

RESET YOUR POSTURE,
REWIRE YOUR NERVOUS SYSTEM WITH

MEDISPINE



A CLINICAL GUIDE TO POSTURAL SELF-
ASSESSMENT AND NERVOUS SYSTEM FUNCTION



Hey You,

Hey, I'm Dr. Veronica Gobeil, chiropractor, certified naturopath and CIES certified posturologist.

For years, I watched patients struggle with chronic pain and low energy, not realizing their posture was the culprit. That's when it clicked: **posture isn't just about how you look — it's a direct reflection of how your nervous system is functioning.**

Your posture is a window into your nervous system's efficiency. Poor alignment disrupts proprioceptive feedback—the sensory signals your brain relies on to coordinate movement, balance, and stress regulation. Your nervous system has to work harder, which creates tension, pain, and exhaustion.

But here's the good news: your nervous system is plastic and adaptive. It can relearn.

I created this guide because you deserve to understand your body—not just be told what's wrong with it. Inside, you'll learn how to assess your posture clinically, what it reveals about your nervous system, and why the reset process can actually work.

This isn't generic advice. This is clinical, evidence-based education designed to empower you to take control of your health.

Take the first step toward sustainable change. Understand your posture. Understand your nervous system. Transform your body.

Let's do this together.

with gratitude,

Dr. Veronica Gobeil, DC

CONTENTS

01 HOW YOUR NERVOUS SYSTEM CONTROLS YOUR POSTURE

NEUROSCIENCE OF POSTURE

02 UNDERSTANDING PROPRIOCEPTIVE DYSFUNCTION

PROPRIOCEPTION & POSTURE

03 STATIC EVALUATION

POSTURAL ASSESSMENT

04 DYNAMIC EVALUATION

MOVEMENT ASSESSMENT

05 WHAT DOES IT MEAN NOW?

INTERPRETING YOUR RESULTS

06 RECOGNIZING YOUR PATTERN

COMMON POSTURAL PATTERNS

07 COMMON QUESTIONS ABOUT POSTURE

FAQS

08 BEYOND SELF-EVALUATION

PROFESSIONAL ASSESSMENT

09 WHAT'S THE NEXT STEP

28 DAYS POSTURE RESET

10 YOUR NEXT STEPS

WE WANT TO HELP!

Learn more about our services & offers online :

[@MEDISPINE.CA](https://www.medispine.ca)

DISCLAIMER

The information in this eBook is provided for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease. It is not a substitute for professional medical advice, diagnosis, or treatment.

Always consult your physician, chiropractor, or other qualified healthcare provider before starting any new exercise, posture correction, rehabilitation, or wellness program — especially if you are pregnant, postpartum, have a chronic condition, a recent injury, pain that worsens, neurological symptoms (numbness/tingling/weakness), dizziness, or any other concerns.

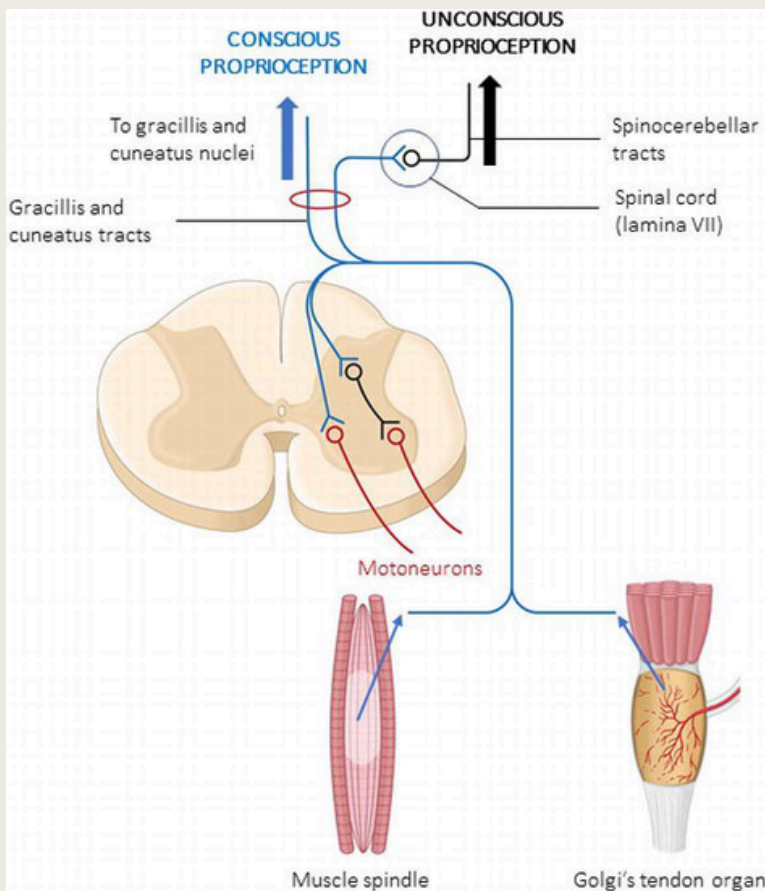
Stop immediately and seek professional care if you experience pain, discomfort, shortness of breath, chest pain, dizziness, fainting, or any unusual symptoms.

By using this eBook and participating in the Posture Reset content, you acknowledge that you are responsible for your own health decisions and that Medispine and its team are not liable for any injuries, losses, or damages that may result from the use or misuse of this information.

THE NEUROSCIENCE OF POSTURE

HOW YOUR NERVOUS SYSTEM CONTROLS YOUR POSTURE

Posture isn't a static position— it's a *dynamic output* of your nervous system. Your brain constantly processes sensory information from your body to maintain alignment and coordinate movement.



THE PROPRIOCEPTIVE SYSTEM

Your body contains specialized sensory receptors in joints, muscles, and ligaments called ***mechanoreceptors***.

These sensors detect:

- Joint position and angle
- Muscle tension and length
- Movement speed and direction
- Load distribution through your skeleton

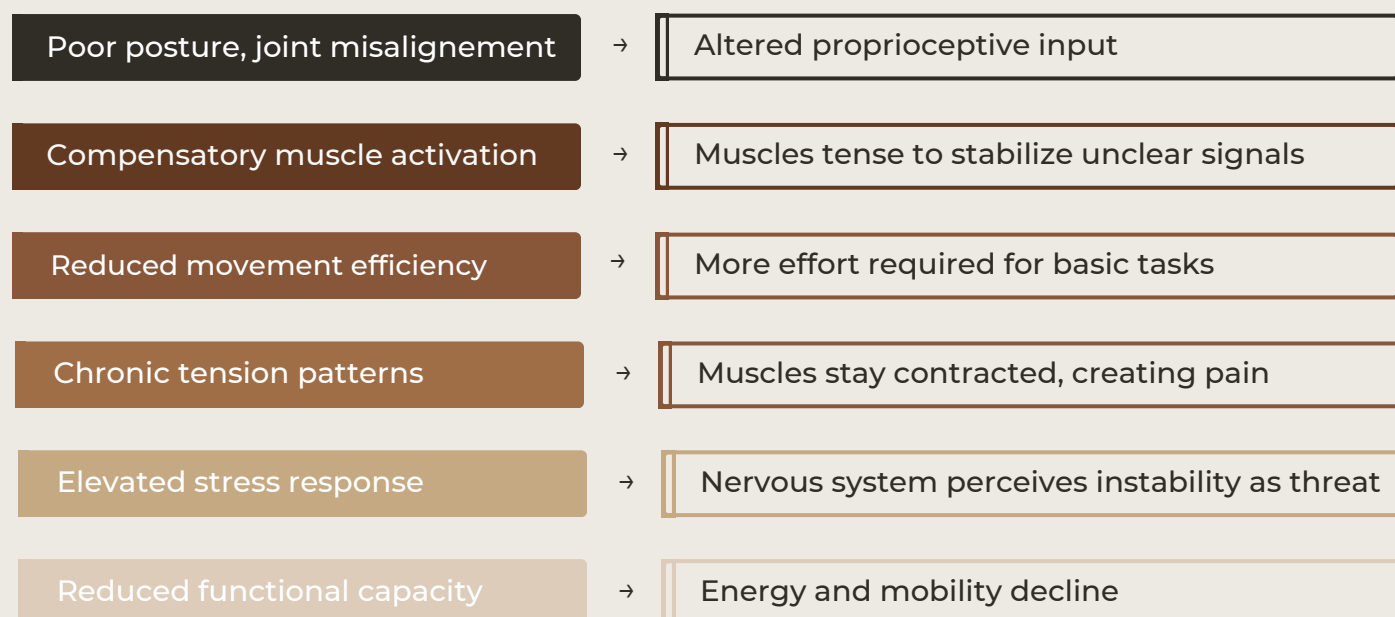
This information travels to your brain via the spinal cord, where it's integrated with visual and vestibular (balance) input. Your brain then sends motor commands back to muscles to maintain posture and coordinate movement. This feedback loop happens constantly, mostly *outside conscious awareness*.

@medispine.ca

WHEN POSTURE BECOMES DYSFUNCTIONAL

Poor postural alignment disrupts this feedback loop. When joints are misaligned, mechanoreceptors send distorted signals to your brain. Your nervous system must work harder to interpret these unclear messages and coordinate appropriate muscle responses.

THIS CREATES A CASCADE



THE RESET MECHANISM

When you restore postural alignment, you normalize proprioceptive input. Your nervous system receives **clear, accurate signals** about your body's position.

This allows:

- Natural muscle coordination (without forced effort)
- Efficient movement patterns
- Normalized stress response
- Improved energy and focus
- Reduced chronic tension

CLINICAL EVIDENCE

Research in sensorimotor neuroscience demonstrates that spinal manipulation and postural correction influence afferent (incoming) proprioceptive signals, which alter motor output and movement patterns. Studies show that upright posture activates different brain regions than slumped posture—affecting attention, mood regulation, and motor planning.

Correcting postural dysfunction essentially "resets" how your nervous system processes and responds to movement.

PROPRIOCEPTION & POSTURAL CONTROL

Proprioception is your nervous system's awareness of your body in space.

When proprioceptive input *is disrupted*, your ~~postural control~~ deteriorates— even if you consciously try to "sit up straight."



HOW PROPRIOCEPTIVE DYSFUNCTION DEVELOPS:

- **Repetitive positioning:** Hours in flexed postures (desk work, phone use) train your nervous system to accept poor alignment as "normal"
- **Joint restriction:** Limited joint mobility reduces mechanoreceptor activation, creating sensory gaps
- **Muscle imbalance:** Tight muscles on one side and weak muscles on the other create asymmetrical feedback
- **Old injuries:** Healed injuries often leave proprioceptive deficits—your nervous system doesn't fully trust that joint again
- **Lack of movement variety:** Limited movement patterns reduce proprioceptive stimulation

~~Your nervous system "forgets" what good posture feels like.~~ When you try to correct posture consciously, it feels wrong because your proprioceptive baseline has shifted.

This is why ~~willpower alone doesn't fix posture~~—you're fighting against your nervous system's learned pattern.

WHY SELF-ASSESSMENT MATTERS:

*By evaluating your posture objectively (using the checklist on the following pages), you create external awareness of what your nervous system has normalized. **This awareness is the FIRST STEP toward retraining. You're essentially telling your brain:** "This is where my body actually is, not where it feels like it is."*

YOUR BEFORE PHOTO

BEFORE YOU ASSESS YOUR POSTURE, TAKE PHOTOS THAT WILL TRACK YOUR TRANSFORMATION.

Your before photo is your proof. It's the visual evidence of your starting point and the foundation for seeing your next postural transformation. Trust us —when you compare your before and after photos, you'll be amazed at what's possible.

Taking the right photos now makes it easy to see your progress later.
Here's exactly how to do it.

✓ **Fitted clothing (tight-fitting shirt and shorts/pants)**

- Loose clothing hides your body alignment
- Fitted clothes let you see your true posture, spine alignment, and shoulder/hip positioning
- Wear the same outfit for your "after" photo so comparison is crystal clear

✓ **A mirror or phone camera (front-facing for side views)**

- Use a tripod or have someone take the photos for you
- Make sure the camera is at chest height

✓ **Good lighting (natural light is best)**

- Stand near a window or outside
- Avoid shadows on your body

✓ **Bare feet (no shoes)**

- Shoes can hide foot alignment and posture
- Barefoot shows your true foundation

WHAT YOU'LL NEED

FRONT VIEW

Stand facing the camera
Feet hip-width apart
(about 6-8 inches between feet)
Arms at your sides, relaxed
Look straight ahead
(neutral gaze)

Capture from head to feet

SIDE VIEW

Stand with your right side facing the camera
Feet hip-width apart
Arms at your sides, relaxed
Look straight ahead

Capture from head to feet

BACK VIEW

Stand with your back to the camera
Feet hip-width apart
Arms at your sides, relaxed
Look straight ahead (don't turn your head)

Capture from head to feet
[@medispine.ca](#)

FRONT VIEW

SIDE VIEW

BACK VIEW



IMPORTANT TIPS

- ✓ **Stand naturally** — Don't consciously "fix" your posture. Stand the way you normally do. This is your real baseline.
- ✓ **Use the same location** — Take your "after" photos in the same spot with the same lighting and camera angle. This makes comparison accurate and impressive.
- ✓ **Save your photos** — Keep them somewhere safe (phone, email, cloud storage). You'll want them for your transformation reveal.
- ✓ **Wear the same outfit** — If possible, wear the same fitted clothes for your "after" photos so you can see the real changes clearly.
- ✓ **Take multiple shots** — Take a few of each angle. Choose the clearest one.

Photos are *proof*. Real, visual proof of change.

Numbers on a scale don't show posture improvement. Pain levels are subjective. But photos? Photos show the truth. They show your shoulders dropping. Your spine straightening. Your head coming back. Your energy rising.

Many people ~~don't feel~~ the change in their posture until they see it in photos. That's when it becomes real. That's when they realize the reset actually worked.

This is your starting point. In 28 days, you're going to look back at these photos and be blown away.

Ready? Take your photos now. Then move to the next section to assess your posture.

@medispine.ca

ASSESS YOUR POSTURE: STATIC EVALUATION

POSTURAL ASSESSMENT

Now you can either look at your side-view photo or stand naturally in front of a mirror to evaluate the markers. This is objective data about your current alignment — not judgment, just information.

Instructions:

- As we said, wear fitted clothing so alignment is visible
- Stand barefoot on a level surface
- Look straight ahead (neutral gaze)
- Let arms hang naturally
- Don't consciously "fix" your posture — *stand as you normally do*



MARKER 1: HEAD POSITION (Sagittal Plane)

✓ **Ideal alignment:** Ear canal aligned vertically over shoulder joint

Assessment:

- Ears directly over shoulders (neutral)
- Ears forward of shoulders (forward head posture)
- Ears behind shoulders (rare; posterior head posture)

Clinical significance: Forward head posture increases mechanical load on cervical spine by ~10 lbs per inch of forward translation. It also alters proprioceptive input from neck mechanoreceptors, disrupting balance and motor coordination. Cervical proprioceptors are particularly dense and influence whole-body postural control.

What it reveals: Typically indicates prolonged flexion habits (desk work, phone use) and weakness in deep cervical stabilizers.

@medispine.ca



MARKER 2: THORACIC SPINE CURVE (Sagittal Plane)

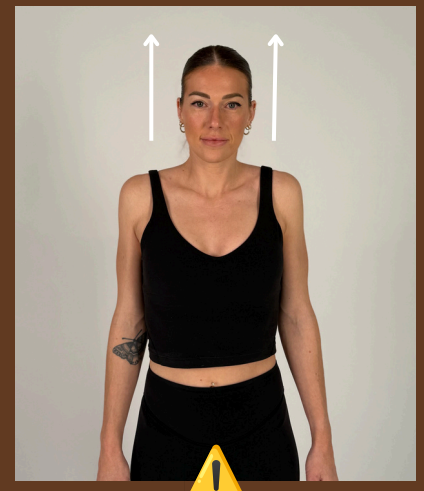
✓ **Ideal alignment:** Gentle, natural kyphosis (forward curve)

Assessment:

- Gentle curve, ribs stacked over pelvis (neutral)
- Excessive curve, rounded shoulders (hyperkyphosis)
- Flattened curve, chest collapsed (hypo-kypnosis)

Clinical significance: Excessive thoracic kyphosis restricts rib mobility, reducing breathing efficiency and altering proprioceptive feedback from the ribcage. It also reduces mechanoreceptor activation in the mid-back, affecting trunk stability signals.

What it reveals: Usually indicates chest tightness, weak upper back muscles, and prolonged sitting posture.



MARKER 3: SHOULDER POSITION (Frontal Plane)

✓ **Ideal alignment:** Shoulders level, relaxed, slightly retracted

Assessment:

- Level and relaxed (neutral)
- One shoulder higher than the other (elevation asymmetry)
- Both shoulders elevated/shrugged (bilateral elevation)
- Shoulders rounded forward (protraction)

Clinical significance: Shoulder asymmetry creates unequal proprioceptive input from left and right shoulder joints, forcing your nervous system to compensate. This leads to asymmetrical muscle activation patterns throughout the trunk and affects spinal stability.

What it reveals: Asymmetry often indicates old injuries, habitual posturing (phone on one side), or muscle imbalances. Bilateral elevation suggests chronic tension or stress response patterns. @medispine.ca



MARKER 6: KNEE ALIGNMENT (Sagittal Plane)

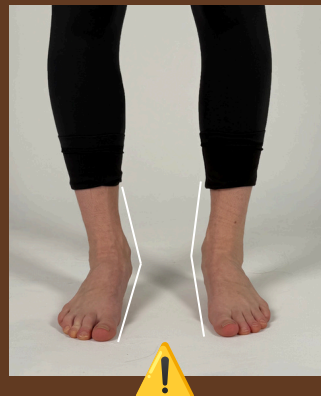
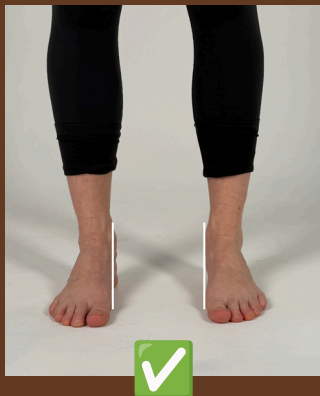
✓ **Ideal alignment:** Slight bend, knees tracking over ankles, weight distributed evenly

Assessment:

- Slight bend, neutral alignment (neutral)
- Locked back/hyperextended (genu recurvatum)
- Excessive bend (genu flexum)
- Knees caving inward (genu valgum)
- Knees bowing outward (genu varum)

Clinical significance: Knee alignment affects proprioceptive feedback from knee and ankle joints. Hyperextension reduces mechanoreceptor activation; valgus/varus alignment creates asymmetrical joint loading and disrupts lower limb proprioception.

What it reveals: Hyperextension often indicates hip weakness or habitual locking pattern. Valgus alignment suggests hip weakness or ankle instability. Asymmetry indicates old injuries or muscle imbalances.



MARKER 7: FOOT POSITION (Frontal & Sagittal Planes)

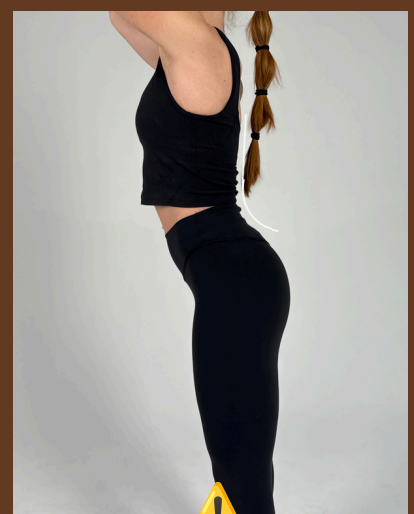
✓ **Ideal alignment:** Weight distributed evenly across foot tripod (heel, base of big toe, base of little toe); arches engaged

Assessment:

- Weight distributed evenly, arches visible (neutral)
- Weight on outer edge of foot (supination/inversion)
- Weight on inner edge, arches collapsed (pronation/eversion)
- Feet turned inward (pigeon-toed)
- Feet turned outward (duck-footed)

Clinical significance: Your feet are your sensory foundation. Foot mechanoreceptors provide critical proprioceptive input about ground contact and weight distribution. Foot misalignment disrupts this feedback, cascading up through ankles, knees, hips, and spine. Poor foot proprioception impairs balance and whole-body postural control.

What it reveals: Pronation often indicates arch weakness or ankle instability. Supination suggests tight lateral foot muscles. Asymmetrical foot positioning reflects asymmetrical weight distribution and compensation patterns.



MARKER 4: LUMBAR SPINE CURVE (Sagittal Plane)

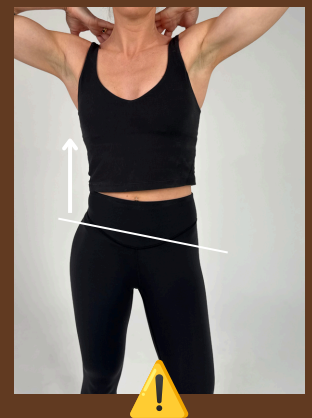
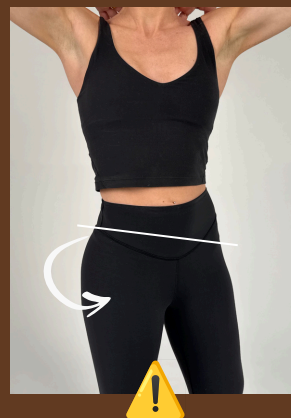
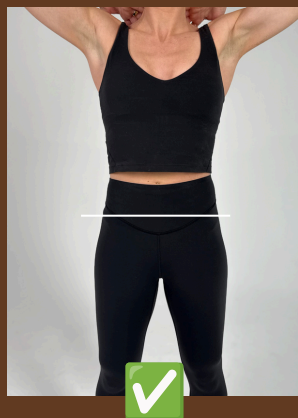
✓ **Ideal alignment:** Gentle lordosis (inward curve); not flat, not exaggerated

Assessment:

- Gentle curve, neutral pelvis (neutral)
- Excessive curve, pelvis tilted forward (anterior pelvic tilt/hyperlordosis)
- Flattened curve, pelvis tucked under (posterior pelvic tilt/hypolordosis)

Clinical significance: Lumbar lordosis is essential for load distribution and spinal stability. Excessive lordosis increases compressive forces on facet joints and alters proprioceptive feedback from lumbar mechanoreceptors. Flattened lordosis reduces proprioceptive stimulation and creates instability signals.

What it reveals: Anterior tilt typically indicates tight hip flexors and weak core. Posterior tilt suggests overactive abdominals and inhibited glute activation.



MARKER 5: PELVIC ALIGNMENT (Frontal & Sagittal Planes)

✓ **Ideal alignment:** Level pelvis, neutral tilt (ASIS and PSIS in vertical line)

Assessment:

- Level and neutral (neutral)
- One side higher (pelvic drop/Trendelenburg sign)
- Tilted forward (anterior pelvic tilt)
- Tilted backward (posterior pelvic tilt)

Clinical significance: The pelvis is your postural foundation. Pelvic misalignment cascades through the entire kinetic chain, disrupting proprioceptive feedback from hip joints, sacroiliac joints, and lumbar spine. Asymmetrical pelvic positioning creates unequal load distribution and compensation patterns.

What it reveals: Pelvic drop suggests hip abductor weakness. Anterior tilt indicates hip flexor dominance. Asymmetry often reflects old hip/SI joint injuries or habitual weight-shifting.

STATIC EVALUATION CHECKLIST

POSTURAL ASSESSMENT

Stand naturally in front of a mirror or have someone take a side-view photo. Evaluate each marker. Check the box that applies. @medispine.ca

MARKERS	IDEAL ALIGNMENT	YOUR ASSESSMENT
HEAD POSITION	Ear canal aligned over shoulder joint	☐ Neutral ☐ Forward ☐ Posterior
THORACIC SPINE	Gentle, natural kyphosis (forward curve)	☐ Neutral ☐ Excessive curve ☐ Flattened
SHOULDERS	Level, relaxed, slightly retracted	☐ Neutral ☐ One higher ☐ Both elevated ☐ Rounded forward
LUMBAR SPINE	Gentle lordosis (inward curve)	☐ Neutral ☐ Excessive curve ☐ Flattened
PELVIS	Level, neutral tilt	☐ Neutral ☐ Pelvic drop ☐ Anterior tilt ☐ Posterior tilt
KNEES	Slight bend, tracking over ankles	☐ Neutral ☐ Hyperextended ☐ Valgus (caving in) ☐ Varum (bowing out)
FEET	Weight distributed evenly, arches engaged	☐ Neutral ☐ Supination ☐ Pronation ☐ Asymmetrical

ASSESS YOUR MOVEMENT: DYNAMIC EVALUATION

POSTURAL ASSESSMENT

Static posture is only part of the picture. How your body moves reveals even more about proprioceptive function and nervous system coordination. Perform these movements and note what you observe.

MOVEMENT 1: Forward Bend (Flexion)

How: Stand, feet hip-width apart. Slowly bend forward, trying to touch your toes. Move slowly and note what happens.

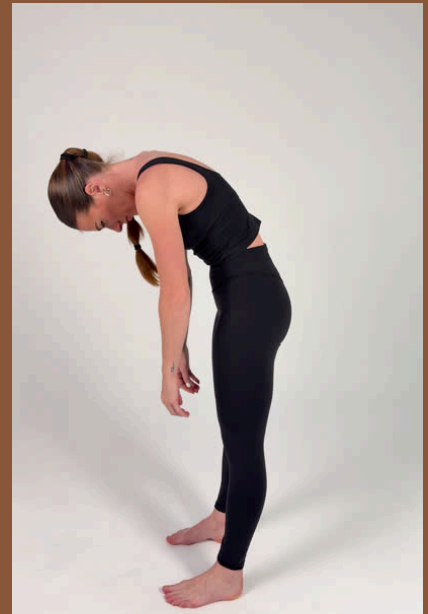
What to observe:

- Smooth, even bend from hips and spine
- Hamstrings feel stretched (not sharp pain)
- Able to reach toes or close to it
- Movement feels coordinated and controlled

RED FLAGS:

- Jerky or uneven movement
- Sharp pain in lower back
- Limited range (can't reach past knees)
- Asymmetrical bend (one side tighter)

Clinical significance: Forward bend reveals spinal mobility, hamstring flexibility, and hip proprioception. Jerky movement indicates poor motor control. Limited range suggests tight posterior chain. Asymmetry indicates unequal proprioceptive input from left and right sides.



[WATCH VIDEO](#)

MOVEMENT 2: Overhead Reach

How: Stand, feet hip-width apart. Slowly raise both arms on the side until overhead. Note if movement is smooth and symmetrical.

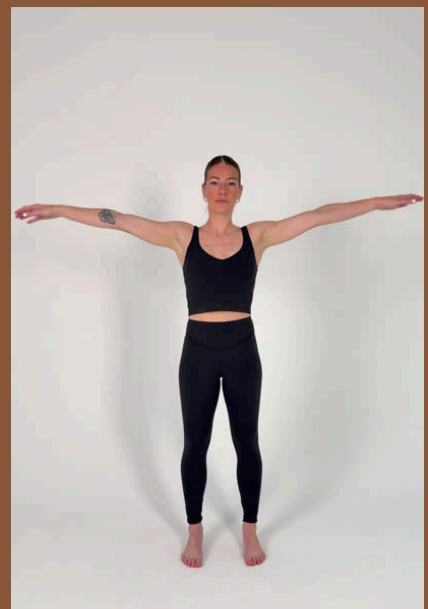
What to observe:

- Arms reach fully overhead
- Symmetrical movement both sides
- Smooth, coordinated movement
- No pain or restriction

RED FLAGS:

- Limited overhead range
- One arm higher than the other
- Jerky or uncoordinated movement
- Pain in shoulders or upper back

Clinical significance: Overhead reach reveals shoulder mobility and proprioceptive coordination between arms. Asymmetry indicates unequal shoulder proprioception or motor control.



[WATCH VIDEO](#)



MOVEMENT 3: Rotation (Spinal Twist)

How: Stand, feet hip-width apart, hands behind head. Slowly rotate torso to the right, then left. Move slowly and controlled.

What to observe:

- Equal rotation both directions
- Smooth, controlled movement
- Able to rotate 45+ degrees each side
- No pain, just stretch sensation

RED FLAGS:

- One direction more limited than the other
- Jerky or uncontrolled movement
- Sharp pain
- Significant asymmetry

Clinical significance: Rotation reveals spinal mobility and proprioceptive symmetry. Asymmetrical rotation indicates unequal proprioceptive input and motor control between left and right sides of the trunk.



MOVEMENT 4: Single-Leg Balance

How: Stand on one leg, other knee bent to 90°. Hold for 30 seconds. Repeat on other side.

What to observe:

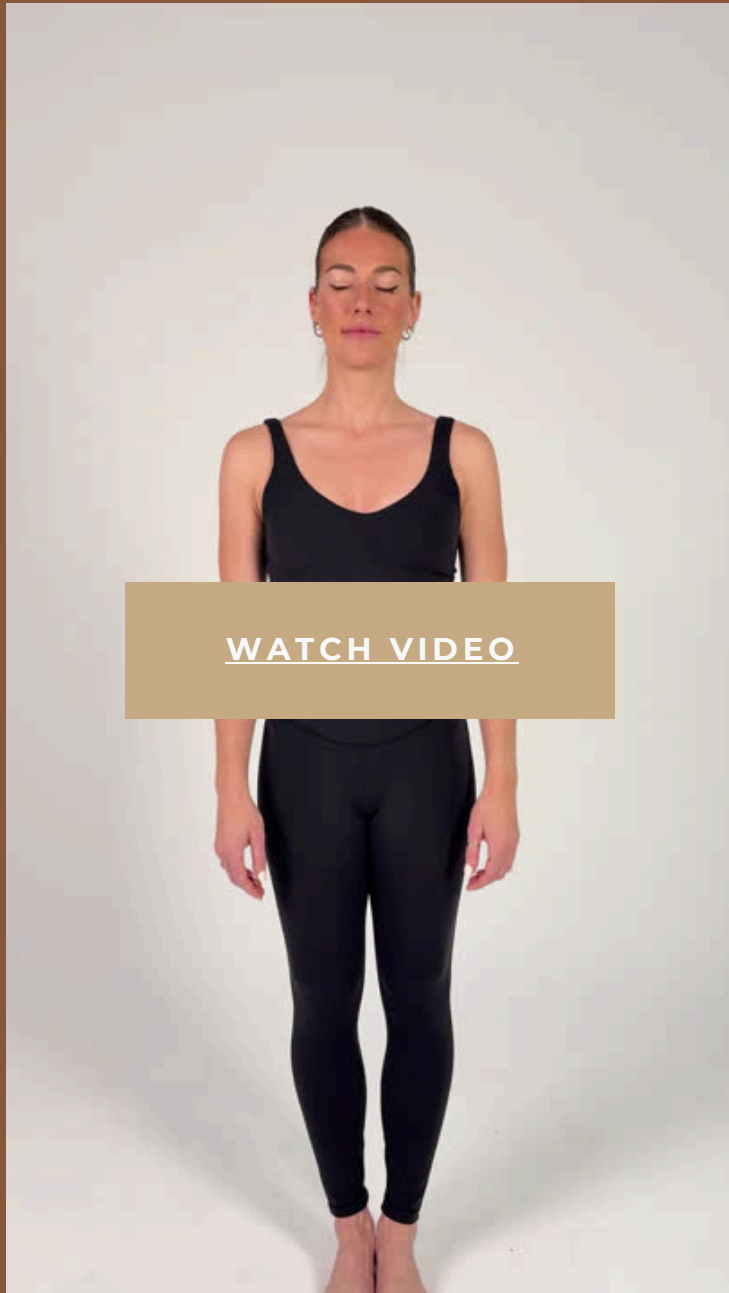
- Able to hold 30 seconds with minimal wobbling
- Equal balance on both sides
- Steady gaze (not looking down)
- Minimal arm movement for balance

RED FLAGS:

- Can't hold 30 seconds
- Significant difference between left and right
- Excessive wobbling
- Need to look down to balance

Clinical significance: Single-leg balance is a direct test of proprioceptive function. Poor balance indicates disrupted proprioceptive input from the standing leg or vestibular system dysfunction. Asymmetry suggests unequal proprioceptive feedback from left and right sides.

@medispine.ca



MOVEMENT 5: Romberg Test

What It Tests: The Romberg test evaluates your proprioceptive system and vestibular (balance) function. It removes visual input, forcing your nervous system to rely entirely on proprioceptive feedback from your joints and muscles, plus vestibular input from your inner ear.

How to Perform:

1. Stand barefoot on a level surface
2. Feet together (heels and toes touching)
3. Arms at sides or slightly away from body
4. Close your eyes
5. Hold for 30 seconds
6. Observe how much you sway

What to Observe:

- Minimal sway: Your proprioceptive system is providing clear feedback. Your nervous system is coordinating balance well without visual input.
- Moderate sway: Some proprioceptive disruption. Your nervous system is working harder to maintain balance without vision.
- Significant sway or loss of balance: Proprioceptive dysfunction or vestibular involvement. Your nervous system struggles to maintain balance without visual compensation.

@medispine.ca

Clinical Significance: A positive Romberg test (significant sway or loss of balance) indicates proprioceptive dysfunction. This often correlates with postural misalignment—poor alignment disrupts proprioceptive input, which shows up as balance difficulty in this test.

IMPORTANT SAFETY NOTE* Have someone nearby when performing this test. If you feel like you might lose balance, open your eyes immediately. Safety first.

DYNAMIC EVALUATION CHECKLIST

POSTURAL ASSESSMENT

Perform each movement slowly and controlled. Observe what happens. Check the box that applies. @medispine.ca

MOVEMENT	IDEAL PATTERN	YOUR ASSESSMENT
FORWARD BEND	Smooth, even bend from hips and spine; hamstrings feel stretched	☐ Smooth & coordinated ☐ Jerky ☐ Limited range ☐ Asymmetrical
OVERHEAD REACH	Arms reach fully overhead; symmetrical movement both sides	☐ Full range ☐ Limited range ☐ Asymmetrical ☐ Pain/restriction
SPINAL ROTATION	Equal rotation both directions; smooth, controlled movement	☐ Equal both sides ☐ One side limited ☐ Jerky movement ☐ Asymmetrical
SINGLE-LEG BALANCE	Hold 30 seconds with minimal wobbling; equal balance both sides	☐ Stable 30 sec ☐ Wobbles ☐ Can't hold 30 sec ☐ Asymmetrical
RHOMBERG TEST	Stand feet together, eyes closed, 30 seconds with minimal sway	☐ Stable, minimal sway ☐ Moderate sway ☐ Loss of balance ☐ Unable to attempt

INTERPRETING YOUR RESULTS

Now that you've evaluated your static posture and dynamic movement, ***let's interpret what the patterns mean.***

SCORING YOUR ASSESSMENT

Count how many items you marked as "neutral" or "ideal" in both static and dynamic sections. @medispine.ca

7+ neutral markers:	4-6 neutral markers:	1-3 neutral markers:
Your baseline postural alignment is SOLID ✓ Focus: Maintenance and movement quality Nervous system status: Proprioceptive input is relatively clear Timeline: 4 weeks will refine and optimize @medispine.ca	Moderate postural shifts present Focus: Correcting primary dysfunctions Nervous system status: Some proprioceptive disruption; compensation patterns developing Timeline: 4 weeks will create noticeable changes	Significant postural patterns present Focus: Addressing foundational misalignments Nervous system status: Substantial proprioceptive disruption; nervous system has adapted to dysfunction Timeline: 4 weeks will create meaningful changes; 8-12 weeks for full integration

WHAT THIS MEANS FOR YOUR NERVOUS SYSTEM:

Your postural patterns reveal how your nervous system has adapted to dysfunction. These aren't character flaws—they're learned patterns. Your nervous system has essentially said: "This is normal. This is safe."

The good news: Your nervous system can relearn. By consistently exposing it to better alignment and movement patterns, you gradually retrain proprioceptive pathways and motor output. This is neuroplasticity in action.

The reset process WORKS because:

1. **You become aware** of your current pattern (through this assessment)
2. **You practice better alignment** (through targeted movement)
3. **Your nervous system receives clearer proprioceptive input** (from improved alignment)
4. **Motor patterns gradually shift** (through repetition and neural adaptation)
5. **Better posture becomes automatic** (nervous system integrates new pattern)

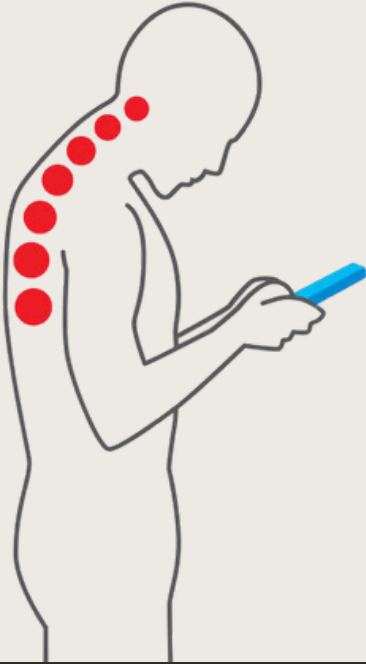
This takes time—typically 4-8 weeks for noticeable change, 12+ weeks for full integration. But it's **possible** because your nervous system is **plastic and adaptive**.

RECOGNIZE YOUR PATTERN

COMMON POSTURAL PATTERNS

Most people fall into one of these patterns.

Knowing yours helps you understand what to do to improve your posture.



PATTERN A: TECH NECK / DESK WORKER

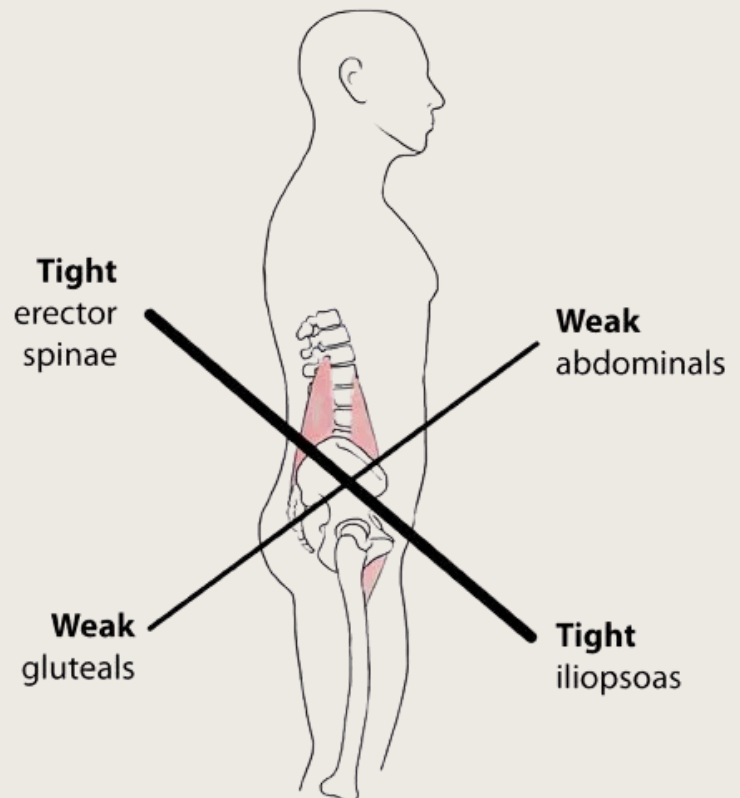
- **Markers:** Forward head, rounded shoulders, collapsed chest, anterior pelvic tilt
- **Possible root cause:** Hours in flexed positions (sitting, looking down)
- **Nervous system impact:** Disrupted proprioception in neck and shoulders; altered breathing patterns
- **What this means:** Your nervous system has adapted to forward positioning as "normal." The reset will retrain it to recognize better alignment.
- **Reset focus:** Head retraction, shoulder blade activation, rib cage stacking

@medispine.ca

PATTERN B:

LOWER CROSS SYNDROME

- **Markers:** Anterior pelvic tilt, excessive lower back curve, weak core, tight hip flexors
- **Possible root cause:** Prolonged sitting, weak abdominals
- **Nervous system impact:** Altered signals from lower back and hip joints; compensation patterns in knees
- **What this means:** Your nervous system is recruiting lower back muscles to stabilize instead of your core. This creates pain downstream.
- **Reset focus:** Core activation, hip flexor lengthening, pelvic stability



Tight:Suboccipitals
Upper Trapezius
Levator**Weak:**

Cervical Flexors

Weak:Rhomboid
Lower Trapezius**Tight:**

Pectorals

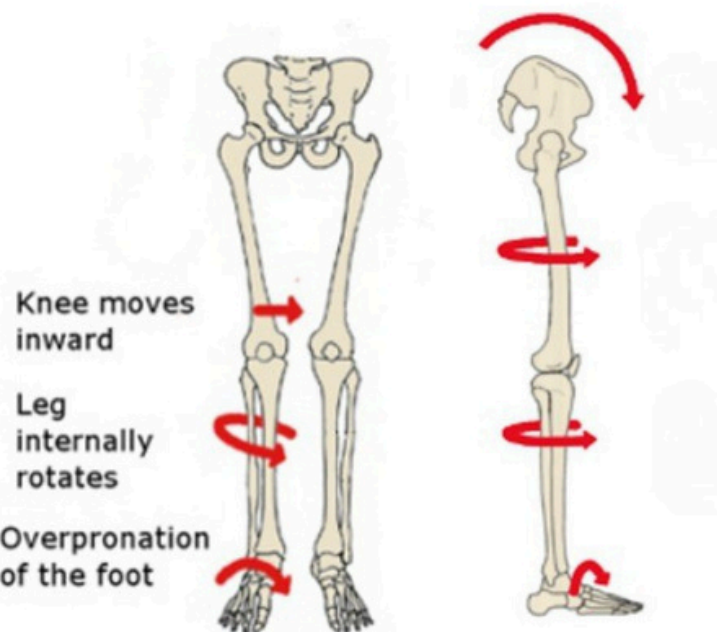
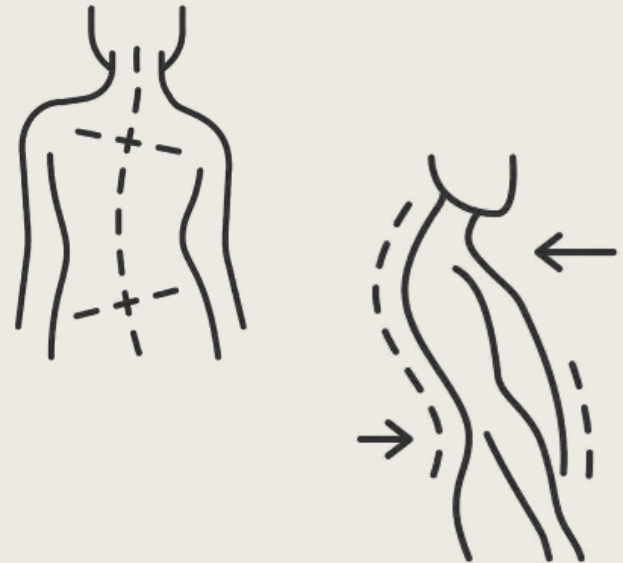


PATTERN C: UPPER CROSSE SYNDROME

- **Markers:** Forward head, rounded shoulders, tight chest, weak upper back
- **Possible root cause:** Desk posture, weak postural muscles
- **Nervous system impact:** Disrupted shoulder joint signals; altered breathing
- **What this means:** Your upper body is in a protective posture. The reset will help your nervous system feel safe in better alignment.
- **Reset focus:** Upper back strengthening, chest opening, scapular stability

PATTERN D: ASYMMETRICAL POSTURE

- **Markers:** One shoulder higher, spine curves to one side, weight shifted to one leg
- **Possible root cause:** Habit, old injuries, muscle imbalances
- **Nervous system impact:** Uneven sensory input from left and right sides of body; compensation patterns
- **What this means:** Your nervous system is receiving unequal proprioceptive input from both sides. The reset will help rebalance this.
- **Reset focus:** Identifying the imbalance, targeted stretching and strengthening



PATTERN E: LOWER LIMB DYSFUNCTION

- **Markers:** Foot pronation/supination, knee valgus/varus, hip weakness
- **Possible root cause:** Foot arch collapse, ankle instability, hip weakness
- **Nervous system impact:** Disrupted foot and ankle proprioception; cascading up kinetic chain
- **What this means:** Poor foot proprioception is affecting your entire lower body. The reset starts at the foundation.
- **Reset focus:** Foot proprioception, ankle stability, hip strengthening

@medispine.ca

FAQS

COMMON QUESTIONS ABOUT POSTURE & YOUR NERVOUS SYSTEM

● HOW LONG DOES IT TAKE TO FIX POSTURE?

You'll notice changes in 2-4 weeks. Significant improvements happen in 8-12 weeks. Full integration can take 6+ months. The good news: your nervous system is plastic and adaptive. *Change is always possible.*

● CAN I FIX POSTURE JUST BY THINKING ABOUT IT?

Conscious effort helps short-term, but lasting change requires retraining your nervous system through movement and habit. Willpower alone isn't enough because you're fighting against your nervous system's learned pattern.

● WHY DOES GOOD POSTURE FEEL UNCOMFORTABLE?

Because your nervous system has adapted to poor posture as "normal." When you correct it, your proprioceptive system says, "This doesn't match my baseline." This feels wrong even though it's right. This discomfort fades as your nervous system adapts (usually 1-2 weeks).

● CAN OLD INJURIES PREVENT POSTURE IMPROVEMENT?

Old injuries often leave proprioceptive deficits — your nervous system doesn't fully trust that joint again. But these can improve with targeted work. Professional assessment helps identify injury-related patterns and address them specifically.

● IS POSTURE REALLY CONNECTED TO THE NERVOUS SYSTEM?

Yes. Your nervous system controls every muscle in your body. Posture is the output of your nervous system's motor control. Poor posture = disrupted proprioceptive input = nervous system working inefficiently. Better posture = clearer proprioceptive input = nervous system working naturally.

WHEN TO SEEK TO A PROFESSIONAL

This ebook gives you tools to evaluate yourself and begin your reset. But professional assessment accelerates results and prevents compensation patterns.

CONSIDER BOOKING AN ASSESSMENT IF YOU HAVE :

- Scored 1-3 neutral markers (significant postural dysfunction)
- Chronic pain (neck, back, shoulders, knees)
- Limited range of motion in any joint
- Recurring injuries
- Noticeably asymmetrical posture
- Postural patterns from old injuries
- Movement that feels restricted or uncoordinated
- Desire for personalized guidance

A PROFESSIONAL ASSESSMENT INCLUDE :

- _ **Static and dynamic posture analysis:** Detailed evaluation of alignment markers plus subtle asymmetries
- _ **Neurological testing:** Assessment of how well your nervous system is functioning, including proprioceptive tests, muscle activation patterns, balance and coordination tests, sensory evaluation, and more
- _ **Primitive reflex evaluation**
- _ **Compensation pattern identification:** Recognition of how your body is adapting to dysfunction
- _ **Functional assessment:** How postural dysfunction affects your specific activities
- _ **Personalized plan:** Exercise and habit recommendations tailored to your unique patterns
- _ **Education:** Understanding why your body developed these patterns





**MEET OUR EXPERTS,
YOUR COACHES**

Dr Gobeil

Hey, I'm Dr. Veronica Gobeil, chiropractor, CIES Certified Posturologist, and founder of Medispine. Originally from Saguenay, QC, I'm passionate about natural health and helping people overcome pain, improve posture, and build healthier habits.

Whether you're seeking clarity on your postural patterns, want science-backed advice for nervous system retraining, or need a partner in upgrading your posture and daily movement, I'm here to bring you the most up-to-date, practical recommendations—rooted in both clinical expertise and cutting-edge postural science.

Dr Power

Hey, I'm Dr. Power, chiropractor and movement specialist at Medispine. A St. Stephen native with a background in kinesiology, I'm passionate about helping people achieve lasting results by addressing the root cause of pain and movement dysfunction.

Whether you're dealing with chronic pain, sports injuries, or postural imbalance, I'm here to bring you practical, evidence-based solutions—combining hands-on expertise, soft tissue work, and personalized movement strategies rooted in both clinical experience and advanced diagnostic technology.



Hey, I'm Sara-Jessika Malley Borris, B. Sc. Kin., kinesiologist and clinical assistant at Medispine. Originally from Campbellton, New Brunswick, I graduated with a Bachelor's degree in Kinesiology from Université de Moncton in 2023—and I'm passionate about helping people understand how their body moves so they can feel stronger, more capable, and more in control.

I was very happy and inspired to collaborate with Dr. Gobeil, DC to help build the 28-Day Posture & Nervous System Reset — bringing a movement-focused, practical approach to the daily steps so the program feels simple, doable, and effective.

Whether you're working through pain, rebuilding mobility, or improving posture and movement habits, I'm here to support you with science-informed guidance and sustainable strategies you can actually stick with.



**MEET OUR EXPERTS,
YOUR COACHES**

Sara Jessika
Borris



READY TO RESET - THIS IS THE NEXT STEP

SO WHAT NOW?

You now understand your postural patterns and how they affect your nervous system. You know what dysfunction looks like and why it matters. @medispine.ca

Now, the next step is ACTION.

JOIN OUR 28-DAY POSTURAL RESET PROGRAM

Over the next 4 weeks, you will be guided through a simple and progressive program designed to help you improve your postural awareness, integrate targeted exercises, and begin creating habits that support better movement in your daily life.

This program is not about forcing perfect posture. It is about helping your body develop better awareness, better control, and a more consistent foundation for movement.

WHAT YOU WILL GET :

- ✓ Comprehensive 28-day reset plan (delivered as a guide)
- ✓ Weekly email support and motivation
- ✓ Daily exercise and habit guidance
- ✓ Before & after submission opportunity
- ✓ Community of people doing the same work on Facebook

WHY JOIN?

Because identifying your posture is helpful, but it does not create change on its own. To begin improving how your body holds, moves, and responds, you need repetition, consistency, and the right guidance. The 28-Day Postural Reset Program gives you a clear framework to help you stay accountable, understand your body better, and start building habits that may support better posture, movement, and comfort over time.

Turn your self-assessment into a clear action plan. Build consistency, gain confidence, and start creating better postural habits with professional guidance.

JOIN THE 28-DAY POSTURAL RESET



THIS PROGRAM IS FOR YOU IF...

You feel like your posture needs attention, but you are not sure where to start. You catch yourself trying to “sit up straight” or “stand taller,” but the habit does not last. You want a simple, guided, and realistic plan that helps you take action without overcomplicating the process.

Remember, your posture isn’t “broken” — it’s learned. And what’s learned can be relearned. Your nervous system is plastic and adaptive. **Change is possible.**

JOIN NOW

NEUROSCIENCE OF POSTURE & PROPRIOCEPTION

Key Research Areas:

1. Proprioception & Mechanoreceptors

- o Riemann, B. L., & Lephart, S. M. (2002). The sensorimotor system, part I: The physiologic basis of functional joint stability. *Journal of Athletic Training*, 37(1), 71-79.
- o Lephart, S. M., Pincivero, D. M., Giraldo, J. L., & Fu, F. H. (1997). The role of proprioception in the management and rehabilitation of athletic injuries. *Journal of Athletic Training*, 32(3), 264-268.
- o Lephart, S. M., & Fu, F. H. (2000). Proprioception and neuromuscular control in joint stability. *Sports Medicine*, 29(5), 313-337.

2. Postural Control & Nervous System

- o Horak, F. B. (2006). Postural orientation and equilibrium: What do we need to know about neural control of balance to prevent falls? *Age and Ageing*, 35(S2), ii7-ii11.
- o Shumway-Cook, A., & Woollacott, M. H. (2012). *Motor control: Translating research into clinical practice* (4th ed.). Lippincott Williams & Wilkins.

3. Spinal Manipulation & Proprioceptive Input

- o Bronfort, G., Haas, M., Evans, R., & Kawchuk, G. (2014). Spinal manipulation and mobilization for nonspecific low back pain: A systematic review and meta-analysis. *Spine Journal*, 14(2), 250-262.
- o Pickar, J. G. (2002). Neurophysiological effects of spinal manipulation. *The Spine Journal*, 2(5), 357-371.

4. Posture & Brain Function

- o Cuddy, A. J., Wilmuth, C. A., & Carney, D. R. (2015). The benefit of power posing before a high-stakes social evaluation. *Harvard Business School Working Paper*, 13-109.
- o Nair, S., Sagar, M., Sollers, J., Consedine, N., & Broadbent, E. (2015). Do slumped and upright postures affect stress responses? A randomized trial. *Health Psychology*, 34(6), 632-641.

PROPRIOCEPTIVE DYSFUNCTION

Key Research Areas:

1. How Proprioceptive Dysfunction Develops

- o Lephart, S. M., & Fu, F. H. (2000). Proprioception and neuromuscular control in joint stability. *Sports Medicine*, 29(5), 313-337.
- o Guskiewicz, K. M., & Perrin, D. H. (1996). Research and clinical applications of assessing balance. *Journal of Sport Rehabilitation*, 5(1), 45-63.

2. Repetitive Positioning & Postural Adaptation

- o Edmondston, S. J., & Singer, K. P. (1997). Thoracic spine: Anatomical and biomechanical considerations for manual therapy. *Manual Therapy*, 2(3), 132-143.
- o Griegel-Morris, P., Larson, K., Mueller-Klaus, K., & Oatis, C. A. (1992). Incidence of common postural abnormalities in the cervical, shoulder, and thoracic regions and their association with pain in two age groups of healthy subjects. *Physical Therapy*, 72(6), 425-431.

3. Joint Restriction & Mechanoreceptor Activation

- o Wyke, B. D. (1985). Neurology of the cervical spine. *British Journal of Hospital Medicine*, 34(1), 48-51.
- o Mense, S. (1993). Nociception from skeletal muscle in relation to clinical muscle pain. *Pain*, 54(3), 241-289.

4. Old Injuries & Proprioceptive Deficits

- o Hertel, J. (2002). Functional anatomy, pathomechanics, and pathophysiology of lateral ankle instability. *Journal of Athletic Training*, 37(4), 364-375.
- o Freeman, M. A., Dean, M. R., & Hanham, I. W. (1965). The etiology and prevention of functional instability of the foot. *The Journal of Bone and Joint Surgery*, 47(4), 678-685.

STATIC POSTURAL ASSESSMENT

Key Research Areas:

1. Forward Head Posture

- o Fernández-de-las-Peñas, C., Alonso-Blanco, C., Cuadrado, M. L., Miangolarra, J. C., Barriga, F. J., & Pareja, J. A. (2006). Forward head posture and neck pain: A case-control study of 298 consecutive patients. *European Spine Journal*, 15(9), 1333-1338.
- o Harman, K., Hubley-Kozey, C. L., & Butler, H. (2005). Effectiveness of an exercise program to improve forward head posture in normal adults: A randomized, controlled 10-week trial. *Journal of Manual & Manipulative Therapy*, 13(3), 163-176.

2. Thoracic Kyphosis

- o Edmondston, S. J., & Singer, K. P. (1997). Thoracic spine: Anatomical and biomechanical considerations for manual therapy. *Manual Therapy*, 2(3), 132-143.
- o Kado, D. M., Huang, M. H., Karlamangla, A. S., Barrett-Connor, E., & Greendale, G. A. (2013). Hyperkyphotic posture and risk of injurious falls in older persons: The Rancho Bernardo study. *Journal of the American Geriatrics Society*, 61(12), 2142-2150.

3. Pelvic Alignment & Lumbar Lordosis

- o Neumann, D. A. (2010). *Kinesiology of the musculoskeletal system: Foundations for rehabilitation* (2nd ed.). Mosby Elsevier.
- o McGill, S. M. (2007). *Low back disorders: Evidence-based prevention and rehabilitation* (2nd ed.). Human Kinetics.

4. Foot Posture & Proprioception

- o Vicenzino, B., Branjerdporn, M., Teys, P., & Jordan, K. (2006). Initial changes in posterior talar glide and dorsiflexion of the ankle following mobilisation with movement in individuals with recurrent ankle sprain. *Journal of Orthopaedic & Sports Physical Therapy*, 36(7), 464-471.
- o Redmond, A. C., Crosbie, J., & Ouvrier, R. A. (2006). Development and validation of a novel rating system for scoring standing foot posture: The Foot Posture Index. *Clinical Biomechanics*, 21(1), 89-98.

REFERENCES

DYNAMIC MOVEMENT ASSESSMENT

Key Research Areas:

1. Movement Quality & Motor Control

- Comerford, M. J., & Mottram, S. L. (2001). Movement and stability dysfunction—Contemporary developments. *Manual Therapy*, 6(1), 15-26.
- Hodges, P. W., & Richardson, C. A. (1999). Altered trunk muscle recruitment in people with low back pain with upper limb movement at different speeds. *Archives of Physical Medicine and Rehabilitation*, 80(9), 1005-1012.

2. Single-Leg Balance & Proprioception

- Guskiewicz, K. M., & Perrin, D. H. (1996). Research and clinical applications of assessing balance. *Journal of Sport Rehabilitation*, 5(1), 45-63.
- Emery, C. A., Cassidy, J. D., Klassen, T. P., Rosychuk, R. J., & Rowe, B. H. (2005). Effectiveness of a home-based balance-training program in reducing sports-related injuries among healthy adolescents: A cluster randomized controlled trial. *Canadian Medical Association Journal*, 172(6), 749-754.

3. Romberg Test & Vestibular Function

- Goebel, J. A. (2001). Practical management of the dizzy patient. Lippincott Williams & Wilkins.
- Nashner, L. M., Black, F. O., & Wall, C. (1982). Adaptation to altered support and visual conditions during stance: Patients with vestibular deficits. *Journal of Neuroscience*, 2(5), 536-544.

4. Spinal Rotation & Mobility

- Edmondston, S. J., & Singer, K. P. (1997). Thoracic spine: Anatomical and biomechanical considerations for manual therapy. *Manual Therapy*, 2(3), 132-143.

NEUROPLASTICITY & NERVOUS SYSTEM RETRAINING

Key Research Areas:

• Neuroplasticity & Motor Learning

- Doidge, N. (2007). The brain that changes itself: Stories of personal triumph from the frontiers of neuroscience. Penguin Books.
- Karni, A., Meyer, G., Jezard, P., Adams, M. M., Turner, R., & Ungerleider, L. G. (1995). Functional MRI evidence for adult motor cortex plasticity during motor skill learning. *Nature*, 377(6545), 155-158.

• Sensorimotor Integration & Postural Correction

- Shumway-Cook, A., & Woollacott, M. H. (2012). Motor control: Translating research into clinical practice (4th ed.). Lippincott Williams & Wilkins.
- Lephart, S. M., Pincivero, D. M., Giraldo, J. L., & Fu, F. H. (1997). The role of proprioception in the management and rehabilitation of athletic injuries. *Journal of Athletic Training*, 32(3), 264-268.

• Repetition & Neural Adaptation

- Kleim, J. A., & Jones, T. A. (2008). Principles of experience-dependent plasticity: Implications for rehabilitation after brain damage. *Journal of Speech, Language, and Hearing Research*, 51(1), S225-S239.

POSTURAL PATTERNS & COMPENSATION

Key Research Areas:

1. Upper Cross Syndrome

- Janda, V. (1985). Muscles and motor control in cervicogenic headaches: Assessment and management. In G. R. Jacobson, C. M. Ramadan, & R. S. Newman (Eds.), *Headache and facial pain: Vascular, temporal, and neurologic aspects* (pp. 195-216). Raven Press.
- Mottram, S. L. (1997). Dynamic stability of the scapula. *Manual Therapy*, 2(3), 123-131.

2. Lower Cross Syndrome

- Janda, V. (1996). Physical therapy of the cervical spine (2nd ed.). Butterworth-Heinemann.
- Kendall, F. P., McCreary, E. K., Provance, P. G., Rodgers, M. M., & Romani, W. A. (2005). *Muscles: Testing and function with posture and pain* (5th ed.). Lippincott Williams & Wilkins.

3. Asymmetrical Posture & Compensation

- Comerford, M. J., & Mottram, S. L. (2001). Movement and stability dysfunction—Contemporary developments. *Manual Therapy*, 6(1), 15-26.

ASSESSMENT & EVALUATION

Key Research Areas:

1. Postural Assessment Methods

- Kendall, F. P., McCreary, E. K., Provance, P. G., Rodgers, M. M., & Romani, W. A. (2005). *Muscles: Testing and function with posture and pain* (5th ed.). Lippincott Williams & Wilkins.
- Redmond, A. C., Crosbie, J., & Ouvrier, R. A. (2006). Development and validation of a novel rating system for scoring standing foot posture: The Foot Posture Index. *Clinical Biomechanics*, 21(1), 89-98.

2. Movement Screening & Analysis

- Cook, G., Burton, L., & Hoogenboom, B. (2006). Pre-participation screening: The use of fundamental movements as an assessment of function. *North American Journal of Sports Physical Therapy*, 1(2), 62-72.

REFERENCES