# STUDIO POSTURALE

DOCUMENT
**REPORT — POSTURAL ANALYSIS**
#PPC6D18C

| | | |
|---|---|---|
| PATIENT<br>**Marco Rossi** | ANALYSIS DATE<br>**22/04/2026** | PROTOCOL<br>**Postural Analysis** |
| OPERATOR<br>**Giannico Costantiello** | REPORT DATE<br>**22/04/2026** | STUDIO<br>**Studio Posturale** |


**POSTURAL SCORE — GOOD**
Optimal postural profile. Periodic monitoring is recommended.

## REGIONAL ASSESSMENTS

| | | |
|---|---|---|
| Head / Neck | 3.3/10 | MODERATE |
| Shoulders | 10/10 | NORMAL |
| Thorax | 9.7/10 | NORMAL |
| Spine | 7.9/10 | NORMAL |
| Pelvis | 10/10 | NORMAL |
| Knees | 9.9/10 | NORMAL |

## MEASUREMENTS

| MEASUREMENT | VALUE | NORMAL RANGE | STATUS |
|---|---|---|---|
| Shoulder level difference | 0.9 cm | 0–1 cm | Normal |
| Pelvic obliquity | 0.0 cm | 0–1 cm | Normal |
| Tragus level difference | 0.5 cm | 0–0.5 cm | Normal |
| Knee angle (R) | 172.4 ° | 170–180 ° | Normal |
| Knee angle (L) | 169.2 ° | 170–180 ° | Out of range |
| Head tilt (R lateral) | 32.9 ° | 0–5 ° | Out of range |
| Head tilt (L lateral) | 28.6 ° | 0–5 ° | Out of range |
| Cervical arrow (L lateral) | 6.2 cm | 4–6 cm | Out of range |
| Lumbar arrow (L lateral) | 2.1 cm | 4–6 cm | Out of range |
| Anterior shoulder projection (L) | 0.2 cm | 0–3 cm | Normal |
| Scapular asymmetry | 0.5 cm | 0–1 cm | Normal |
| Pelvic obliquity (PSIS) | 0.1 cm | 0–1 cm | Normal |
| Spinal deviation C7 | 1.2 cm | -0.5–0.5 cm | Out of range |
| Spinal deviation T12 | 1.0 cm | -0.5–0.5 cm | Out of range |
| Spinal deviation L5 | 0.9 cm | -0.5–0.5 cm | Out of range |

## AI Analysis
AI-GENERATED

The postural analysis of Marco Rossi, a 26-year-old male, reveals a global score of 8.5 out of 10, indicating a generally favorable postural alignment with some areas requiring attention. This score suggests that while Marco maintains a relatively balanced posture overall, there are specific deviations that warrant clinical intervention to prevent potential musculoskeletal complications. Notably, the head/neck district scored significantly lower than other areas, highlighting it as a primary focus for corrective measures.

Upon detailed examination, several key findings emerge from the measurements and district assessments. The most pronounced discrepancies are observed in the head/neck region, with a lateral head tilt to the right measuring 32.9° and to the left at 28.6°, both of which are outside the normal range. Additionally, the cervical arrow measurement of 6.2 cm suggests thoracic hyperkyphosis, contributing to the low score in this district. Spinal deviations at C7, T12, and L5 indicate lateral shifts to the right, with measurements of 1.2 cm, 1.0 cm, and 0.9 cm respectively. The left knee exhibits a valgus angle of 169.2°, marginally deviating from the typical alignment, which could impact lower limb biomechanics.

The clinical observations underscore the biomechanical significance of these findings. The lateral head tilts suggest muscular imbalances or potential cervical spine misalignments that could lead to chronic neck pain or headaches if not addressed. The thoracic hyperkyphosis, indicated by the increased cervical arrow measurement, may result in compensatory mechanisms in the cervical and lumbar regions, potentially affecting respiratory function and upper body mechanics. The lateral spinal deviations suggest a functional scoliosis pattern, likely contributing to asymmetrical muscle loading and potential discomfort or dysfunction.

The identified compensation patterns appear to stem from the head and neck misalignments, leading to compensatory shifts throughout the spinal column. The head tilt and thoracic hyperkyphosis likely cause the body to adjust its posture to maintain balance, resulting in the observed spinal deviations. The knee valgus on the left side may be a compensatory response to these upper body misalignments, potentially affecting gait and weight distribution during ambulation.

Therapeutically, the primary focus should be on addressing the cervical and thoracic regions to correct the head tilt and reduce hyperkyphosis. A combination of manual therapy, targeted exercises to strengthen and stretch specific muscle groups, and postural retraining will be essential. Emphasis should be placed on neck and upper back exercises to improve alignment and reduce compensatory patterns. Additionally, addressing the knee valgus through strengthening of the hip abductors and quadriceps may prevent further lower limb complications.

In terms of prognosis, with consistent adherence to a tailored therapeutic regimen, short-term improvements in neck alignment and reduction in spinal deviations can be expected within a few months. Long-term, maintaining these corrections will likely prevent the development of chronic pain and ensure optimal musculoskeletal health. Regular follow-ups and reassessments will be crucial to monitor progress and adjust the therapeutic approach as needed.

## CLINICAL OBSERVATIONS

2 Lateral head tilt (right): 32.9°.

2 Lateral head tilt (left): 28.6°.

! Bilateral lateral head tilt: R 32.9°, L 28.6°.

2 Thoracic hyperkyphosis (left): cervical arrow 6.2 cm.

! Lateral spinal deviation: C7 right 1.2 cm, T12 right 1.0 cm, L5 right 0.9 cm.

2 Knee valgus (left): 169.2°.

! Head/neck district: low score (3.3/10).

OPERATOR

**Giannico Costantiello**

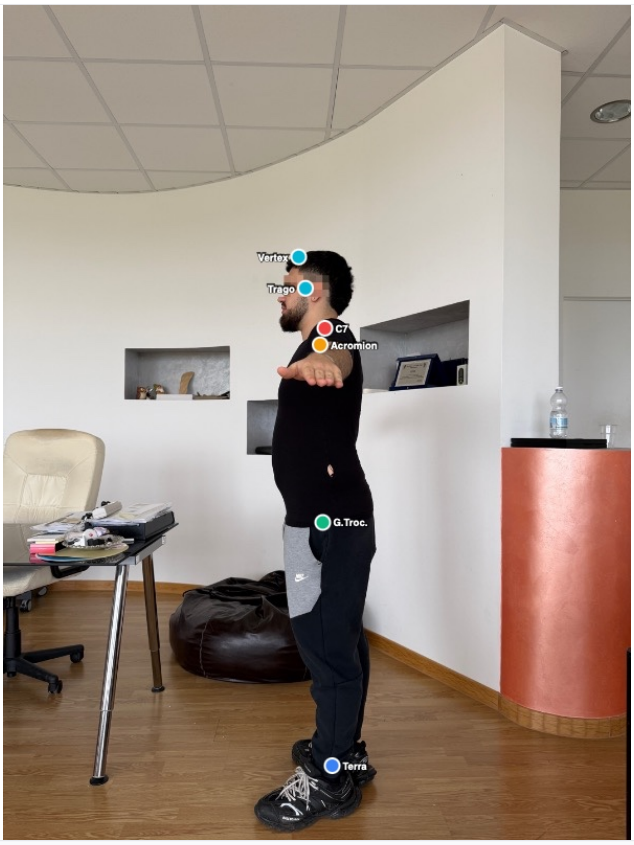
DATE

**22/04/2026**

SIGNATURE AND STAMP

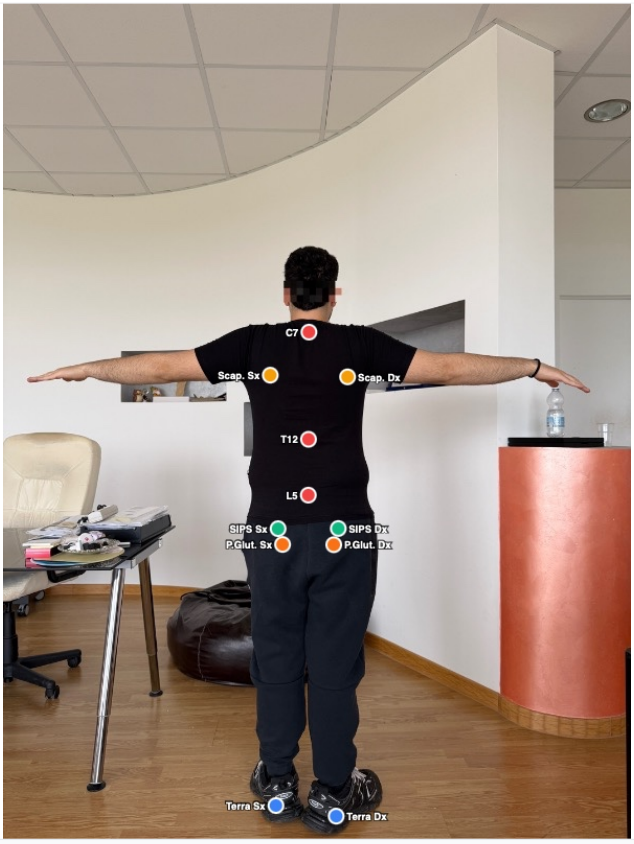
## ANNOTATED IMAGES


**Frontale**




**Laterale Dx**


**Laterale Sx**




**Posteriore**