

# Biomecánica de Columna

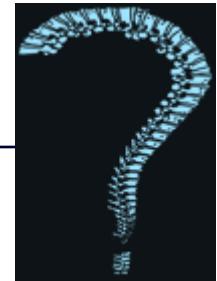
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**Ft. Maria Solange Patiño Segura**  
**Docente Escuela de Fisioterapia**  
**Maestría en Fisioterapia**

# Biomecánica de Columna

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- Movilidad por segmento?
- Cómo varía según la postura?
- Patrón de activación muscular?
- Cual es la respuesta de los tejidos frente a la carga?
- Existen diferencias por género y edad?
- Movilidad torácica y el patrón respiratorio?

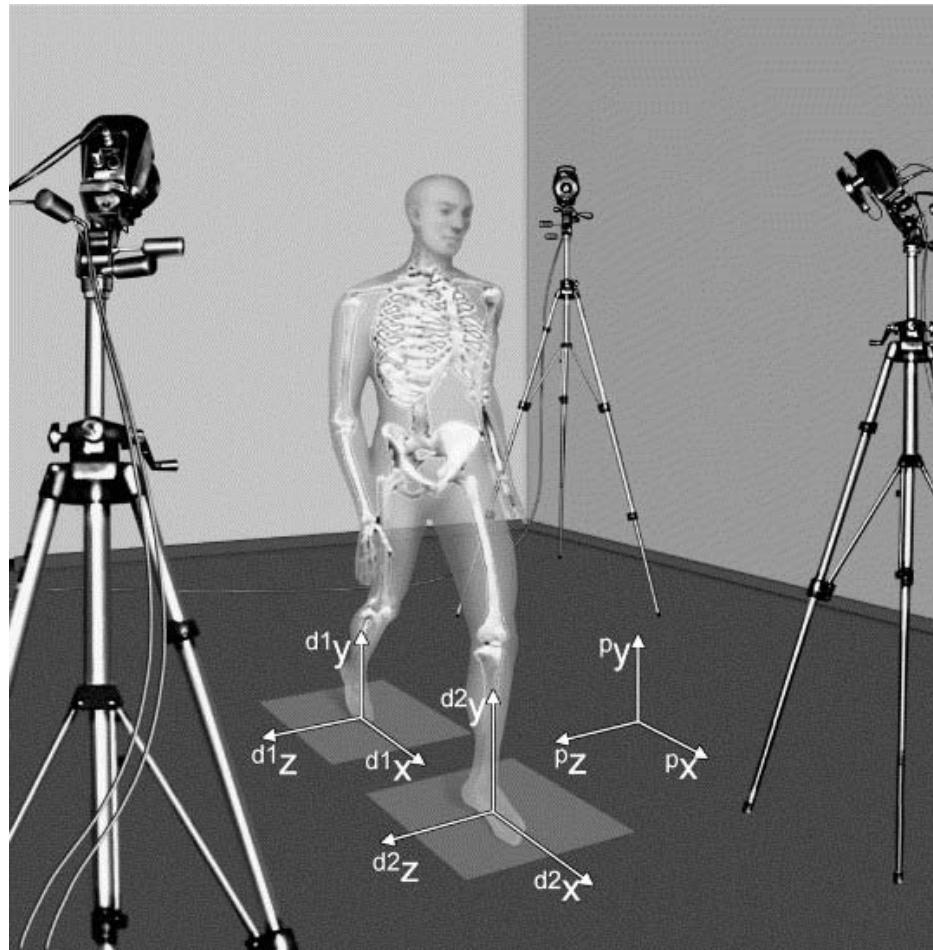
# CINEMÁTICA

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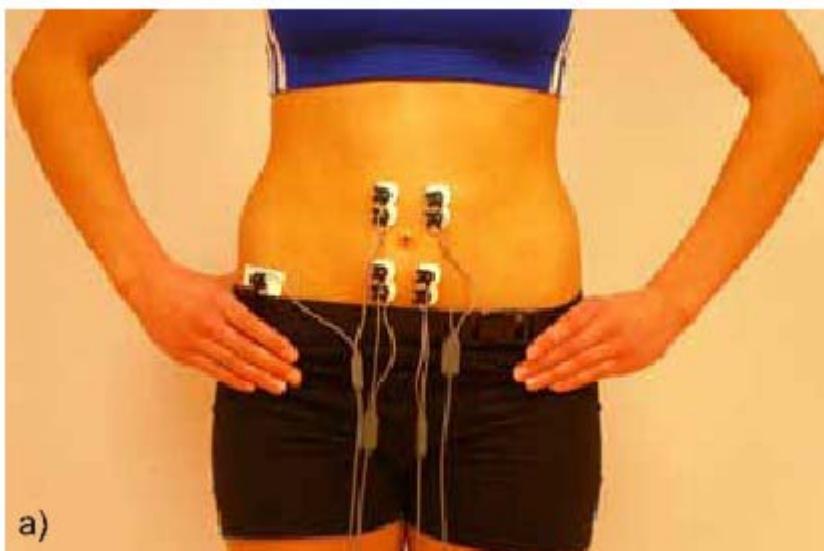
# ESTEREOFOTOGRAFÍA y CINÉTICA

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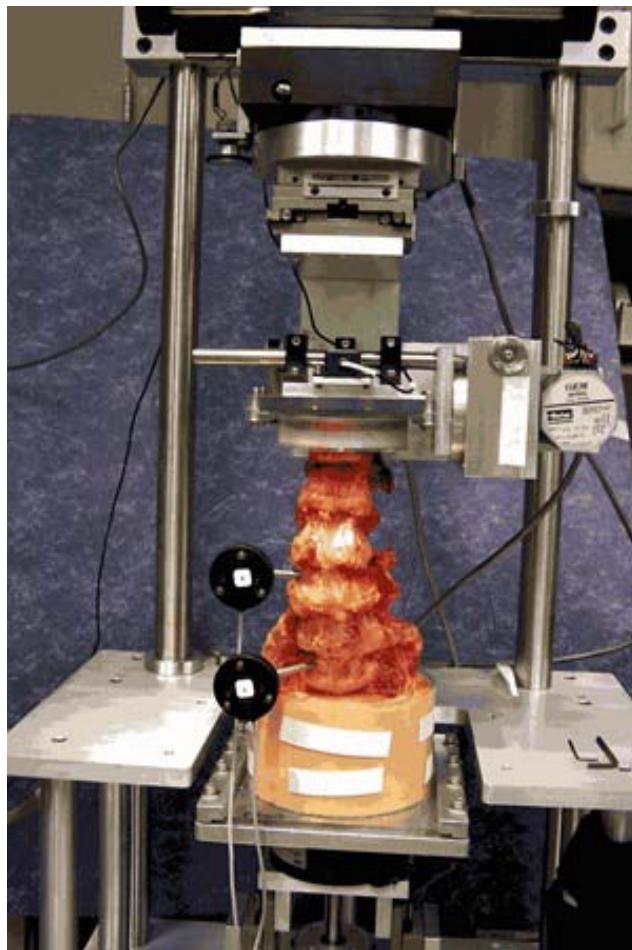
# ELECTROMIOGRAFÍA

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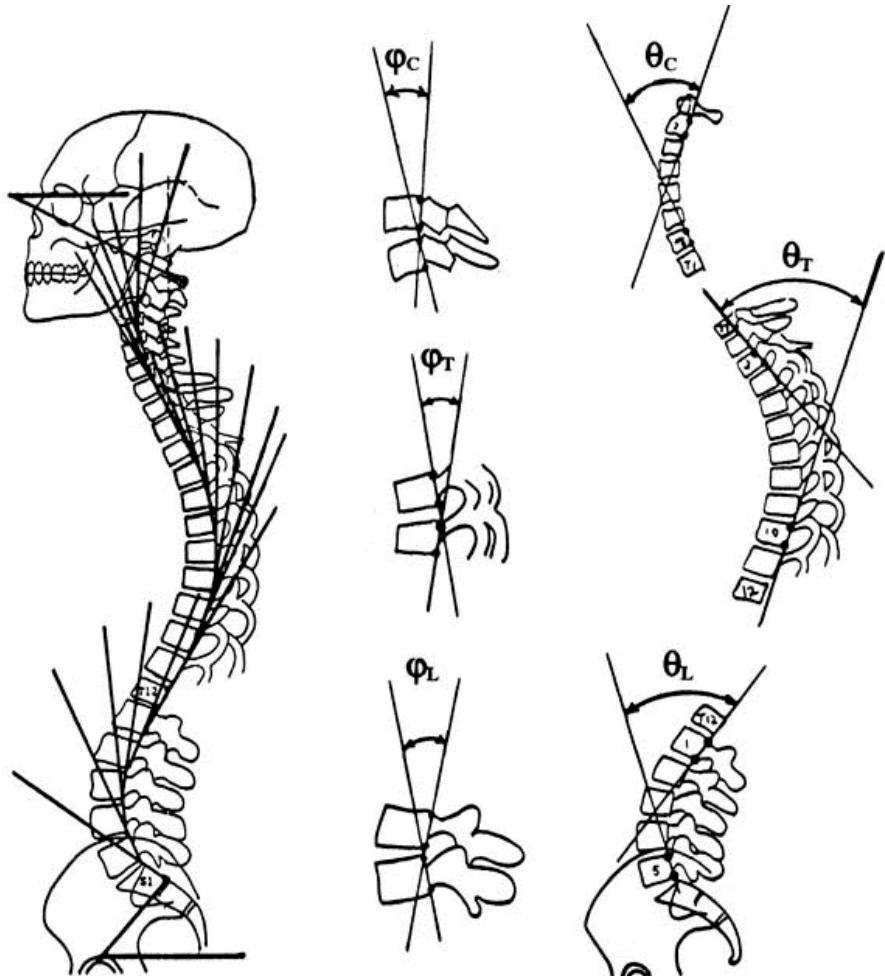


# BIOMATERIALES

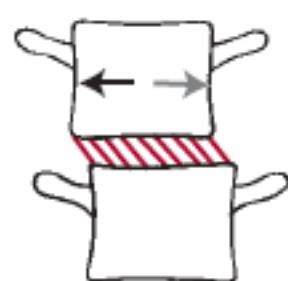
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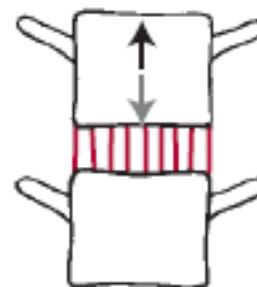
# MOVILIDAD POR SEGMENTO



# ARTROCINEMATICA



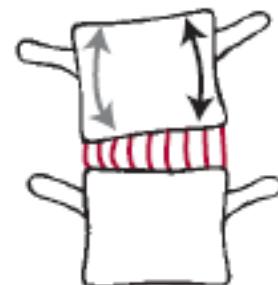
deslizamiento



distracción  
compresión



deslizamiento



inclinación



rotación



inclinación

# OSTEOCINEMATICA

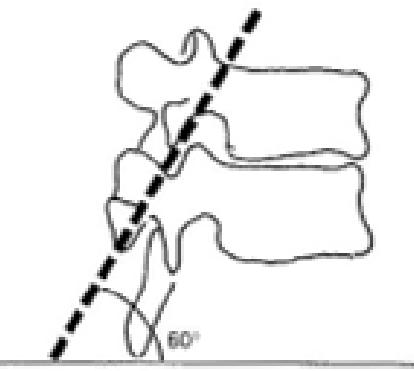
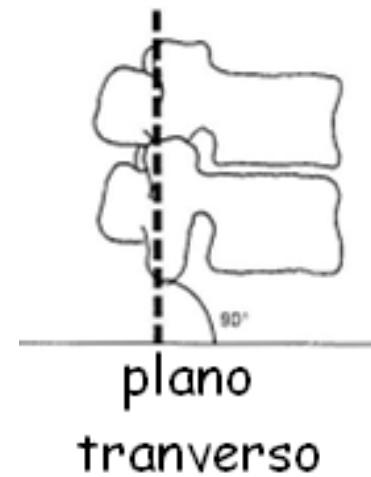
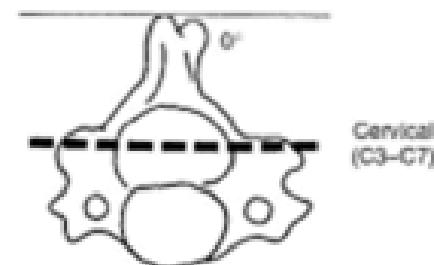
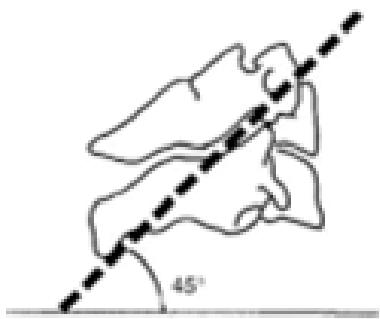


*RX*

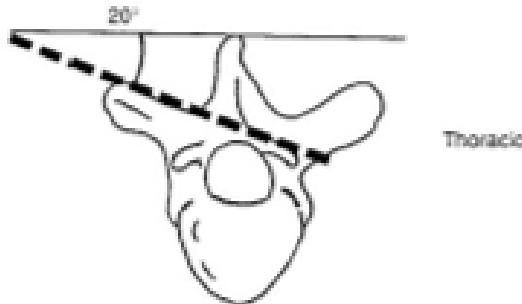


*Fluoroscopia*

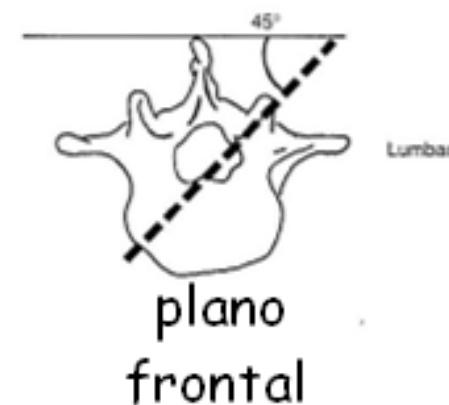
# ORIENTACIÓN DE LAS FACETAS



plano  
tranverso



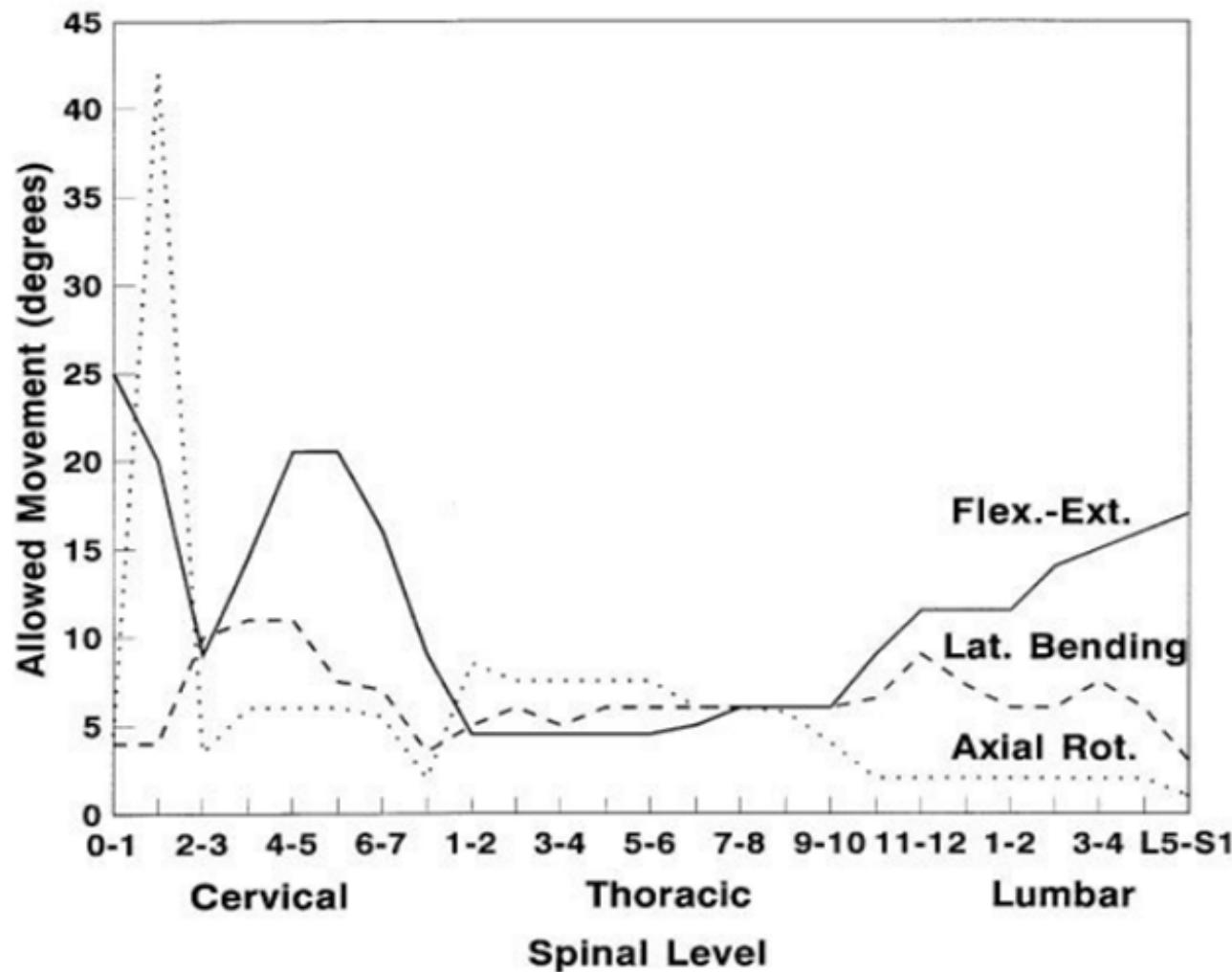
plano  
tranverso



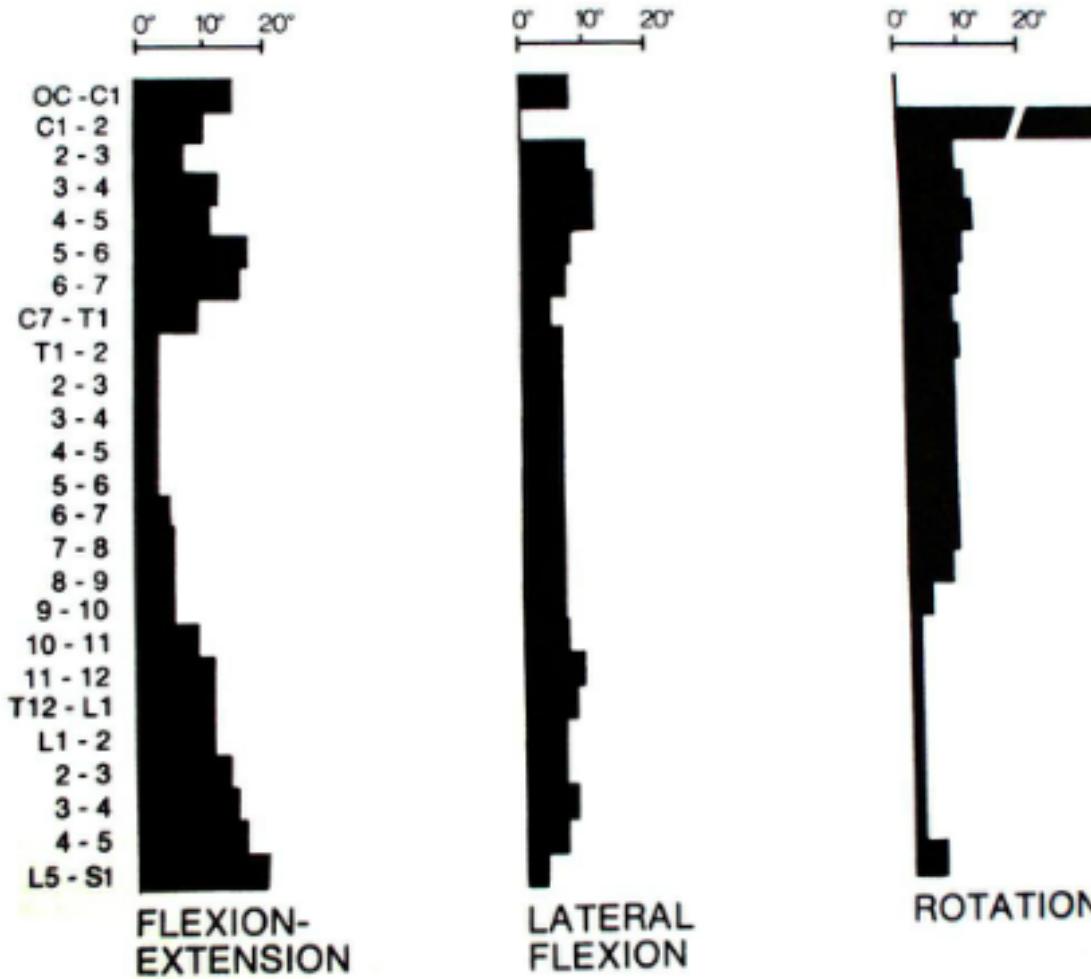
plano  
frontal

Nordin M, Frankel V. 2001.

# OSTEOCINEMATICA

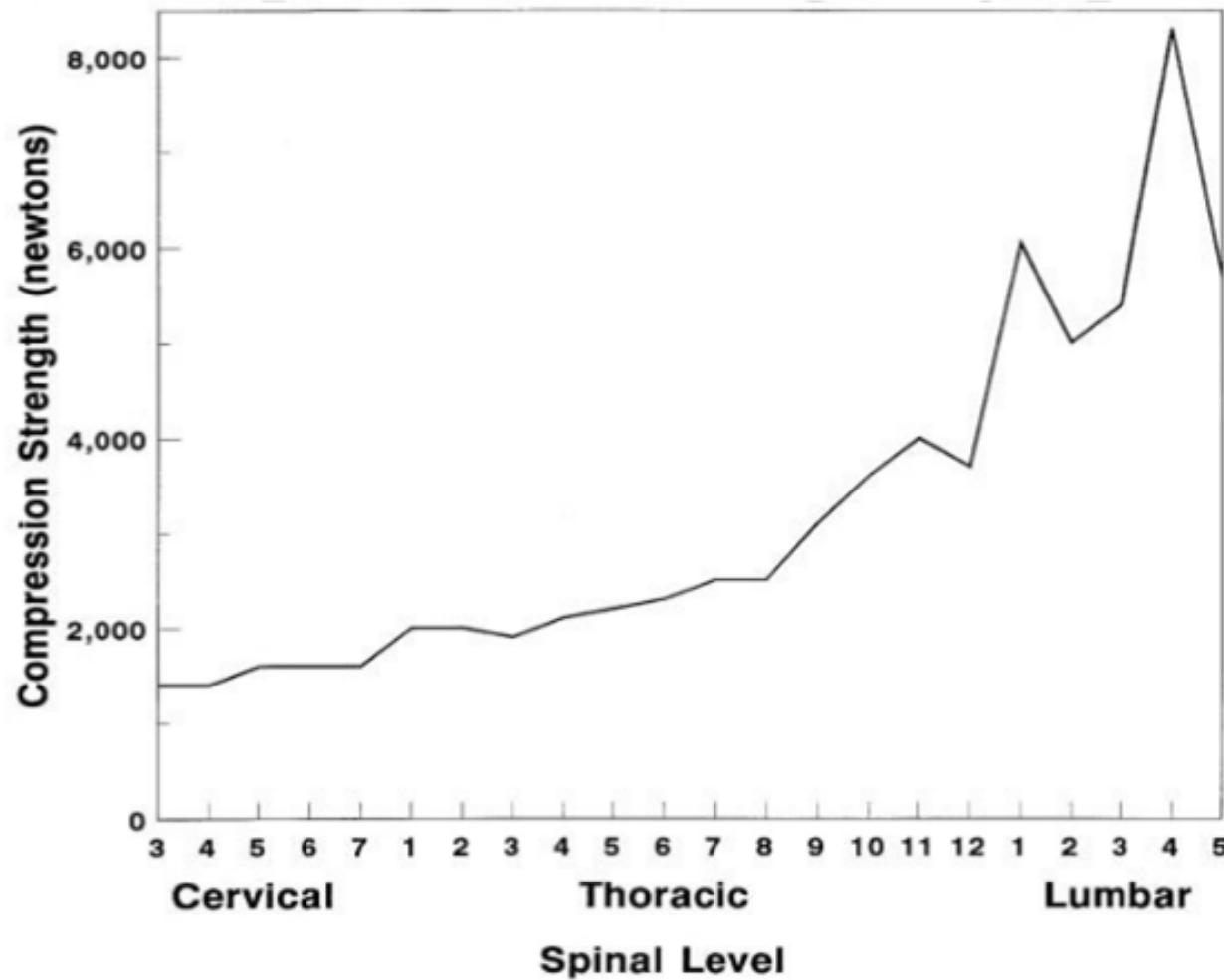


# MOVIMIENTOS DE LA COLUMNA

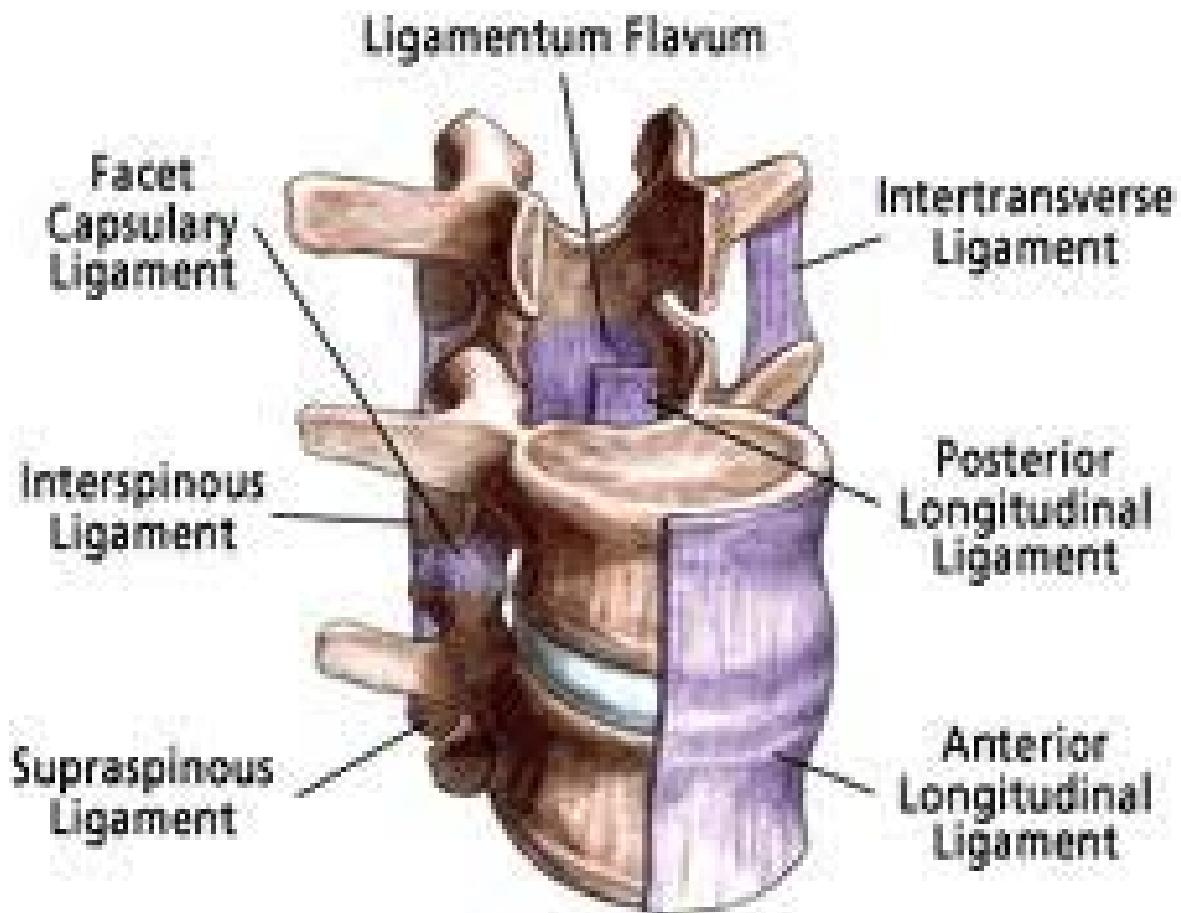


White A, Panjabi M. 1990.

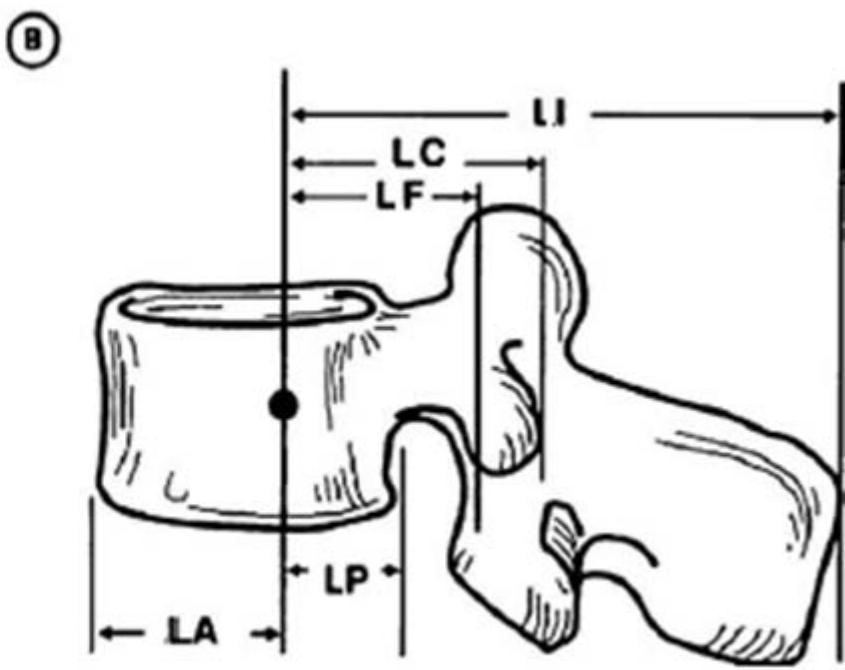
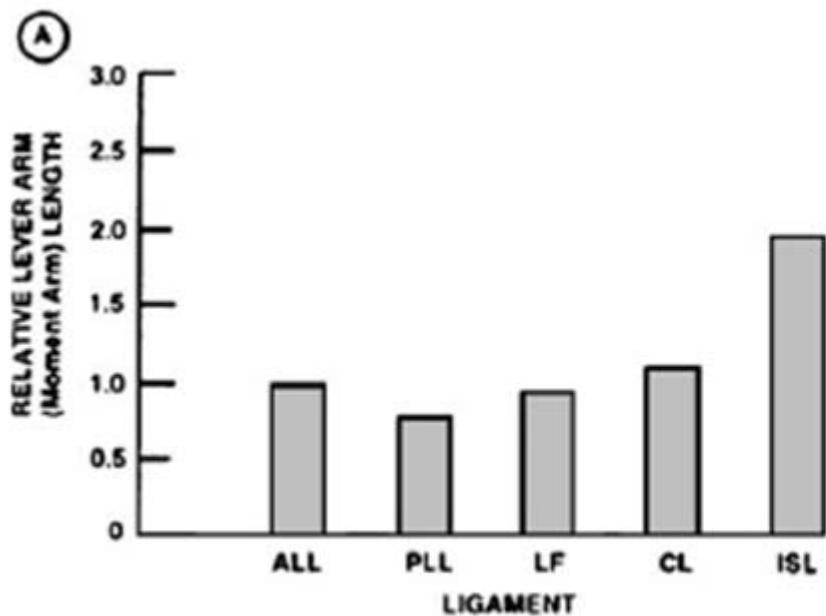
# FUERZAS COMPRESIVAS



# RESISTENCIA DE LIGAMENTOS

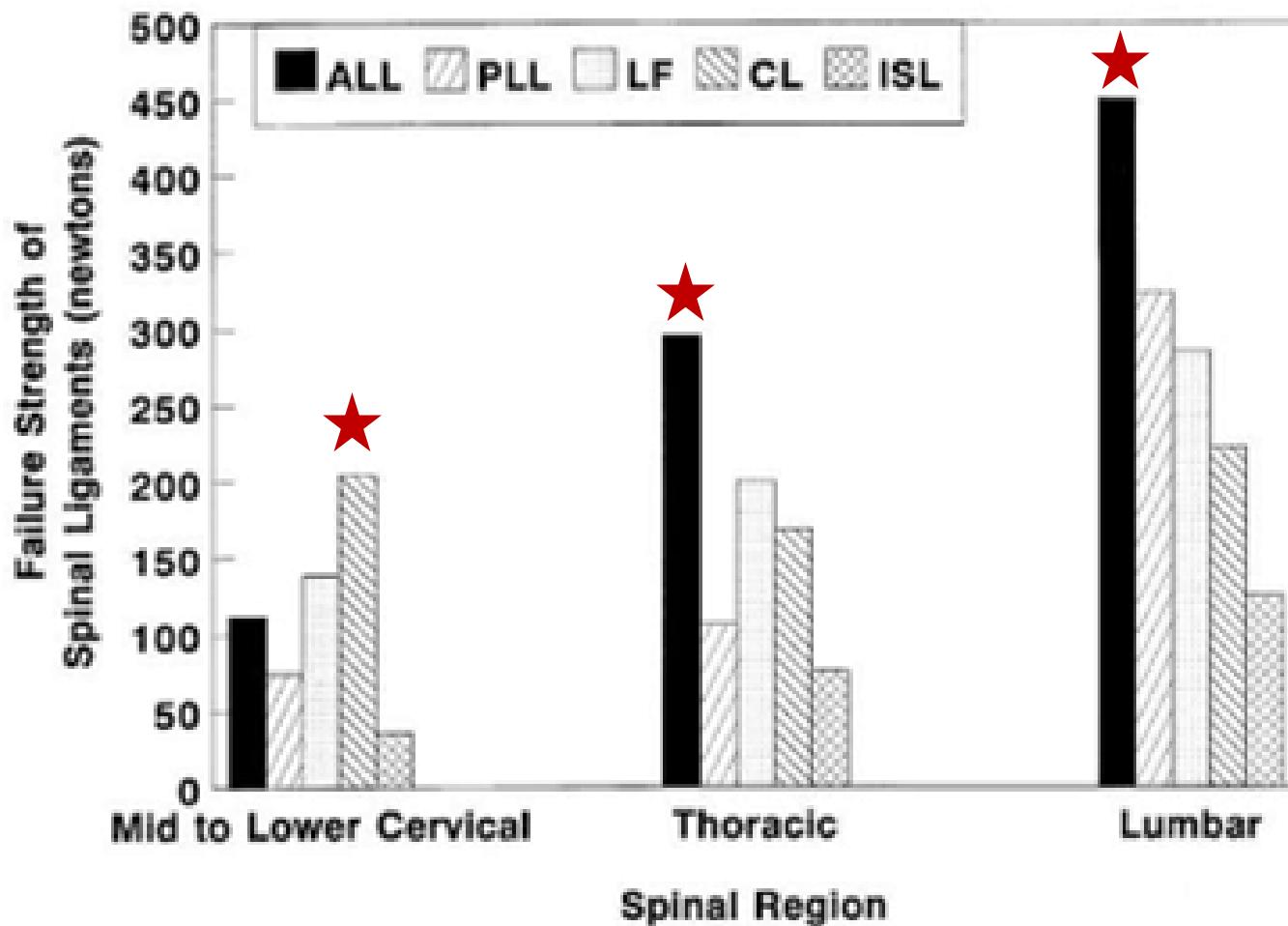


# Brazo de momento de los ligamentos

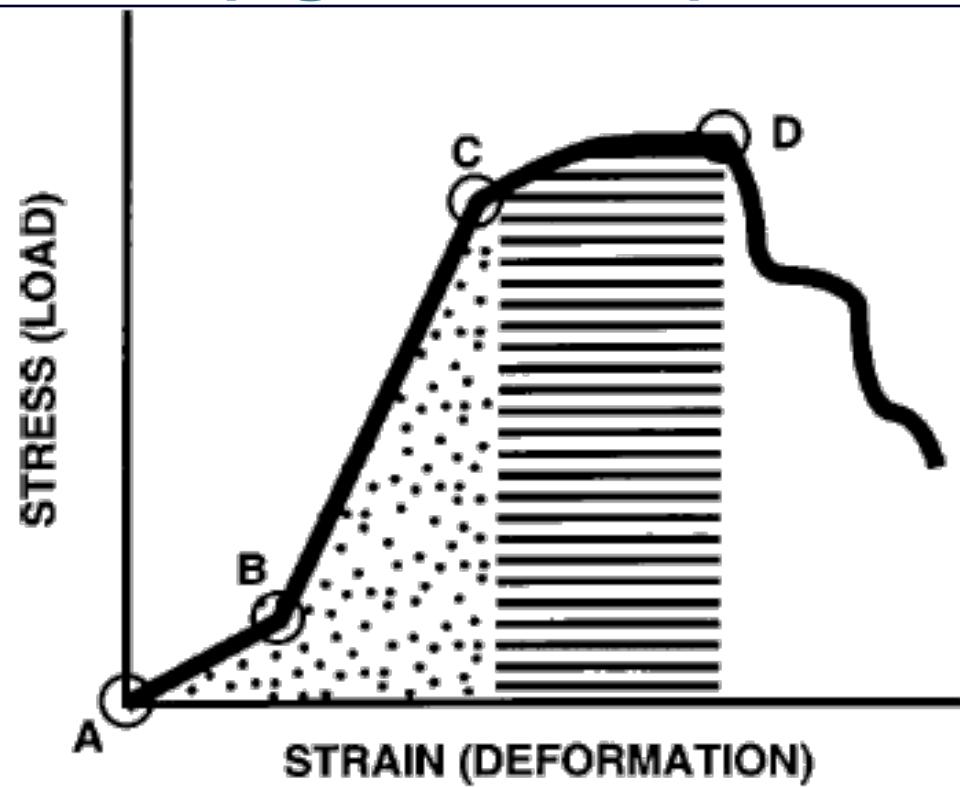


Benzel EC. *Biomechanics of Spine Stabilization*. AANS Publications; 2001;9.

# RESISTENCIA DE LIGAMENTOS



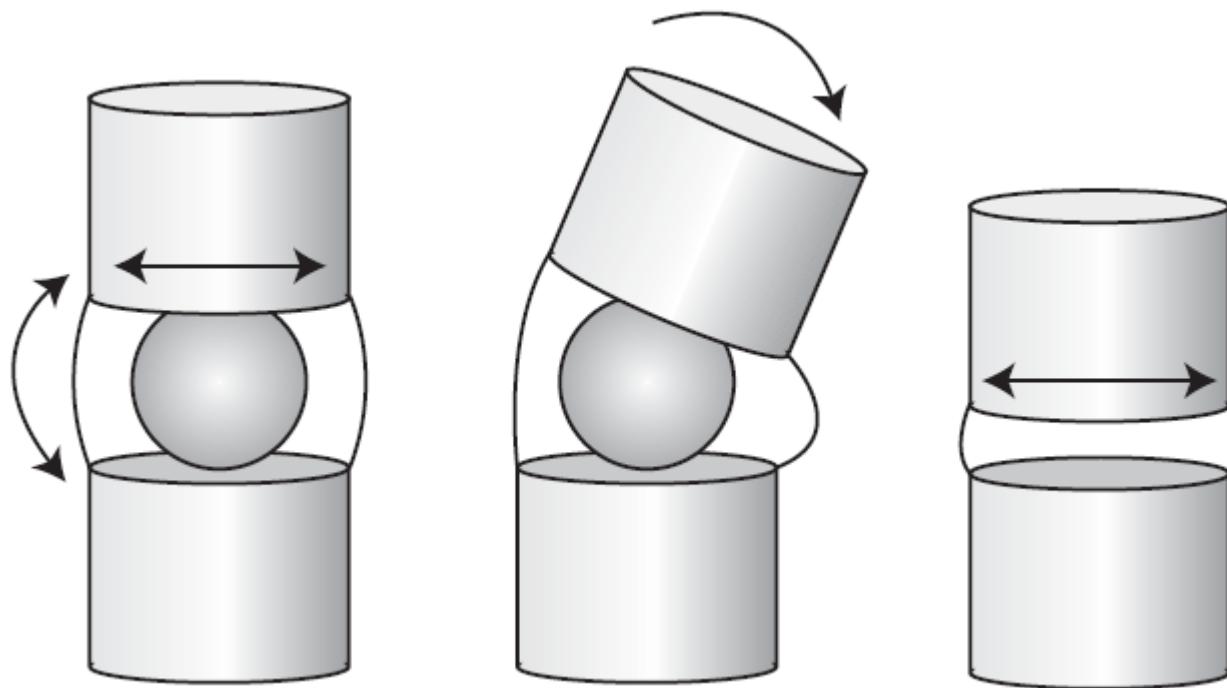
# Curva tensión-deformidad (ligamentos)



Benzel EC. *Biomechanics of Spine Stabilization*. AANS Publications; 2001;24.

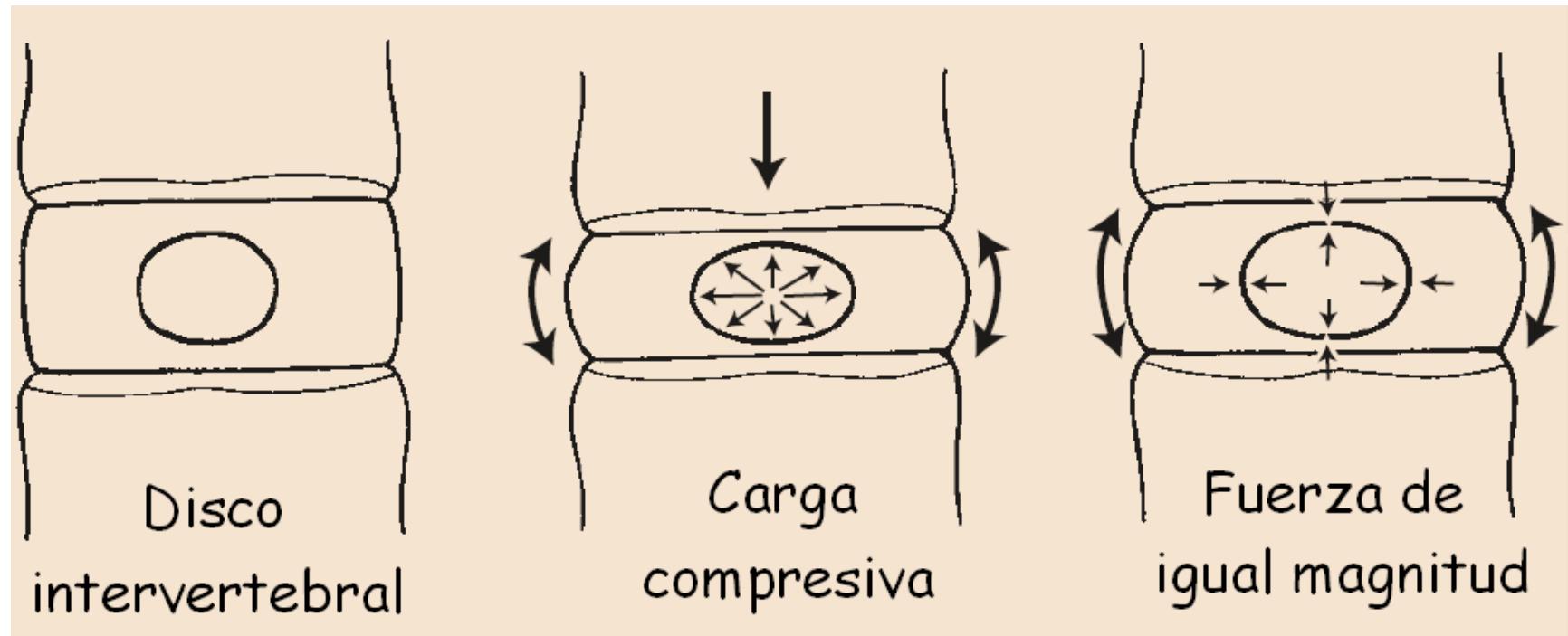
# DISCO INTERVERTEBRAL

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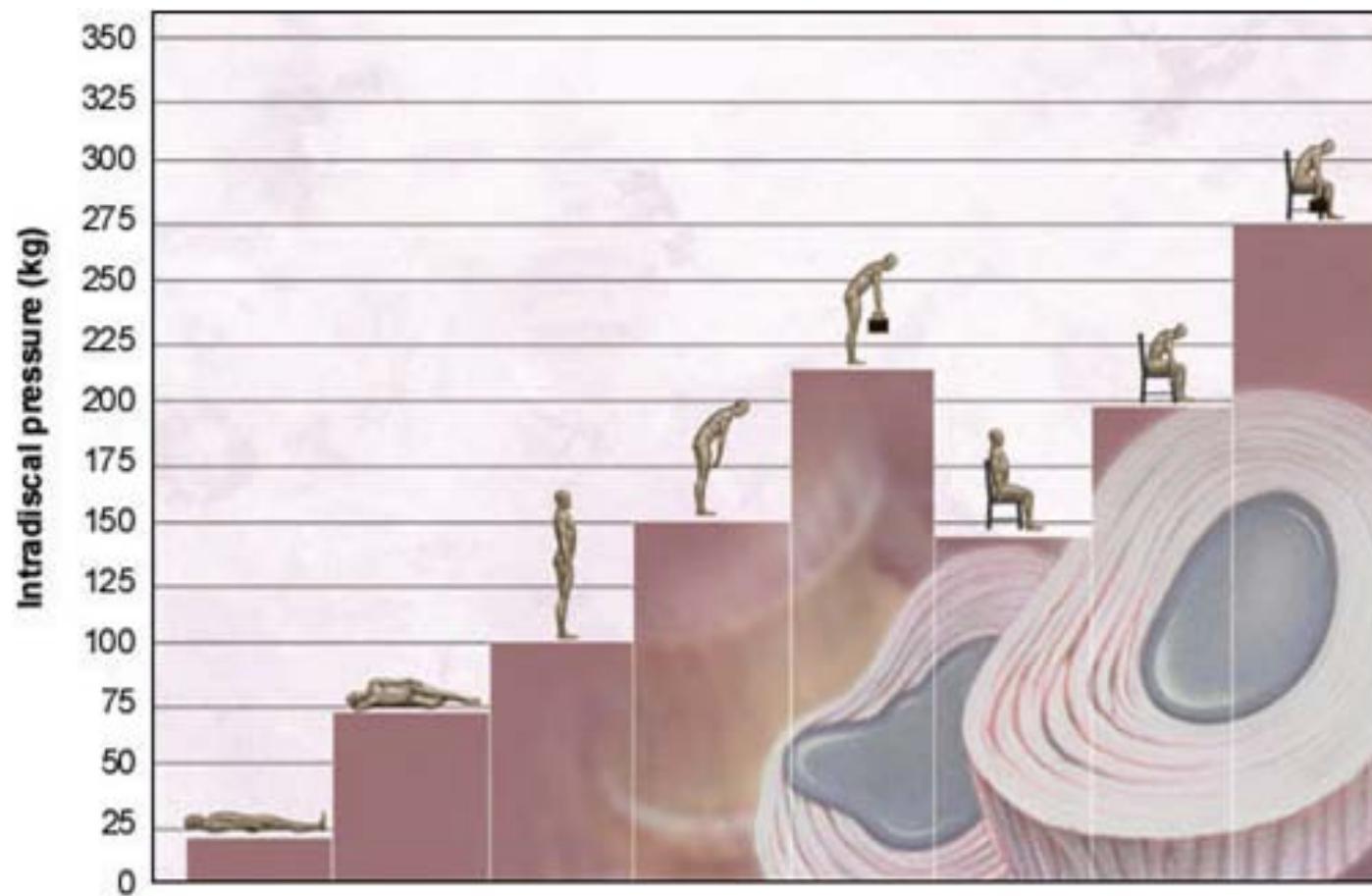


*Norkin C, Levangie P. Joint structure and function, 2005*

# CARGA SOBRE EL DISCO



# CARGA SOBRE EL DISCO



Nachemson A. Disc pressure measurements. Spine. 1981;6:93–7.

# CARGA SOBRE EL DISCO

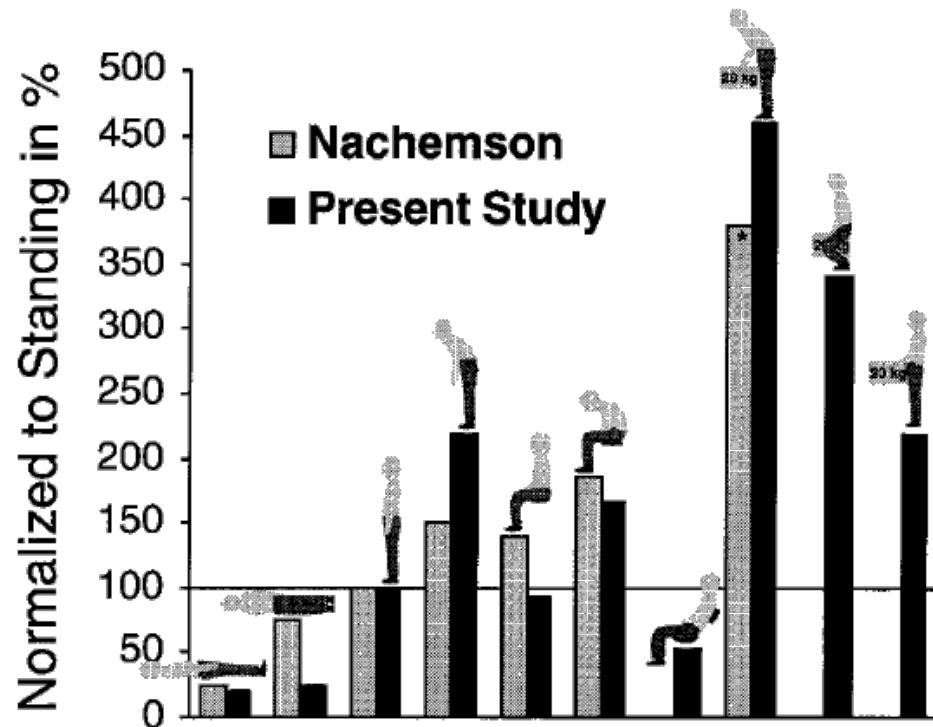
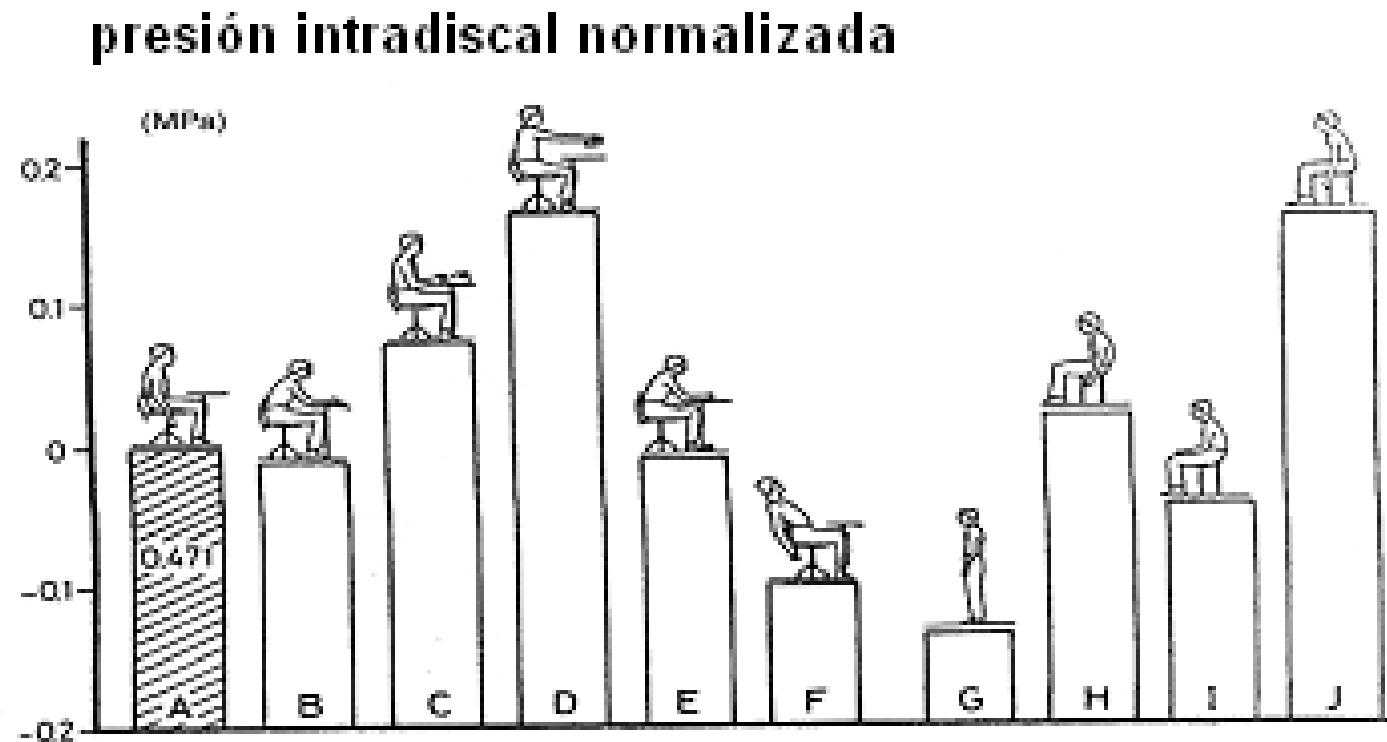
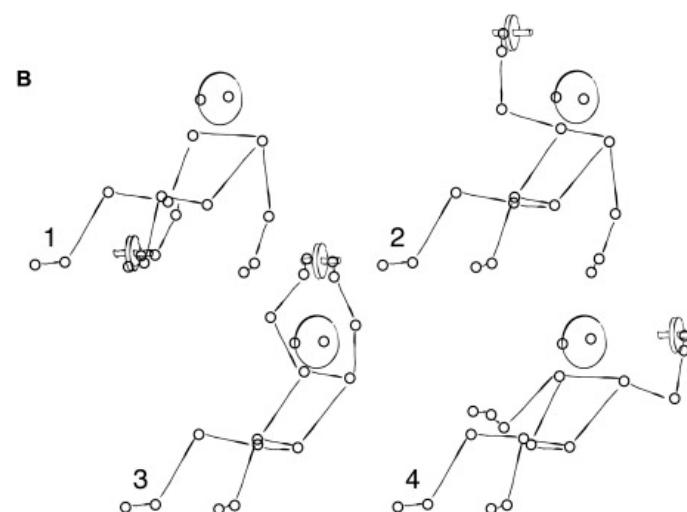
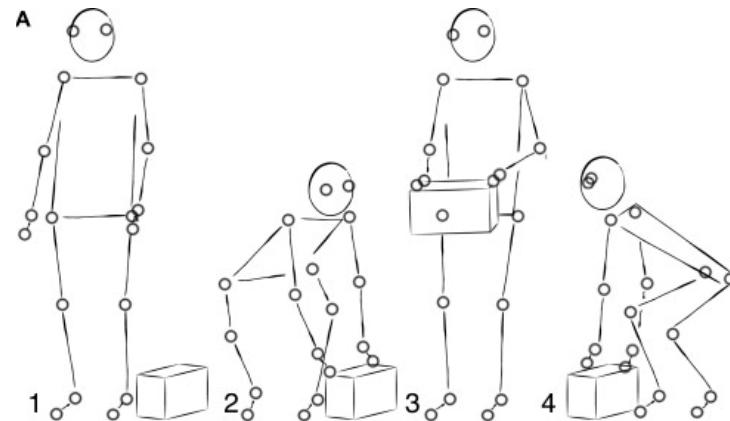


Figure 11. A comparison between data of Nachemson<sup>17,19</sup> and those of the current study (both for 70-kg individuals) regarding intradiscal pressure in common postures and activities, normalized to standing. Lifting weight = 20 kg in the current study; \*lifting weight = 10 kg in Nachemson study.

# CARGA SOBRE EL DISCO



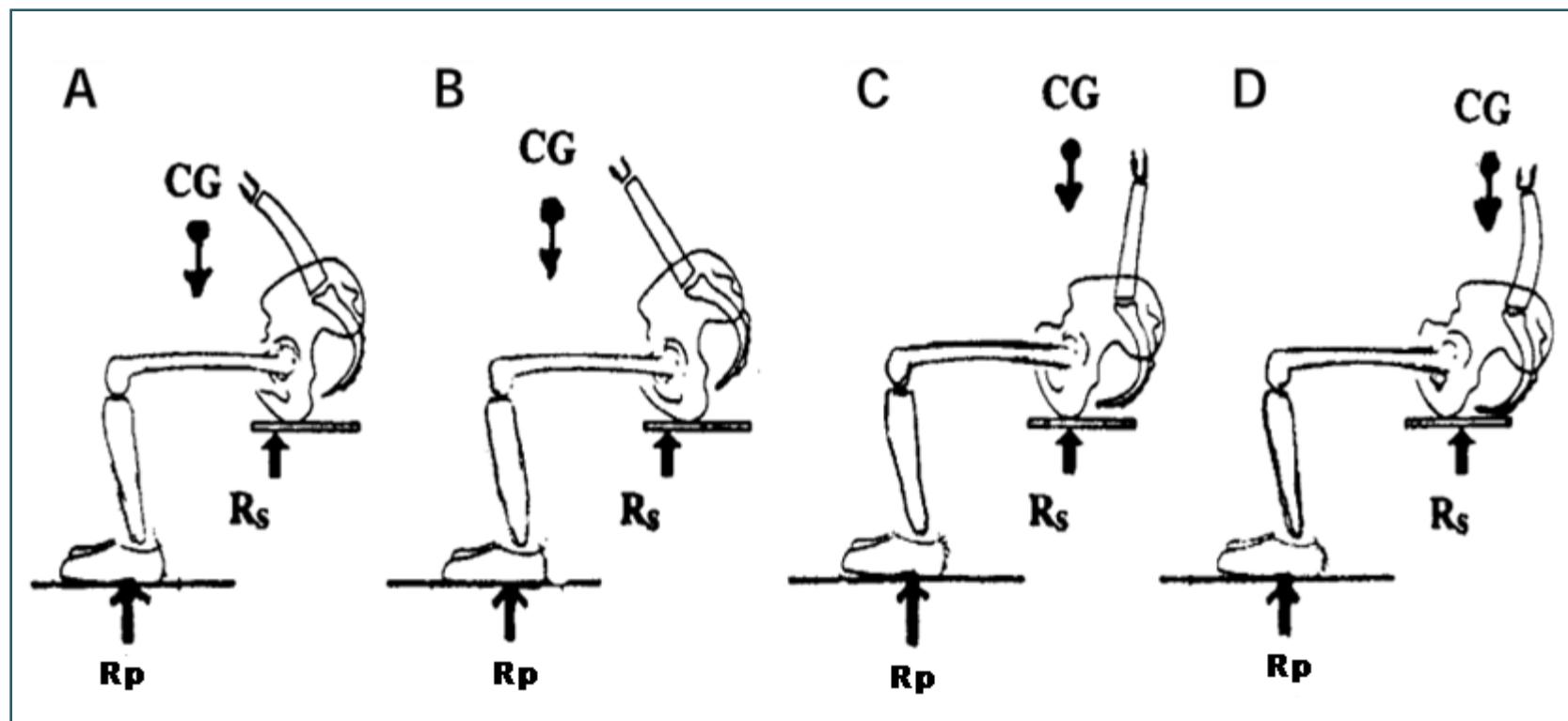
# DIFERENCIAS ENTRE POSTURAS Y PATRONES



# Postura en sedente



# CG en sedente



<sup>1</sup>Harrison DD et al. J Manipulative Physiol Ther 1999; 22(9):594-609.

# Sentado con aumento cifosis



- Sobre carga los ligamentos posteriores
- Aumenta la presión intradiscal
- Altera la función respiratoria y digestiva
- Disminuye los niveles de actividad en los músculos lumbares, oblicuo interno y espinales torácicos

<sup>1</sup> Lord MJ, et al. Spine.1997; 22(21):2571-2574.

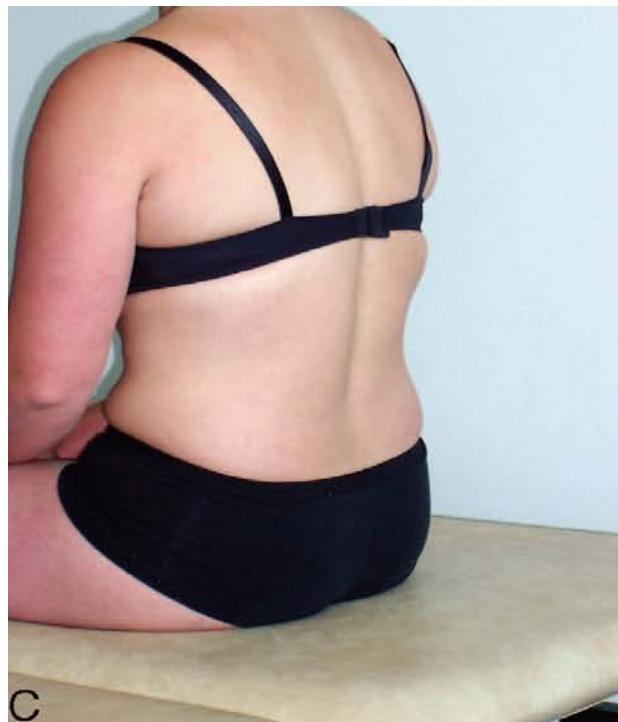
<sup>2</sup> Claus AP, et al. Manual Therapy.2008;06(1)1-5.

<sup>3</sup> O Sullivan PB, et al .Spine. 2002; 27(11):1238-44.

<sup>4</sup> O Sullivan PB, , Spine. 2006; 31(9):E707-E712.

# Sentado con control lumbopélvico

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- ▶ Mantiene las curvas fisiológicas.
- ▶ Activa la musculatura estabilizadora de la columna lumbar
- ▶ Distribución simétrica del centro de gravedad.

**Casas AS. Asociación entre el dolor de espalda y la postura en sentado en estudiantes de la Facultad de Salud de la UIS, 2009.**



# Postura de referencia<sup>1-4</sup>

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<sup>1</sup> Lord MJ, et al. Spine.1997; 22(21):2571-2574.

<sup>2</sup> Claus AP, et al. Manual Therapy.2008;06(1)1-5.

<sup>3</sup> O Sullivan PB, et al .Spine. 2002; 27(11):1238-44.

<sup>4</sup> O Sullivan PB, , Spine. 2006; 31(9):E707-E712.

# Silla con apoyabrazo

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N: 124 (27,2%)

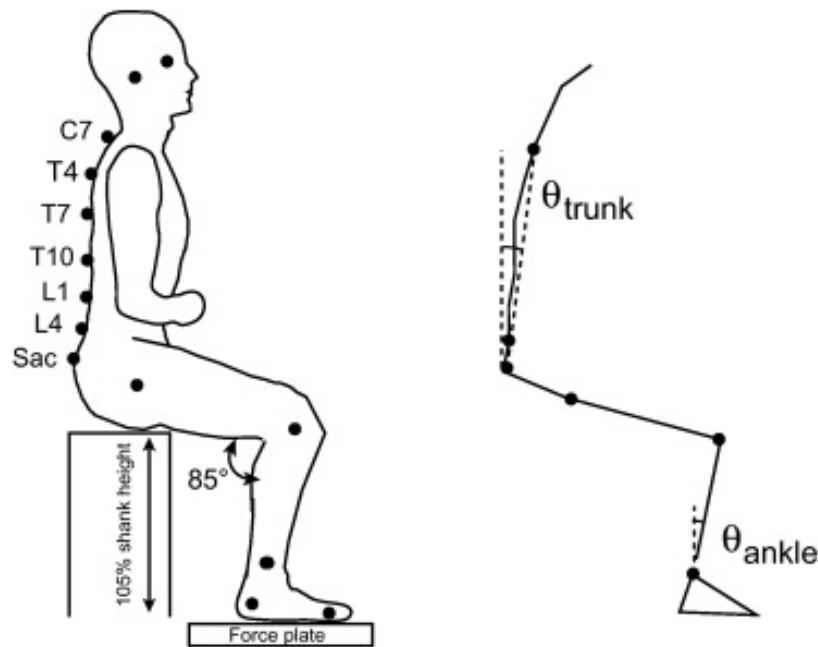


N:144 (31,6%)

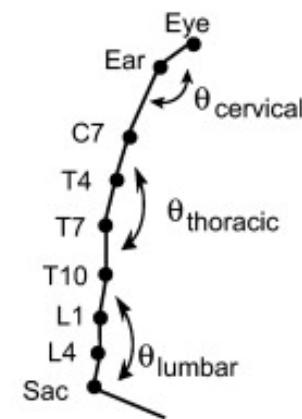
Variable	RP	IC 95%
<b>dolor de cuello-día encuesta</b>		
<b>Postura E,F</b>	<b>2,84</b>	1,62 - 4,97
<b>dolor de cuello agudo</b>		
<b>Postura E,F</b>	<b>2,41</b>	1,03 – 5,69
<b>dolor de cuello crónico</b>		
<b>Postura E,F</b>	<b>4,13</b>	1,56 - 10,92
<b>dolor de espalda-día encuesta</b>		
<b>Postura F</b>	<b>1,81</b>	1,14 - 1,74
<b>dolor de espalda agudo</b>		
<b>Postura F</b>	<b>2,0</b>	1,10 - 3,61
<b>dolor de espalda crónico</b>		
<b>Postura D</b>	<b>1,61</b>	0,92 - 2,81



Cacciatorea TW y cols. Prolonged weight-shift and altered spinal coordination during sit-to-stand in practitioners of the Alexander Technique. Gait and posture, 2011.



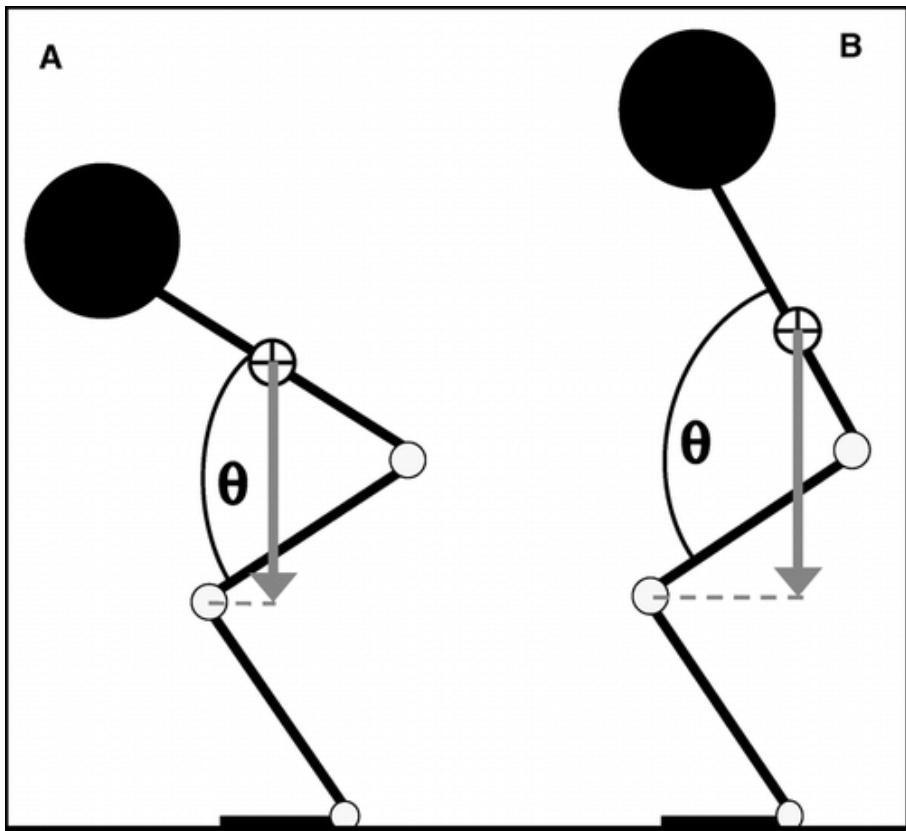
Ángulo del  
tronco (entre  
C7 y el  
sacro).



Angulo cervical,  
toráxico (T4, T7,  
T10) y lumbar (L1  
a L4).



Blackburn JT, Padua DA. Sagittal-Plane Trunk Position, Landing Forces, and Quadriceps Electromyographic Activity. Journal of Athletic Training, 2009.

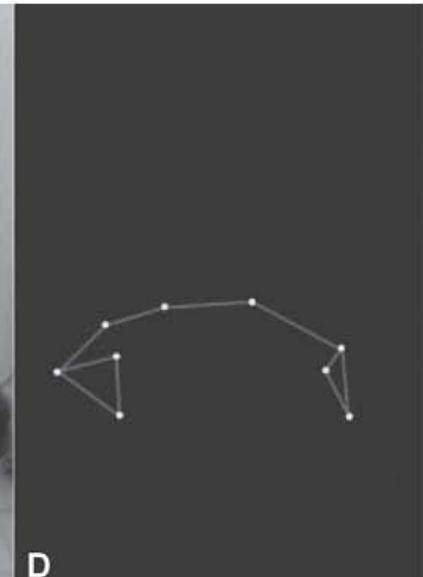


Angulo de flexión del tronco y disminución del brazo de momento del tronco, cuando el CM del tronco está cercano al centro articular de rodilla (A) y lejano (B).

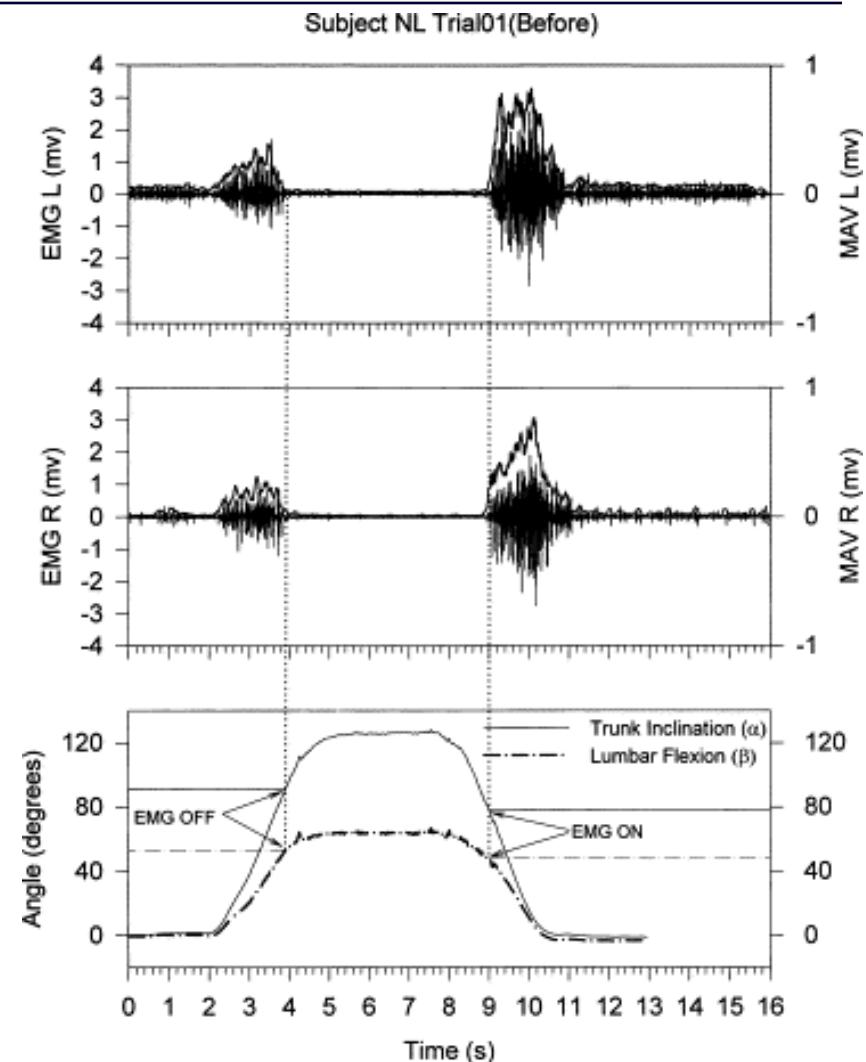
# Angulo del tronco durante el alcance funcional



# Angulo del tronco durante el Movimiento de flexión



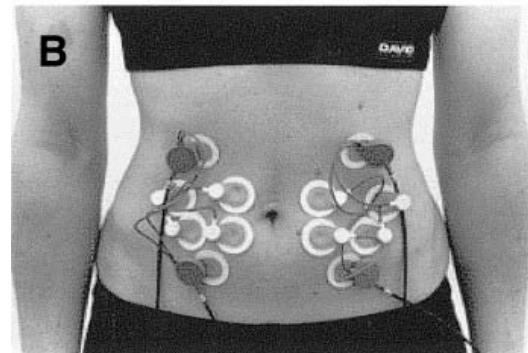
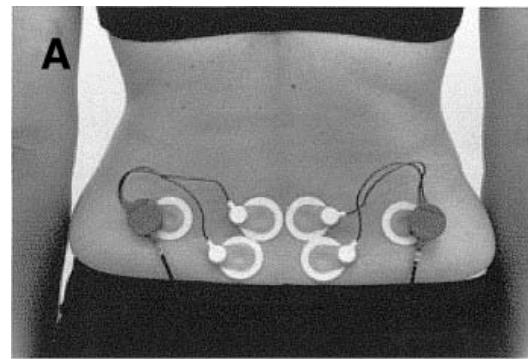
# Angulo de flexión e inclinación del tronco y EMG espinales



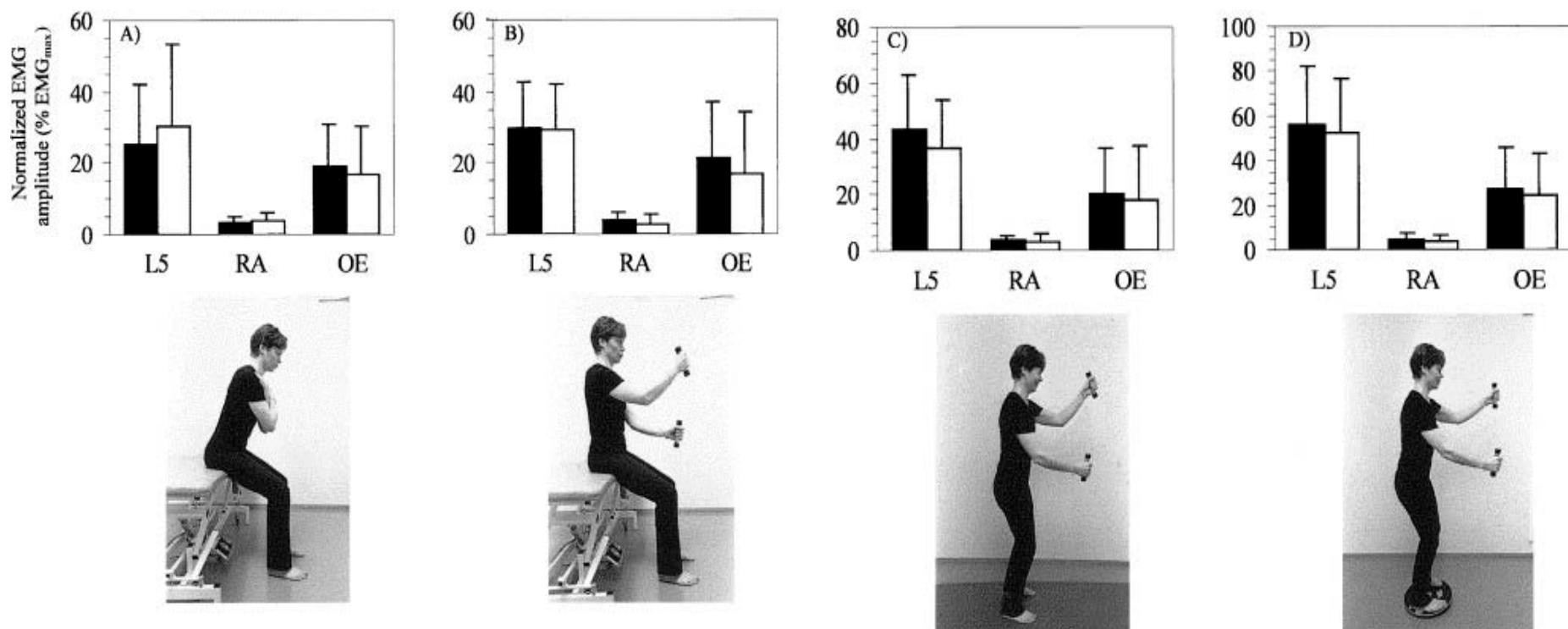


## Activation of lumbar paraspinal and abdominal muscles during therapeutic exercises in chronic low back pain patients<sup>1</sup> ☆

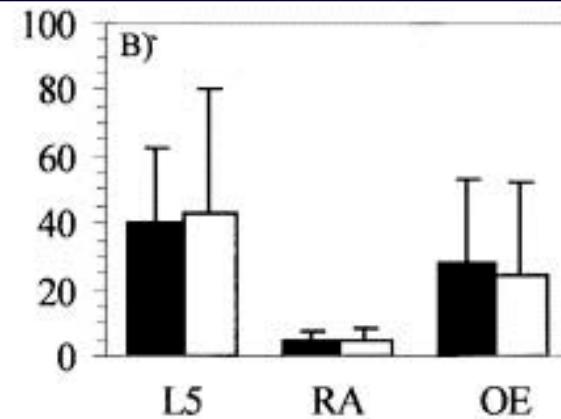
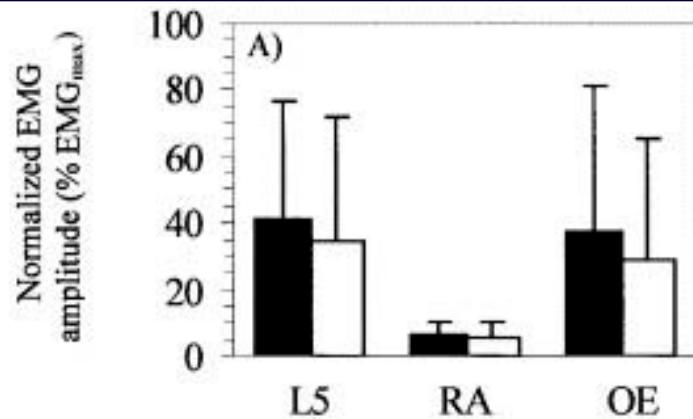
Jari P Arokoski, DMSc<sup>a, c</sup>, , Taru Valta, PT<sup>b</sup>, Markku Kankaanpää, DMSc<sup>a, b, c</sup>, Olavi Airaksinen,



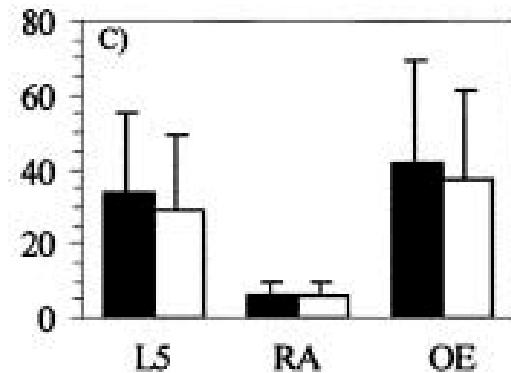
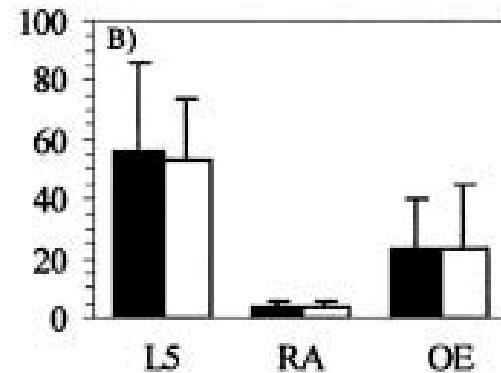
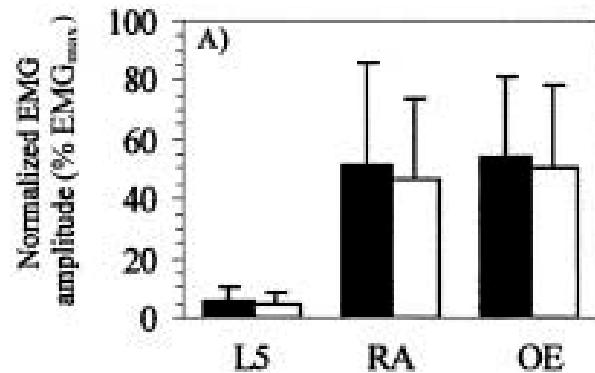
# EMG espinales, recto abdominal y oblicuo externo



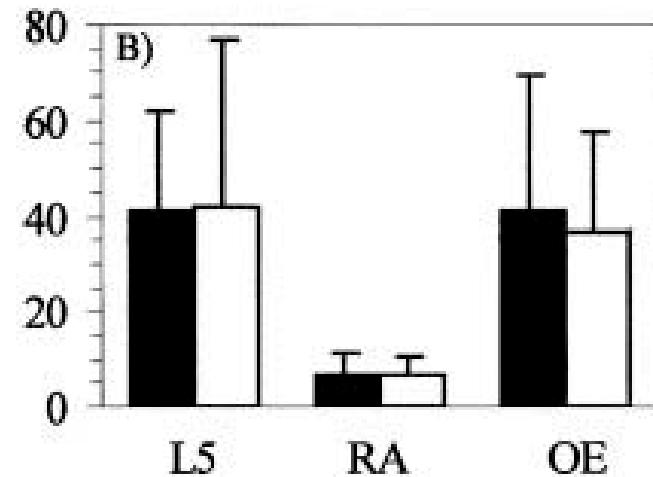
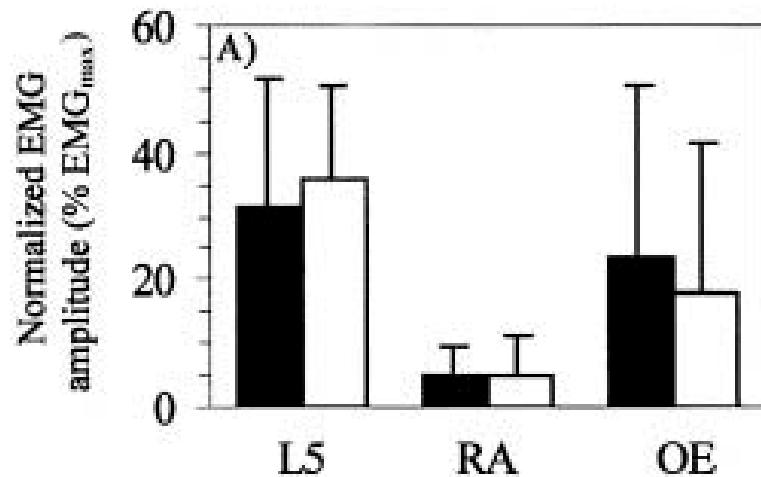
# EMG espinales, recto abdominal y oblicuo externo



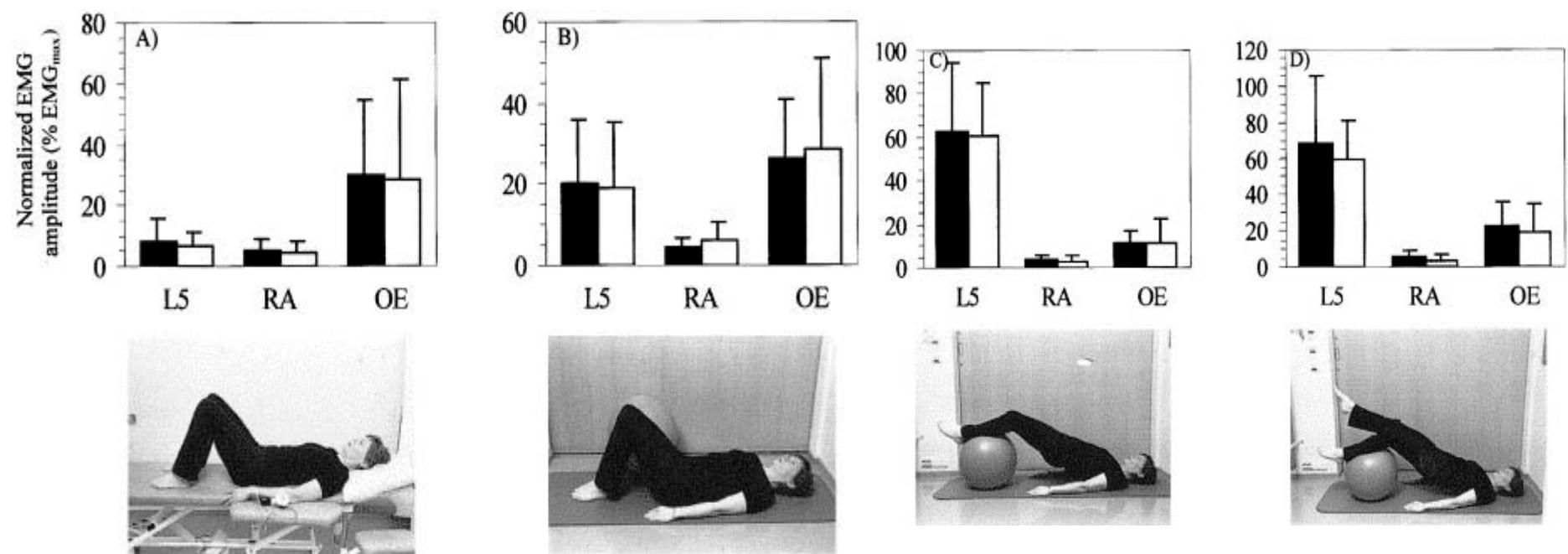
# EMG espinales, recto abdominal y oblicuo externo



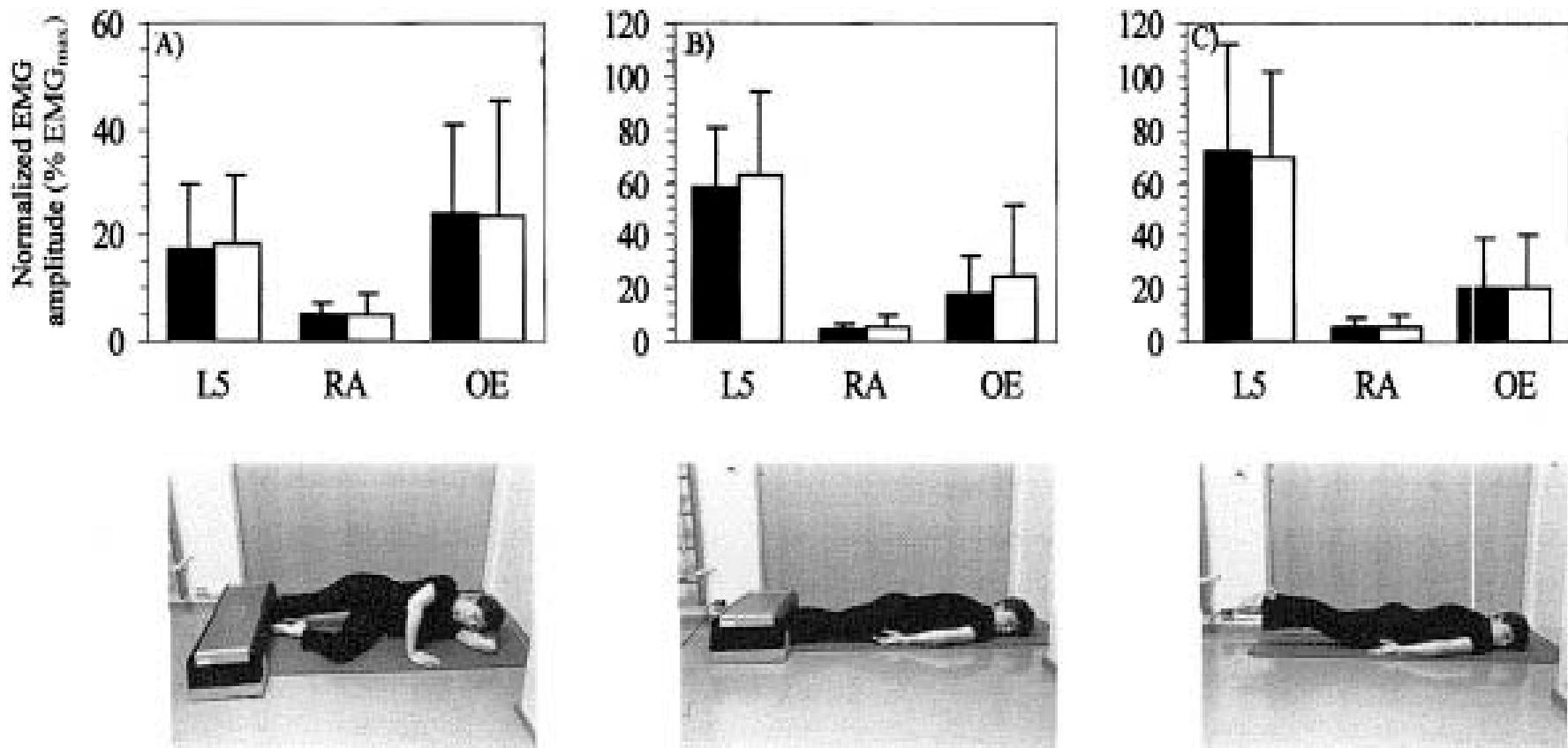
# EMG espinales, recto abdominal y oblicuo externo



# EMG espinales, recto abdominal y oblicuo externo

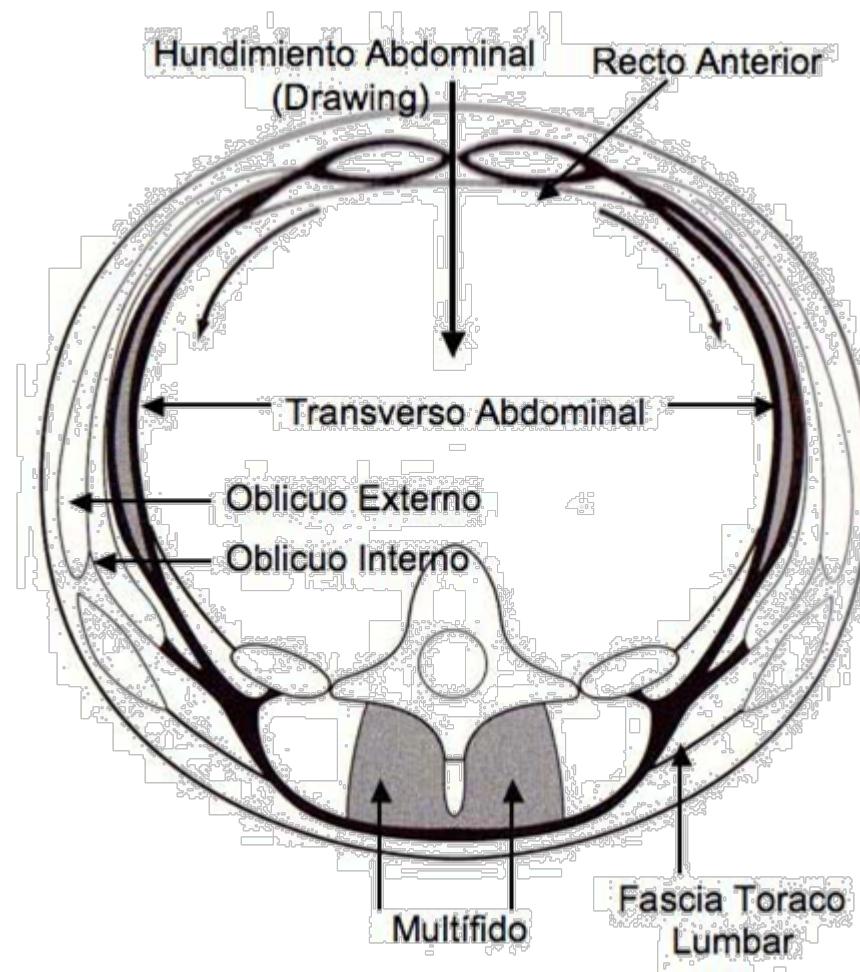


# EMG espinales, recto abdominal y oblicuo externo



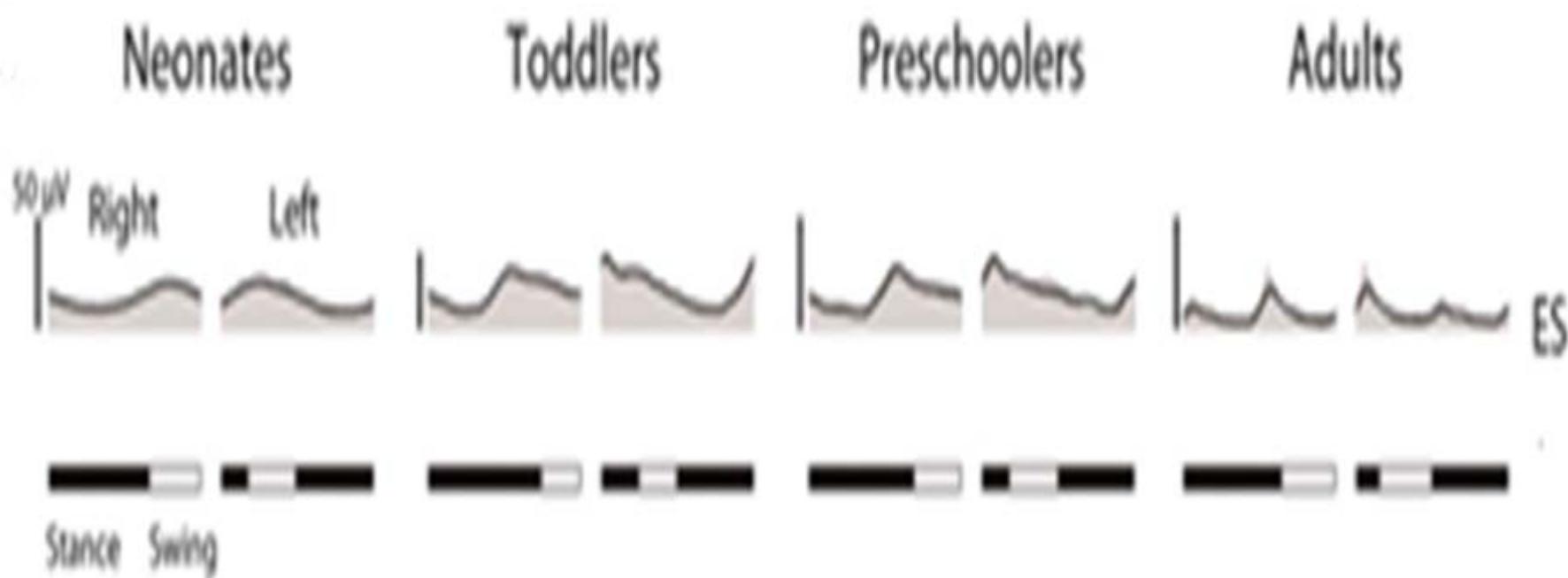
# Ejercicio de contracción del abdomen

- Activación selectiva y simultánea del TrA y MTL.
- El recto anterior, oblicuo externo e interno permanecen relajados.



Richardson y cols., 1999

## EMG espinales, por grupo de edad en la marcha.



Stępień A y cols. The kinematics of trunk and upper extremities in one-handed and two-handed backhand stroke. Journal of Human Kinetics.2011

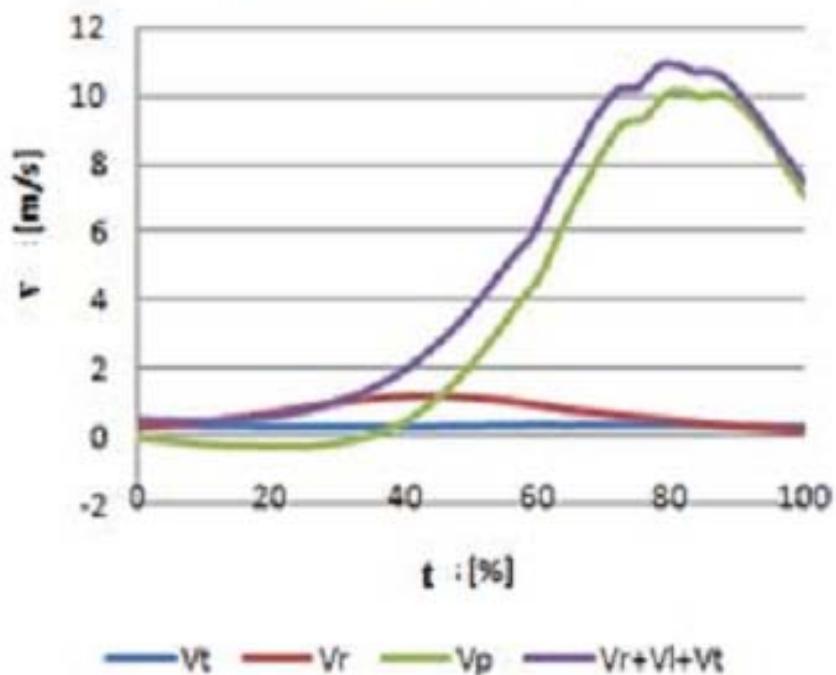
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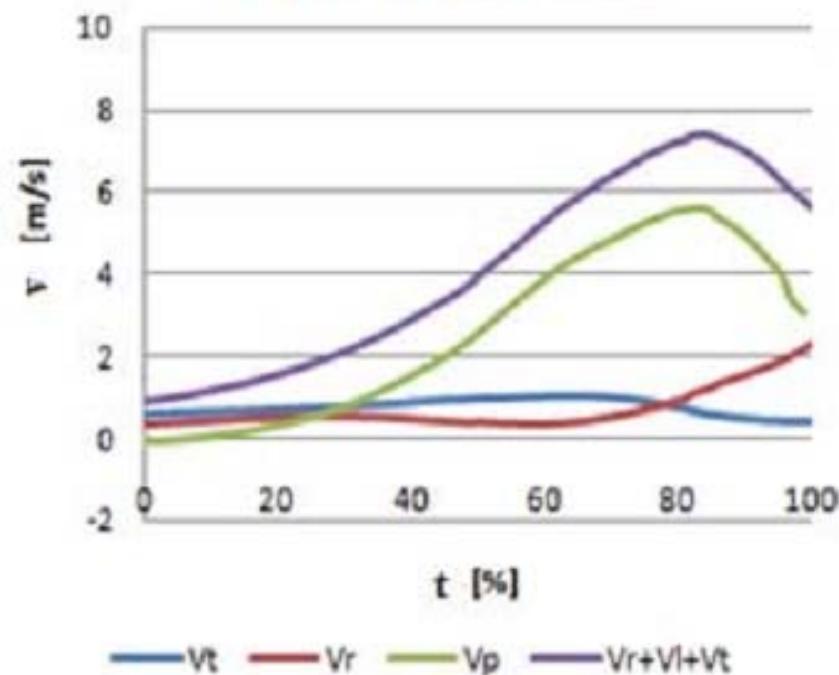
# Velocidad lineal translacional y rotacional del tronco y la raqueta



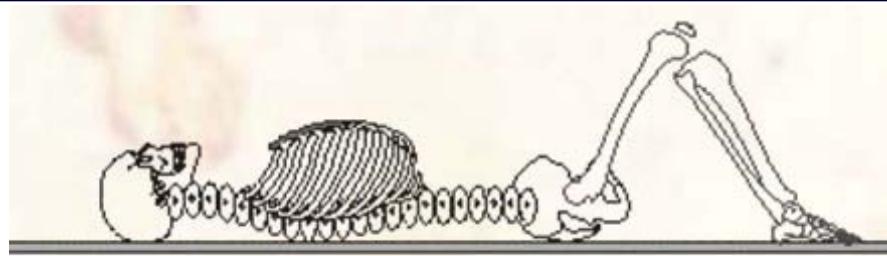
One-handed backhand



Two-handed backhand



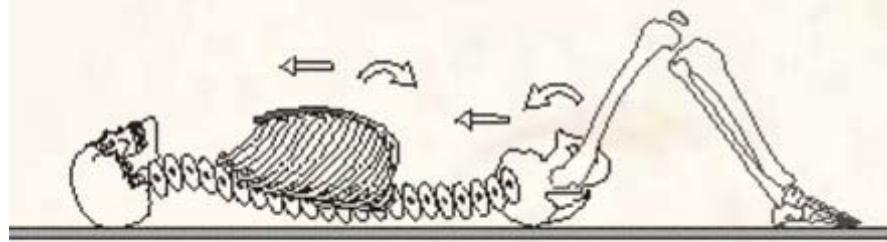
# Movimientos de la pelvis y el tórax



B Thorax shifts cranially with an upward tilt of the zyphoid process



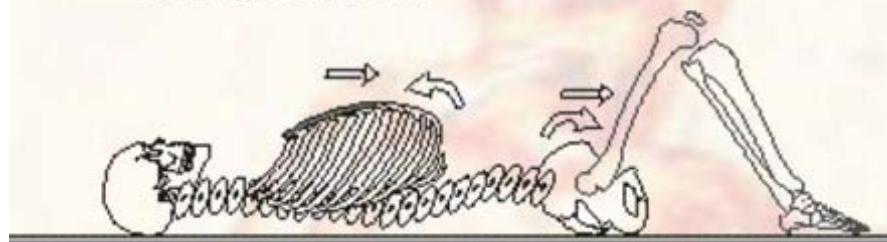
Posterior pelvic tilt:  
rotation and translation



C Thorax shifts caudally with a downward tilt of the zyphoid process

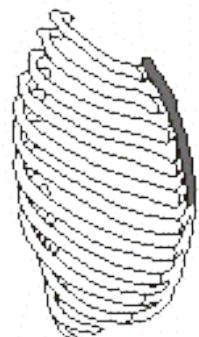


Anterior pelvic tilt:  
rotation and translation

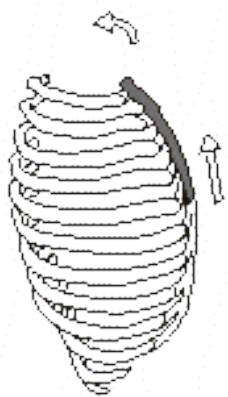


# El tórax en posición de pie

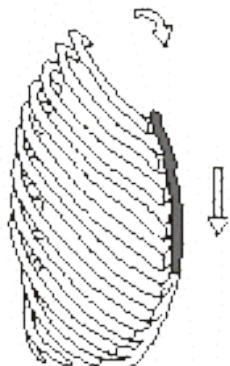
Thorax in Neutral



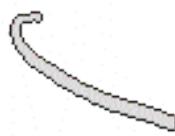
Extension



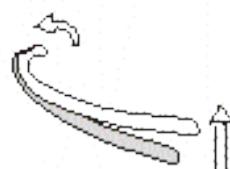
Flexion



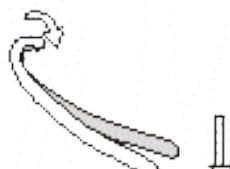
Rib in Neutral



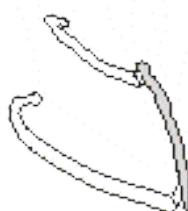
Extension



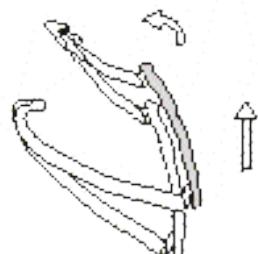
Flexion



Sternum rib interaction



Extension



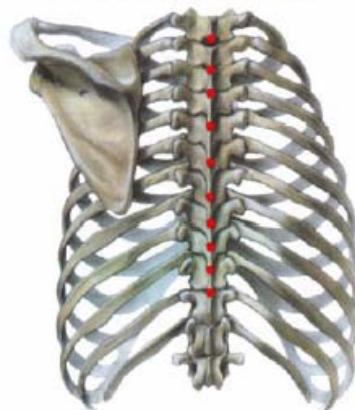
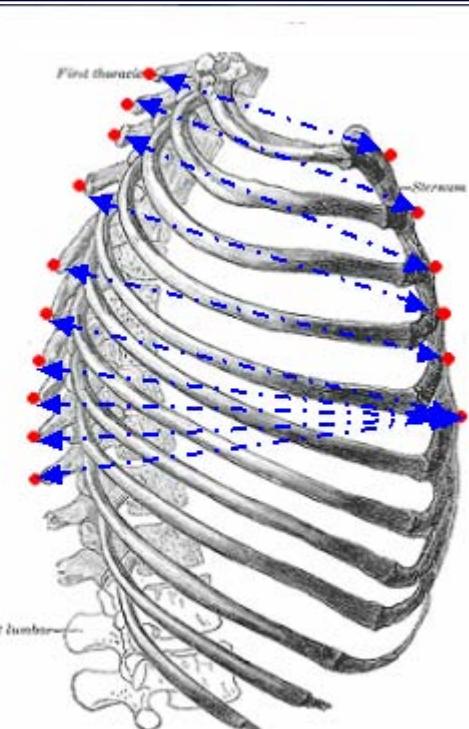
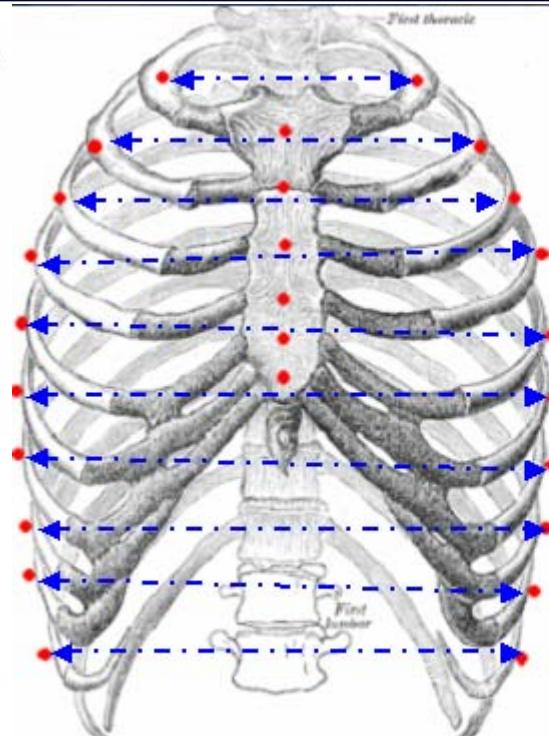
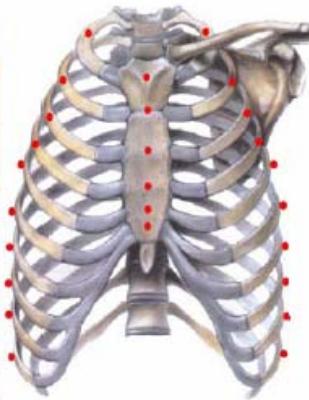
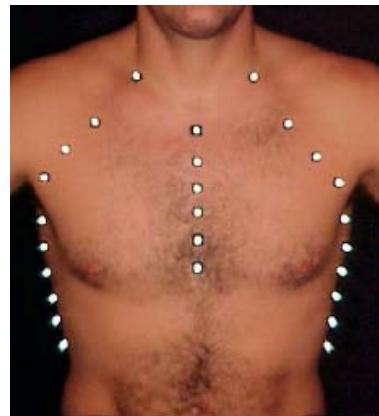
Flexion



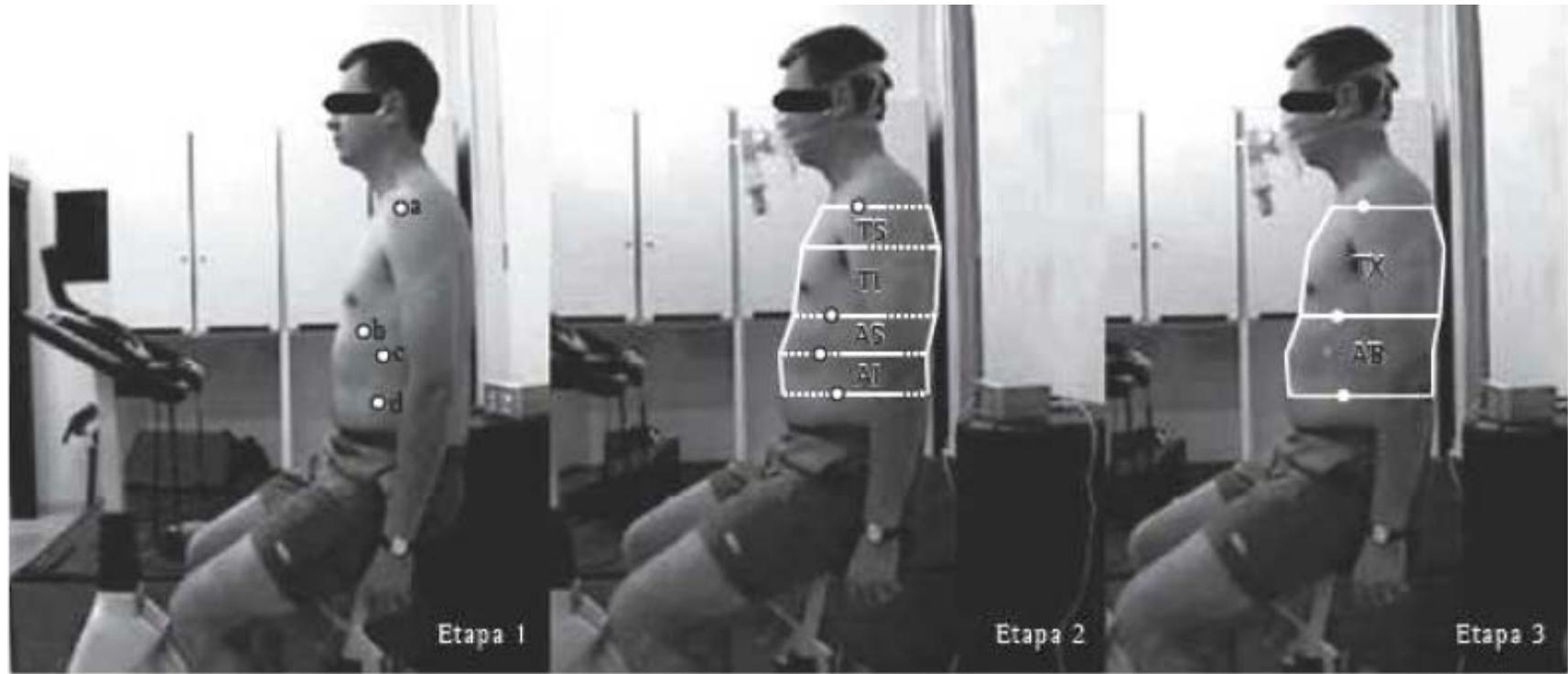
- En **extension**, las costillas rotan posteriormente y se elevan con el esternón.

- En **flexión**, las costillas rotan anteriormente y el esternón se deprime (Lee 1993).

# Cinemática del tórax



Ricieri D, Rosario N. Impacto de fatores externos sobre a mecânica respiratória avaliada por um modelo fotogramétrico específico: biofotogrametria. J Brasileiro Pneumologia. 2008



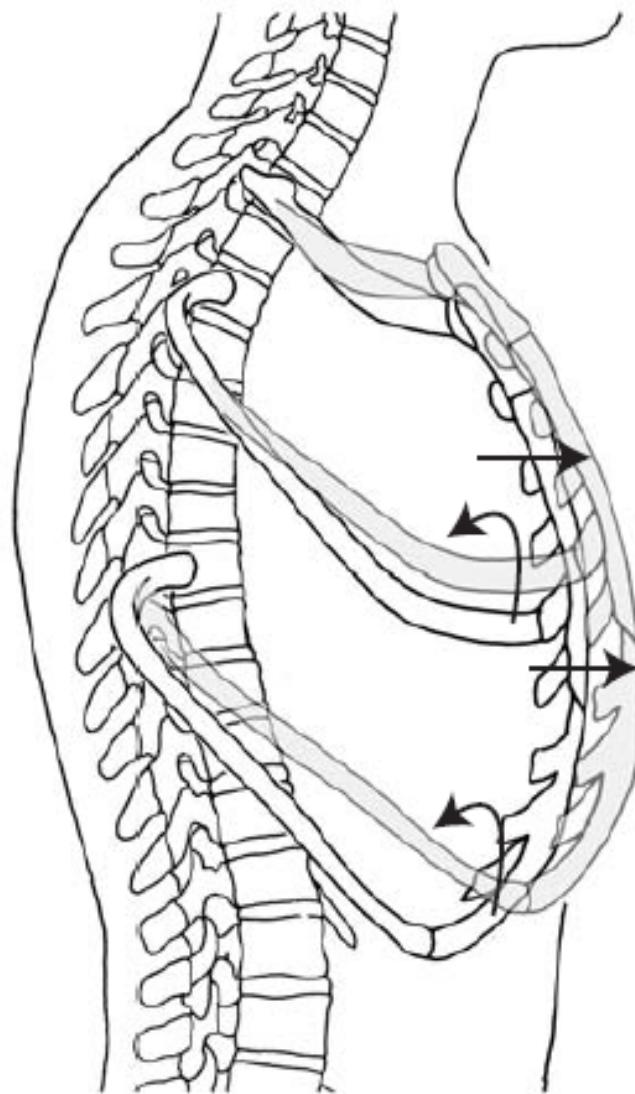
**Figura 1** - Modelo biofotogrametria para análise da mecânica respiratória. Etapa 1: marcadores de superfície na delimitação da parede torácica: (a) articulação acromioclávicular; (b) nível do apêndice xifoíde; (c) ângulo inferior da cartilagem da décima costela; (d) nível da cicatriz umbilical. Etapa 2: fracionamento da parede torácica em quatro subcompartimentos: torácico superior (TS), torácico inferior (TI), abdominal superior (AS) e abdominal inferior (AI). Etapa 3: divisão da parede torácica em compartimentos torácico (TX) e abdominal (AB).



Participant positioning during inspiratory exercise and data collection.

# Elevación del tórax

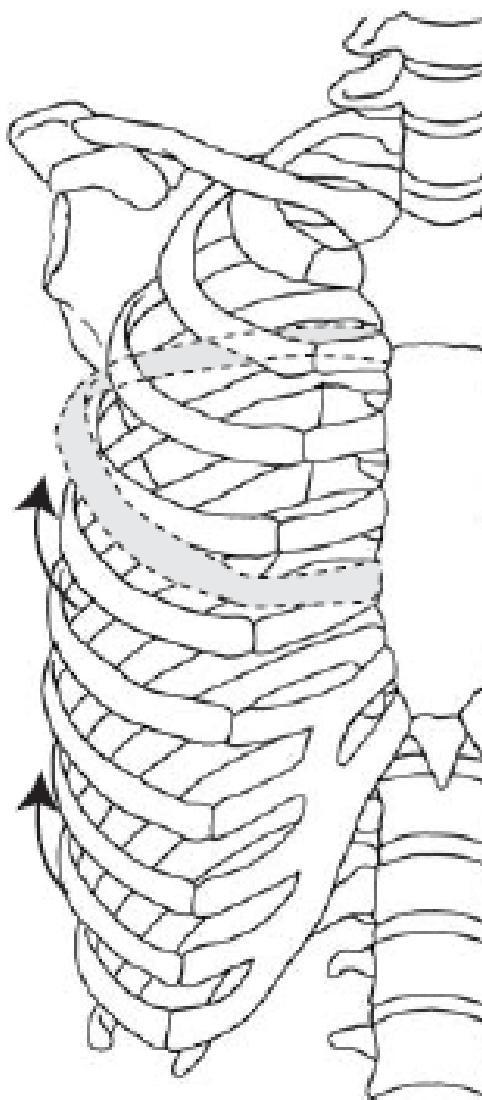
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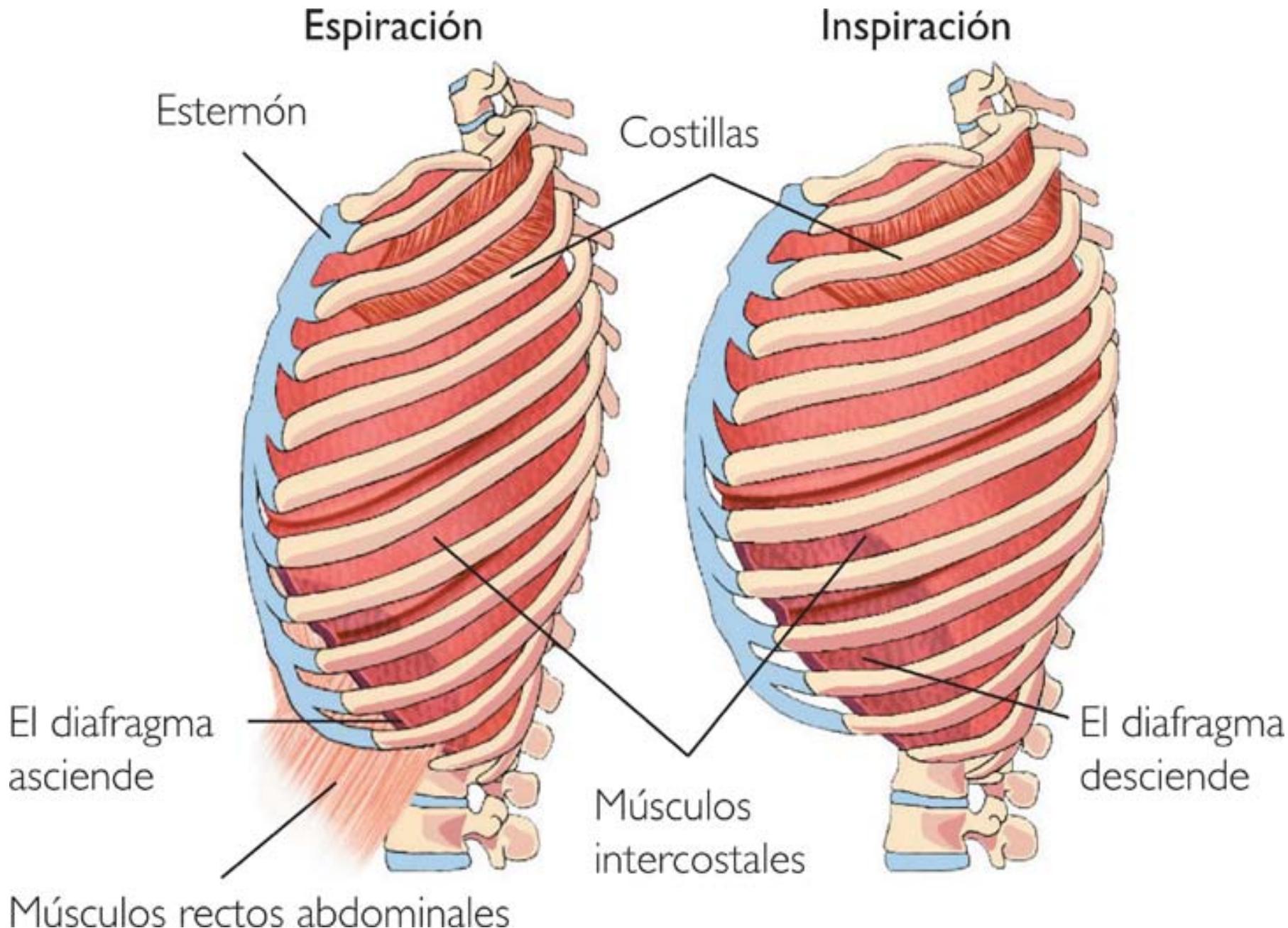
- La elevación de las costillas tiene como punto de apoyo las articulaciones CV y CT.
- Movimiento anterior y superior del esternón, acompañado de torsión de los cartílagos costales.

# Elevación del tórax

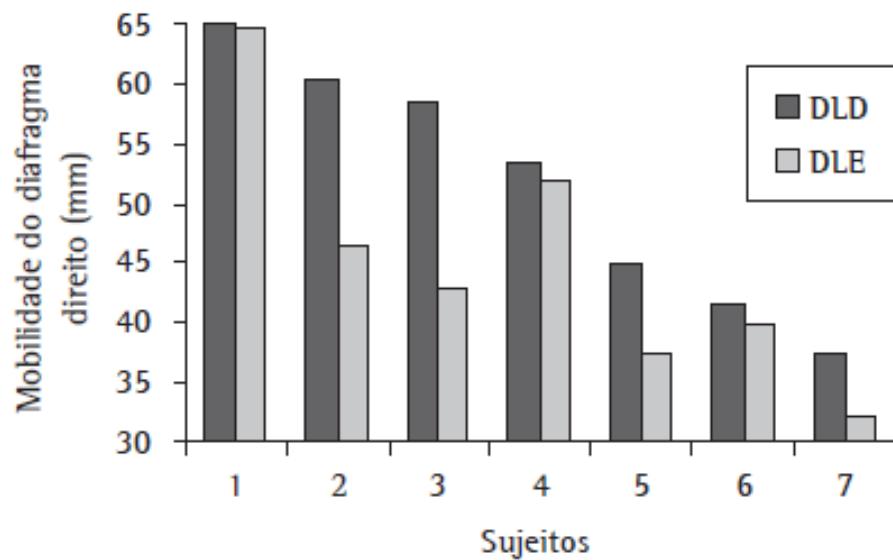
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- La elevación de las costillas inferiores, produce un movimiento lateral de la caja torácica.



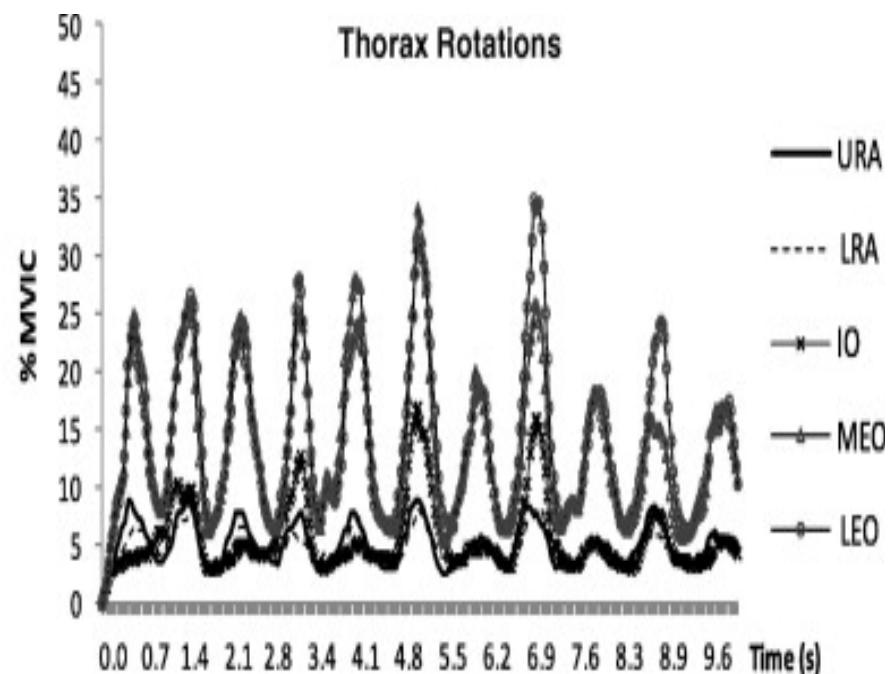
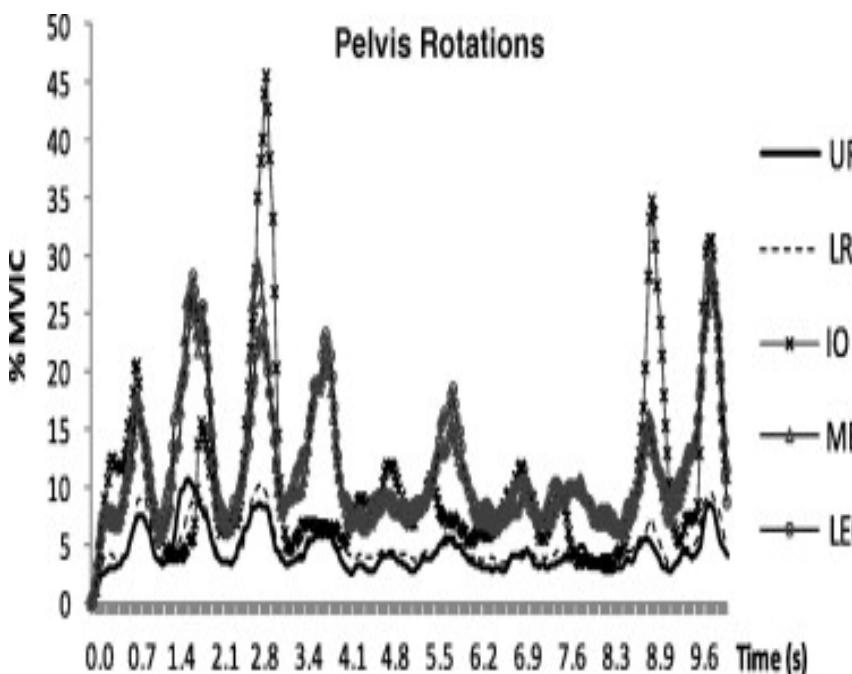
**Yamaguti W y cols. Avaliação ultra-sonográfica da mobilidade do diafragma em diferentes posturas em sujeitos saudáveis. J Bras Pneumol. 2007**



**Figura 2** - Avaliação da mobilidade do diafragma direito de sete sujeitos saudáveis posicionados em decúbito lateral direito (DLD, decúbito dependente) e decúbito lateral esquerdo (DLE, decúbito não dependente).

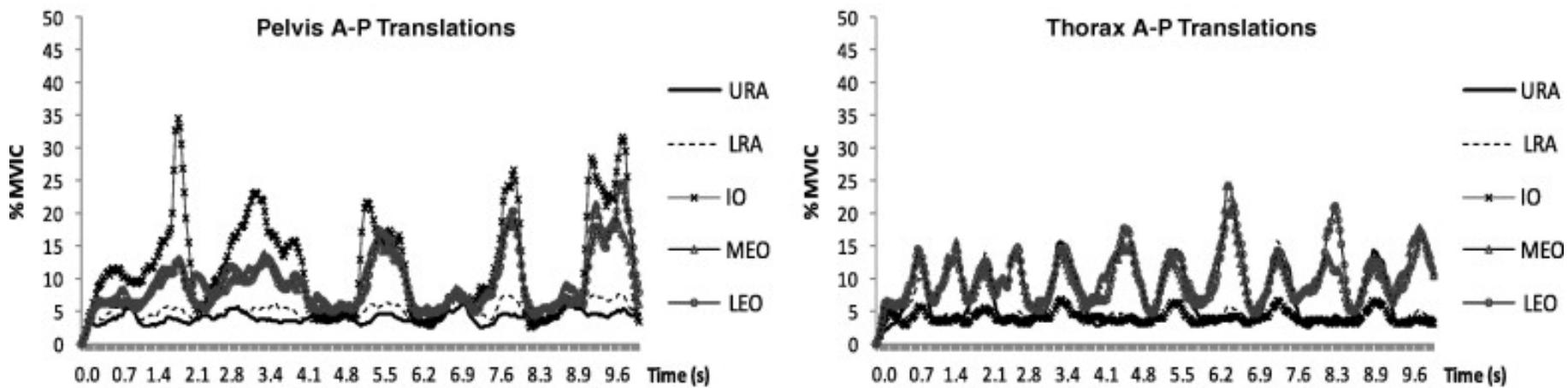


Abdominal muscle activation changes if the purpose is to control pelvis motion or thorax motion Vera-Garcia FJ y cols. Journal of Electromyography and Kinesiology, 2011.



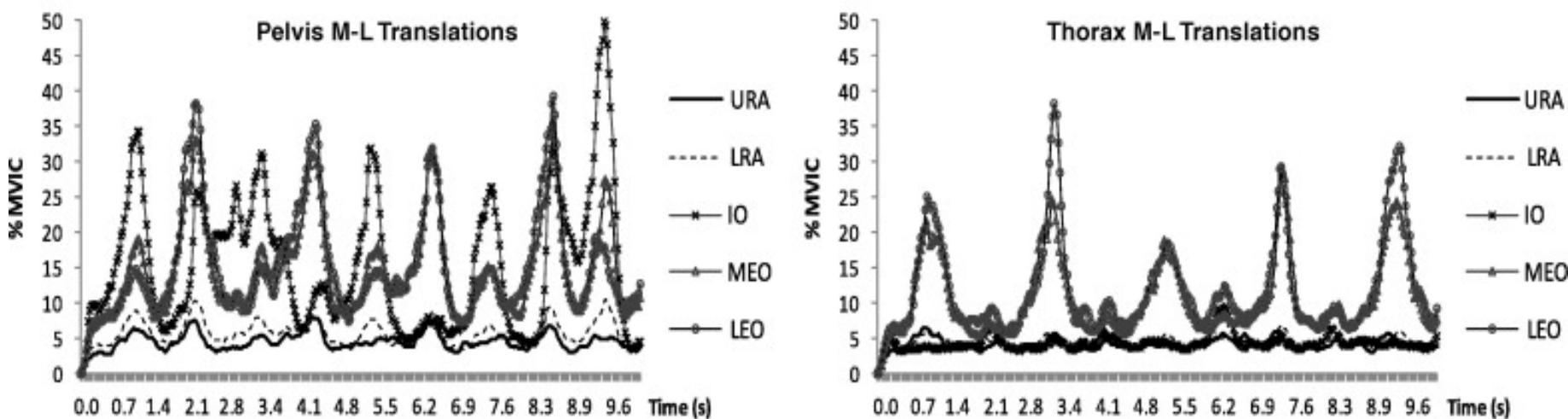
Los movimientos rotacionales producen mayores amplitudes EMG de los oblicuos.

Abdominal muscle activation changes if the purpose is to control pelvis motion or thorax motion Vera-Garcia FJ y cols. Journal of Electromyography and Kinesiology, 2011.



Los movimientos de translación antero-posterior producen baja actividad EMG del recto abdominal.

Abdominal muscle activation changes if the purpose is to control pelvis motion or thorax motion Vera-Garcia FJ y cols. Journal of Electromyography and Kinesiology, 2011.



Los movimientos de translación medio-lateral producen mayor actividad EMG de los oblicuos.



**GRACIAS**

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