Standing Supported Left Glute Push

(Standing Integration #63)

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Let's start with the title of this PRI Non-Manual technique.

This "standing" technique requires wearing shoes that provide good heel counter support, arch support and a toe box that will allow the toes and forefoot to easily spread out in the shoe. You will also need to push a table next to a wall to prevent it from moving forward as you push it forward with your hands (or you could use a kitchen or bathroom counter in your home). This PRI technique is designed to place one in a 'Valsalva-like' maneuver position between the exhalation and the inhalation phases, without blowing up a balloon and holding the expelled air or while pinching off the nose.

In this technique, the force applied by the table and floor allow the tongue and mouth to close off the airway and properly use the abdominal muscles and the diaphragm to exhale and inhale without engaging the neck or back under moderate pressure created by closing off the pharynx with the pharyngeal muscle and the larynx/trachea with the tongue muscle. This voluntary control of the abdomen is maintained during the entire technique, without having to think about how to "hold" the contraction of the abdominals during both phases of the respiration cycle. It is a wonderful way to teach someone how to inhale with good opposition to the diaphragm so that its effectiveness on opening up the mid and lower chest wall is maximized, as the subconscious effort of maintaining abdominal stabilization is minimized.

The "support" of the upper extremities, offered by the stable table or counter, also allows one to lift the right leg up and the right foot off the floor as the left glutes "push" the body forward to further stabilize the lower trunk and pelvis as the right hip is raised up. This activity co-activates more integrative assistance from the right hip flexors, the right lower trapezius and long head of the triceps and left abdominal wall. When all said and done the tension and internal pressure created by the lengthened anterior shoulder and hip flexors enables one to breathe with the diaphragm under high compliance and forgiveness of lateral and posterior chest wall tension.

This technique is, therefore, a good technique because the lateral, posterior, apical and base surfaces of both lungs can expand easily upon diaphragmatic contraction, secondary to chest wall compliance and the gravitational force displaced on the abdominal contents. The internal organs fall anteriorly and off the front of the thoracic and lumbar spine. It is also, an excellent postural drainage technique for the posterior lobes of the mid to lower lungs, preceding the standing positional induced coughing that more than likely will follow with those who are experiencing difficulty breathing because of fluid-filled alveolar sacs.

Here are some additional comments about the steps that follow the title and pictorial examples, along with the reasoning for the procedural step.

Stand with your feet parallel to each other and directly under both hips. While keeping both heels on the floor lean forward to place your outstretched hands on the table in front of you. Now move your feet back so that your back is close to being parallel with the surface your hands are supported by, and the floor or ground you are standing on. You should feel a gentle stretch through the back of your heels and lower legs. Maintain heel contact with the floor or ground surface, especially on the left side.

These first two steps are important because you are now in a position where anything you do from this point on will foster more uniform opening of the entire circumference of your chest walls. This position, as reflected by the person in the second photo, also indicates that the attachment sites of the latissimus muscle on the side of your chest wall is in its lengthened state, as both of its attachment sites are distracted from each other. In other words, the arms are moving away from the mid to low spine, as the spine is more rounded than “U” shaped in this position.

This is an optimal position for the diaphragm to be in for coastal or mid to lower rib cage expansion upon contraction. It also is a great position for one to sense the abdomen lift the abdomen up against gravity and feel how one’s own body weight can serve as an element for abdominal strengthening with optimal diaphragmatic influence on the chest wall mechanics for ideal ventilation and perfusion at the anterior base of each lung’s lower lobes.

Shift your left hip back in Step 3 to engage your right hand as a pusher and to sense, activate, and lengthen your left outside hip muscles in preparation of using these same muscles to lift your right foot a few inches off the floor. While keeping your back parallel to the floor, in other words do not let your mid back sag toward the ground, lift your right knee up and your right foot off the floor/ground. The weight of your body should now be felt through both wrists and hands, your left hip, your abdominals especially on the left, (if you feel your right abdominals more than the left, you need to push more with your right hand into the table you are supported by) and the entire bottom of your left foot. This ‘highly integrated contracted’ position replaces the need to do this activity by blowing up a balloon correctly using PRI methodology.

Now hold this position as you take a deep breath in through your nose as you “push” with the above musculature and reference sites, outlined in Step 3. Then blow out through pursed lips or your mouth slowly by pushing slightly more with above muscles and sites. The most important consideration in Step 4 is to transition slowly from exhalation to inhalation with a “pause” (Valsalva pause) in between the exhalation and inhalation phase, without losing the “push” from your body while breathing in this reciprocal state of glossal sealing and pharyngeal closing during respective inhalation and pre-exhalation reciprocal breathing.