PELVIC TILT VS. NEUTRAL PELVIS DISCUSSION

Decision depends on:

1. Desired Functional Position
2. Neuromuscular Patterning
3. Skeletal Position (Neutral or not)
4. Strength of Core
5. Difficulty of Exercise
6. Muscles being Facilitated/Inhibited

	Neutral Pelvis	**Posterior Pelvic Tilt**
Did patient walk into clinic neutral?	Yes	No
Does the patient need to inhibit back extensors?	No	Yes
Is the patient good at controlling their ribcage during inhalation?	Yes	No
Is the exercise more functionally driven vs. impairment driven?	Yes	No
Is the exercise extra challenging to abdominals?	No	Yes

IS THE PATIENT FEELING THE DESIRED MUSCULATURE WORKING?

If no, then modifying into more supported posterior pelvic tilt may be essential.

DOES THE PATIENT FEEL

Pain?
Hip flexors?
Neck tension?
Back strain?

If yes, then modifying into more supported posterior pelvic tilt may be essential.

DISASSOCIATION

Isolation of limb movement from trunk movement

…which requires the ability to maintain core stability during movement

When to utilize:

1. With more acute symptoms, when one feels worse with movement.
2. To unlearn habitual overuse of back extensors, hip flexors and/or neck muscles from moving limbs.