

A quick-reference companion to the this article on ThePTDC.com:
<http://www.theptdc.com/2014/06/5-steps-dealing-anterior-pelvic-tilt/>

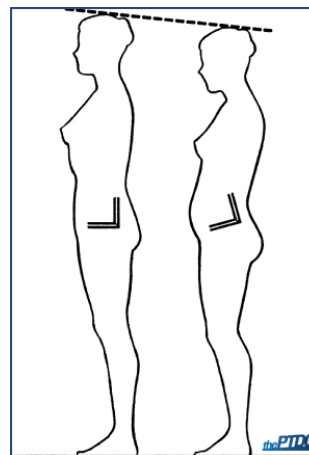
5 Steps for Dealing With Anterior Pelvic Tilt

Common signs of excessive anterior pelvic tilt:

- Forward tipped hips
- Increased lower back curve
- A protruding abdomen (not necessarily fat, just bulging)

These characteristics, in combination with a screening that reveals stiff hip flexors, poor glute and abdominal strength, and compensation patterns, are good indicators of anterior pelvic tilt.

If your client exhibits these problems, use these five methods to ingrain better posture and movement patterns



1. Lying pelvic tilt.

This exercise helps teach the client how to get the pelvis into a neutral position and posterior tilt. Instruct the client to lie on the floor and push the lower back into the ground. Then have him/her anteriorly tilt the pelvis before repeating the exercise.



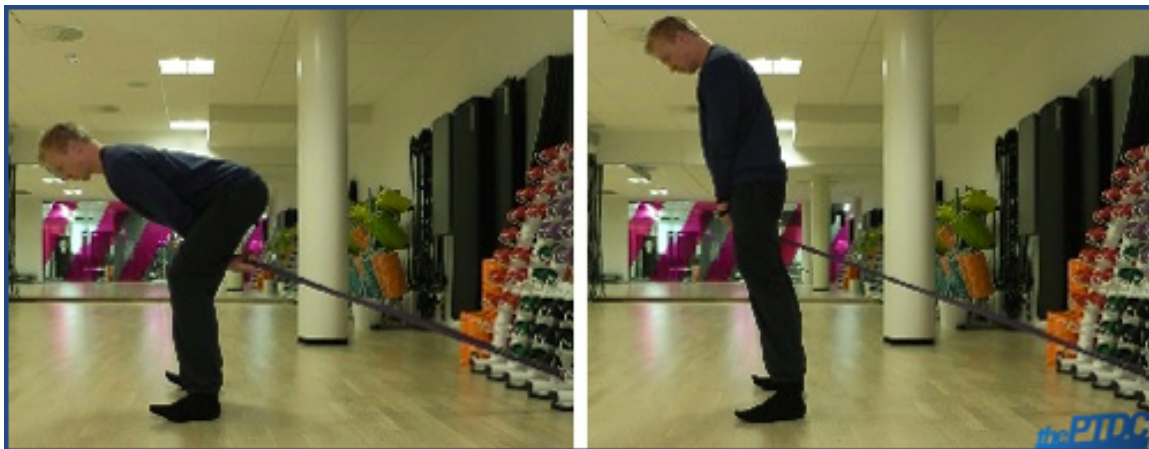
2. Standing pelvic tilt.

“Squeeze the glutes” is an excellent cue for the standing pelvic tilt as it triggers the trainee to contract the glutes and posteriorly tilt the pelvis.



3. Learn and ingrain the hip hinge pattern.

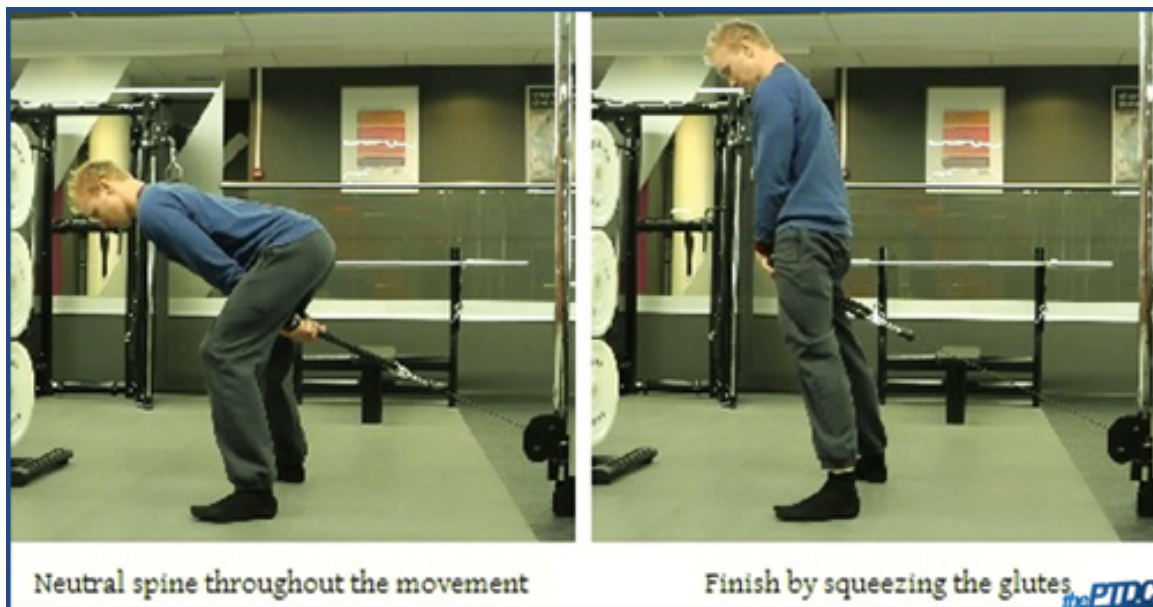
Concentrate on keeping the chest high (without overarching the lower back), pushing the hips back, and finishing the movement by squeezing the glutes.



4. Strengthen the posterior pelvic tilt movement pattern/muscles that produce posterior pelvic tilt.

The cable pull through and RKC plank are among the most effective exercises for treating anterior pelvic tilt. Posterior pelvic tilt hip thrusts, american deadlifts, and other exercises that strengthen the posterior pelvic tilt movement pattern

and weak muscle groups (especially glutes and abdominals) are also great additions.



5. Incorporate squats, deadlifts, presses, and other compound lifts with good technique.

Cueing people by telling them to “arch their back” can do more harm than good by ingraining excessive anterior pelvic tilt.

When you’re coaching a client who displays a normal (neutral/slight anterior pelvic tilt) or posteriorly tilted pelvis, “arch” (or perhaps even better, “Chest up!”) is often a good cue during deadlifts and squats. For someone in excessive anterior pelvic tilt, keeping the chest high is still essential, but instructing the client to arch the back will often lead the client to overextend.

Squeezing the glutes and posteriorly tilting the pelvis during exercises such as the press, push-up, chin-up, pushdown, and bicep curl is a good general recommendation.

Other strategies that can help speed up the progress:

- Adding in some hip flexor and lower back stretches.
 - Postural training is an important part of treating APT, and especially paying attention to sitting posture is vital.
 - More glute strengthening and activation (e.g., PPT bodyweight glute bridges and hip thrusts) and abdominal work. Can be done at home.
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To learn more about corrective exercises, visit Eirik's website, <http://www.darwinian-medicine.com>.