel.**
- **Then, as you perform straight leg raising or hamstring stretching or even the Leg Lengthener exercise, keep a constant pressure on the dowel.**
- **In this way, you isolate the movement into the leg and avoid compensation patterns, such as hyper or hypo-lordosis or anterior or posterior pelvic tilt as you do the exercise.**
PRONE PELVIC PRESS

NOT a Pelvic Tilt

Anyone who has taken my Level 1 seminar knows that, generally speaking, I do not recommend the Posterior Pelvic Tilt........except for the one on Page 7 or if I have a specific reason to prescribe a posterior or anterior, pelvic tilt.

The idea for this exercise grew out of my study of Yoga, particularly Press-Point Yoga that I studied at the Kripalu Center for Yoga & Health back in the 1980’s. It is also based on Newton’s Third Law which states “for every action there is an equal and opposite reaction” – get down on the floor or your bed and try it so you’ll understand better what I mean by this.

START          FINISH

Lie on abdomen with rolled towel under hip crease for site-specific support and action of the exercise. Legs should be together and/or parallel with feet plantar flexed. (If there is inadequate plantar flexion or cramps occur in the foot, hang the feet over the edge of the bed or treatment table.

Take a breath in and, as you breathe out, press straight downward into the support under the hip crease.

Notice the tendency of the legs to begin to lift as a result of the press.

Do not attempt to lift the legs; rather, feel the natural lift that starts to occur and then build on that by lifting the legs as you are ready. Keep knees straight as you lift.

Hold 2-3 seconds and relax. Breathe in as you relax and then out again as you Press. Increase hold time to 4-6 seconds. Repeat 3 (for more frail), 5 (for average) or 8 (for athletes) times.

This exercise: 1) stretches the hip flexors, 2) strengthens the gluteus maximus, upper hamstrings and lower back extensors and 3) helps to stabilize the lumbar spine for other prone movement.
HEAD LIFT
A MEEKS-METHOD ORIGINAL--UPDATED FOR MORE SPECIFIC & POWERFUL CERVICAL EXTENSOR STRENGTHENING
With thanks to Robin McKenzie for his ground-breaking work in Physical Therapy, this is axial extension performed in prone against gravity. Also more recently called cervical retraction.

Same motion as HEAD PRESS -- but performed in prone against gravity for added strengthening.

- Lie in PRONE position with support under hip crease.
- Forehead resting on hands or, better yet, on folded towel or foam support so that arms are free for other exercises in prone position.
- Do Pelvic Press and, holding Pelvic Press
  - Imagine you are looking into a mirror and can see your entire face in the mirror
  - Inhale and then, as you exhale, lift head straight up off support. Keep entire face in the mirror. If you imagine you are seeing more chin than forehead, then you are extending the cervical spine—not contraindicated but not axial extension
  - Do not press on arms—lift the head in isolation as if someone is pulling you up by the base of your skull

USE OF RESISTANCE BAND FOR EXTRA STRENGTHENING
Once you can perform the HEAD LIFT correctly, you can begin to add resistance by placing the band across the back of your head and anchor it with your hands. Then, perform the HEAD LIFT against the resistance of the band. Be sure to work up in the resistance bank colors for increased resistance.

Hold maximum position up to 6-8 seconds; repeat 3, 5, or 8X.

Benefits: 1. Strengthens the neck extensors (part of the Erector Spinae—muscles that hold your head up against the force of gravity.

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and discover how to use this exercise plus other site-specific exercises in the management of the patient with low bone mass and other low back pathology.

FUNCTION FOLLOWS FORM
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Sara Meeks