

Effectiveness of Comprehensive Corrective Exercise Program with Swiss Ball to Improve Kyphotic Posture Among Geriatric Population

B. Edal Queen Reni¹, Mohana Vidhya M^{1*} and Parthasarathy R¹

Meenakshi College of Physiotherapy, Meenakshi Academy of Higher Education and Research, Chennai, India

*Corresponding Author
Mohana Vidhya M

Article History

Received: 18.02.2025

Revised: 21.03.2025

Accepted: 05.04.2025

Published: 10.04.2025

Abstract: Thoracic Kyphosis is the postural deformity leading to the increased curvature of the spine. The study evaluated the comprehensive corrective exercise program among elderly individuals with kyphotic angles. A total of 30 participants above 60 were included in the study. The geriatric population suffers from postural abnormality due to normal aging phenomena; making it difficult to perform daily activities. The comprehensive corrective exercise program includes stretching Method: 30 subjects were taken for the study based on the inclusion and exclusion criteria. The baseline measurement was done before the treatment and after 12 weeks of continued comprehensive corrective exercise with a Swiss ball comprising 45-minute sessions for 2 days a week after the intervention period post-assessment was performed. The results showed a prominent progress in posture deformity within group A with intervention exhibiting a showing greater mean outcome with significant ($p=0.001$) compared to group B. From the results of the intervention study, it was observed that incorporating corrective exercises using Swiss ball can effectively counterpart traditional training programs aimed at enhancing posture and reducing kyphotic angles in elderly population.

Keywords: senile population, kyphosis, Posture correction, Swiss ball exercise.

INTRODUCTION

Human vertebrae are a complex and delicate mechanical system that needs stabilizing muscular movement in order to withstand large compression stresses. The back extensor muscles in particular are the main supporting muscles that keep the spine in an erect position because of their antigravity properties^{1,2}. Therefore, it makes sense that the spine's deviation from ideal alignments, such as hyperkyphosis, is caused by the loss of the paraspinal muscles' ability to maintain the spine. hyperkyphosis is an unusually high forward curve of the thoracic spine^{3,4}.

Although thoracic Hyper kyphosis is a frequent postural deformity in the senior population, affecting up to 40% of the elderly, it can occur at any age^{5,6}. While the etiology of age-related hyper kyphosis is multifactorial⁷. Sagittal plane deformity is a term for a postural condition characterized by increased thoracic curvature of the spinal column. Spinal thoracic kyphosis (TK) angles typically fall between 20° and 40°; TK angles between 45° and 50° are known as postural kyphosis, enhanced kyphosis, or hyper kyphosis⁸. While the cause of age-related hyper kyphosis is unknown, hyper kyphosis impacts 60% of senior citizens and 32% of adults⁹.

Indian population is shifting from high birth rates, high fertility, and high death rates to low birth rates, low fertility; low birth rates. It is anticipated that the proportion of Indian population over 60 years will rise quickly, from 8.6% of the total in the 2011 census to 10% by 2020. For the first time since independence, the old population's decadal growth rate increased in the census conducted in 2001 and 2011. Moreover, for the

past 20 years, the total number of senior women has surpassed that of senior males¹⁰.

Preventive exercise is the most widely used method of reducing the risk in older adults whose ability to balance is declining. Additionally, because the muscles in the trunk of the elderly are much weaker than the muscles in the limbs, lumbar area changes improve overall body function, including walking. Because Swiss ball training can enhance muscle strength, flexibility as well as perceptual balancing ability it is also used for trunk stabilization to promote physical functions and activation of the core muscles. Exercises on uneven surfaces, such as a Swiss ball, can increase activity compared to even surface exercises and help avoid musculoskeletal injuries because they enhance dynamic balance^{11,12}.

According to Seo et al.¹³, Swiss ball exercises are a great method to help elderly women with their balance. Song et al.¹⁴ also said that resistance and Swiss ball exercises can help scoliosis patients with their balance. Physiotherapists frequently utilize hand-held instruments called flexi curves to measure thoracic kyphosis since they are easy, quick, and economical. The kyphosis index is the main result of the flexi curve¹⁵. In the past, persons with kyphotic posture have demonstrated extremely high inter rater and intra rater reliability using the flexi curve index¹⁶. Few studies have been done on older adults with thoracic kyphosis, but for the senior population, we are utilizing a particular modified Swiss ball exercise that is easier to perform and has a lower risk of injury or fall than other resistance exercise.

MATERIALS AND METHODS:

Study design and setting:

The study was conducted in an Energy Clinic adopting pre test–post test experimental design with total participants of 30 selected using purposive sampling techniques to evaluate the effectiveness of the interventions among geriatric population with kyphotic posture.

Inclusion and exclusion criteria:

The Older adults with kyphotic posture, elderly population, showed willingness to participate in the study were the inclusion criteria and exclusion criteria includes visual and hearing impairments, patient with neurological conditions, who is diagnosed with ankylosing spondylitis or rheumatoid arthritis, who have Cognitive impairment.

Procedure:

The eligible, 30 participants were selected and an informed consent prior to participation was obtained. Participants were systematically divided into two groups Group A and Group B and both the group had an intervention of 45 minutes for 12 consecutive weeks.

- **Group A:** The selected participants received a general stretching, CCEP (Cervical and Cervicothoracic Extension Program), postural perception training, thoracic exercise program, and warm-up exercises.
- **Group B:** Received general stretching, warm-up exercises, and free exercises.



Comprehensive Corrective Exercise Program

Data collection:

Baseline data were collected through an initial interview, which included demographic and health-related information such as age, sex, educational level, profession, employment status, duration of hyperkyphotic posture.

Statistical Analysis

The collected data were tabulated and analyzed using both descriptive and inferential statistics. All the parameters were assessed using statistical package for social science (SPSS) version 22. Paired t-test was adopted to find the statistical difference within the groups & Independent t-test (Student t-Test) was adopted to find statistical difference between the groups.

RESULTS:

The comparison of Flexi-Curve Test scores between Group A and Group B at baseline and post-intervention is presented in **Table 1**. The pre-test values showed no significant difference between the two groups ($p = 0.872$, $p > 0.05$). However, the post-test values demonstrated a highly significant improvement in Group A compared to Group B ($p \leq 0.001$). This values suggests that the intervention administered in Group A was more effective than Group B in improving kyphotic posture as measured by the Flexi-Curve Test refer Figure 1.

Table-1 Comparison of Flexi Curve Test between Group A & Group B in Pre and Post Test

--	--	--	--	--	--

FLEXI CURVE TEST	GROUP – A		GROUP – B		t - TEST	Df	SIGNIFICANCE
	MEAN	S.D	MEAN	S.D			
PRE-TEST	171.85	8.88	172.92	6.03	-0.38	14	.872*
POSTTEST	200.31	19.01	173.88	5.01	4.65	14	.000***

The above table reveals the Mean, Standard Deviation (S.D), t-test, degree of freedom(df) and p-value between (Group A) & (Group B) significance is highlighted in value of p (*- $P > 0.05$), (***- $P \leq 0.001$)

Figure -1 Comparison of Flexi Curve Test between Group A & Group B in Pre and Post Test

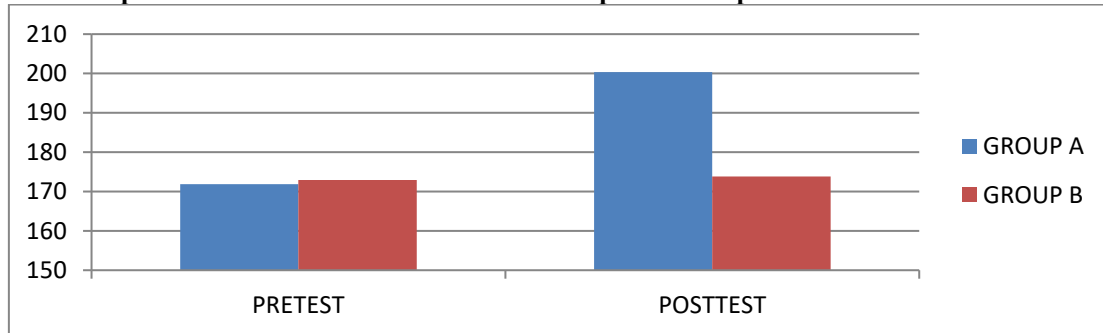
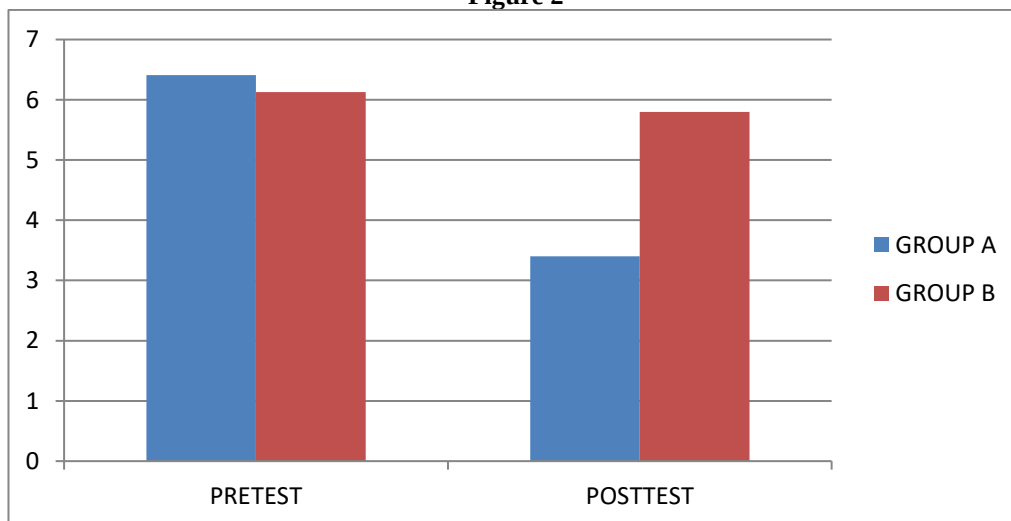


Table 2 presents the comparison of Open working time between the two groups. The pre-test values showed no significant difference between Group A and Group B ($p = 0.437$, $p > 0.05$). Post-test values, however, revealed a highly significant difference between the groups ($p \leq 0.001$), with Group A showing greater reduction in OWT values, reflecting an improved posture outcome compared to Group B refer Figure 2.

Table 2 Comparison of Open working time value between Group A & Group B in Pre and Post Test

Open working Time	GROUP – A		GROUP – B		t - TEST	df	SIGNIFICANCE
	MEAN	S.D	MEAN	S.D			
PRETEST	6.41	0.99	6.13	1.30	-0.78	PRETEST	.437*
POSTTEST	3.40	0.63	5.80	0.67	-10.0	POSTTEST	.000***

Figure 2



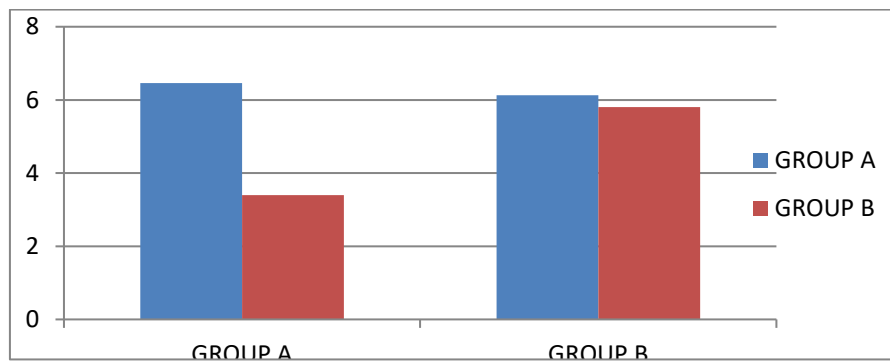
The within-group analysis shown in Table 3 indicated that Group A demonstrated a highly significant reduction in Open Working Time values from pre- to post-test ($p \leq 0.001$).

Table-3 Comparison of OWT between Group A & Group B in Pre and Post Test

OWT	GROUP – A		GROUP – B		t - TEST	SIGNIFICANCE
	MEAN	S.D	MEAN	S.D		
GROUP- A	6.46	0.99	3.40	0.63	0.789	.000***
GROUP- B	6.13	1.30	5.80	0.67	-2.40	.034*

The above table reveals the Mean, Standard Deviation (S.D), t-test and p-value between (Group A) & (Group B) significance is highlighted in value of p (*- $P > 0.05$), (***- $P \leq 0.001$)

Figure 3



This further supports the effectiveness of the intervention provided to this group. Conversely, Group B showed no statistically significant change between pre- and post-test OWT values ($p > 0.05$), again suggesting limited effect of the control intervention refer Figure 3.

DISCUSSION:

The study's was performed to find out how a comprehensive corrective exercise (CCEP) regimen can help in kyphotic posture among patients with thoracic kyphosis. The results of our study revealed that CCEP had significantly decreased the thoracic kyphosis when compared to the control group. Beyond just rehabilitation, Swiss ball exercise improves muscle strength, endurance, flexibility, coordination, and perceptual balance. It is used to enhance general posture and avoid injuries to the neck and waist in addition to treating these conditions. Corrective exercise programs for TK are used to protect the spine during static/dynamic loading and to achieve ideal spinal alignment¹⁷. A study by Gardner and Briggs (2017) in the SHEAF suggested that the older adults undergoing an exercise and posture training program showed significant improvement in kyphotic curvature. A similar study was conducted by Kang and colleagues revealed that combining scapular stabilization with thoracic extension exercises would show significant improvement in head posture among office workers^{18, 19}.

Adjusting posture and treating and preventing neck and waist ache are among the rehabilitative uses of Swiss ball training. Along with enhancing perceptual balance, it can also increase muscle strength, endurance and flexibility. Exercise using swiss ball to stabilize the trunk can help

enhance bodily process and core muscle activation. According to Seidal et al²⁰ correcting the kyphosis angle in older person's required total corrective exercise, which was found to be substantially more successful than compared to less intensive corrective exercise (LCEP).the study concludes that CCEP had a great effect in correction of postural hyper-kyphosis²¹.

Apart from the reduction of thoracic kyphosis, the exercise program improved postural stability. This suggests that the exercises enhanced the ability to keep a stable posture, which is essential for everyday activities and general physical health, in addition to correcting the upper back's curvature. A randomized control study was conducted among adolescents in a private school though the study was a comparison between Thoracic Exercise Program (TEP) and CCEP²² the CCEP showed remarkable improvement in the thoracic kyphosis angle and recommended as a good method and in our study the target group was older patients.

Poor postural awareness is closely associated with habitual posture issues. Prolonged sitting of adaptation of an improper postures during day today activates would diminish the individual's capacity to perceive and restore a neutral spinal alignment. Hence, it is mandatory to create a postural awareness for effectively correcting maladaptive postural patterns^{23, 24}. In the present study

we have adapted a CCEP method of the geriatric population with 30 patients and swiss ball was the main exercise tool used in the study. I really worked for geriatric population. The CCEP method showed promising results suggesting that the targeted exercise can help improve posture and alignment of the spine in raising the thoracic kyphosis angle.

CONCLUSION:

It is a comprehensive corrective exercise program to conducted among the geriatric population with a small sample size. Kyphosis, an excessive curvature of the spine, significantly improved after participants underwent a thorough corrective exercise program. This study involved two groups, who underwent 12 weeks of training aimed at enhancing postural awareness and providing detailed instruction on corrective exercises was evident by the CCEP method. However further studies are required to prove its effectiveness with a long period of time.

REFERENCES:

1. Crisco, J. J., Panjabi, M. M., Yamamoto, I., & Oxland, T. R. (1992). Euler stability of the human ligamentous lumbar spine. Part II: Experiment. *Clinical Biomechanics*, 7(1), 27–32. [https://doi.org/10.1016/0268-0033\(92\)90021-P](https://doi.org/10.1016/0268-0033(92)90021-P)
2. Mika, A., Unnithan, V. B., & Mika, P. (2005). Differences in thoracic kyphosis and in back muscle strength in women with bone loss due to osteoporosis. *Spine*, 30(2), 241–246. <https://doi.org/10.1097/01.brs.0000150501.82037.ff>
3. Granito, R. N., Aveiro, M. C., Renno, A. C., Oishi, J., & Driusso, P. (2012). Comparison of thoracic kyphosis degree, trunk muscle strength and joint position sense among healthy and osteoporotic elderly women: A cross-sectional preliminary study. *Archives of Gerontology and Geriatrics*, 54(2), e199–e202. <https://doi.org/10.1016/j.archger.2011.04.019>
4. Hongo, M., Miyakoshi, N., Shimada, Y., & Sinaki, M. (2012). Association of spinal curve deformity and back extensor strength in elderly women with osteoporosis in Japan and the United States. *Osteoporosis International*, 23(3), 1029–1034. <https://doi.org/10.1007/s00198-011-1649-5>
5. Di Bari, M., Chiarlone, M., Matteuzzi, D., Zacchei, S., Pozzi, C., Bellia, V., Tarantini, F., Pini, R., Masotti, G., & Marchionni, N. (2004). Thoracic kyphosis and ventilatory dysfunction in unselected older persons: An epidemiological study in Dicomano, Italy. *Journal of the American Geriatrics Society*, 52(6), 909–915. <https://doi.org/10.1111/j.1532-5415.2004.52256.x>
6. Kado, D. M., Prenovost, K., & Crandall, C. (2007). Narrative review: Hyperkyphosis in older persons. *Annals of Internal Medicine*, 147(5), 330–338. <https://doi.org/10.7326/0003-4819-147-5-200709040-00008>
7. Roghani, T., Zavieh, M. K., Manshadi, F. D., King, N., & Katzman, W. (2017). Age-related hyperkyphosis: Update of its potential causes and clinical impacts—Narrative review. *Aging Clinical and Experimental Research*, 29(4), 567–577. <https://doi.org/10.1007/s40520-016-0619-3>
8. Hertling, D., & Kessler, R. M. (2006). *Management of common musculoskeletal disorders: Physical therapy principles and methods* (4th ed.). Lippincott Williams & Wilkins.
9. Liu, S., Diebo, B. G., Henry, J. K., Smith, J. S., Hostin, R., Cunningham, M. E., Mundis, G., Ames, C. P., Burton, D., Bess, S., & Akbarnia, B. (2016). The benefit of nonoperative treatment for adult spinal deformity: Identifying predictors for reaching a minimal clinically important difference. *The Spine Journal*, 16(2), 210–218. <https://doi.org/10.1016/j.spinee.2015.10.049>
10. Vollset, S. E., Goren, E., Yuan, C. W., Cao, J., Smith, A. E., Hsiao, T., Bisignano, C., Azhar, G. S., Castro, E., Chalek, J., & Dolgert, A. J. (2020). Fertility, mortality, migration, and population scenarios for 195 countries and territories from 2017 to 2100: A forecasting analysis for the Global Burden of Disease Study. *The Lancet*, 396(10258), 1285–1306. [https://doi.org/10.1016/S0140-6736\(20\)30677-2](https://doi.org/10.1016/S0140-6736(20)30677-2)
11. Lehman, G. J., Hoda, W., & Oliver, S. (2005). Trunk muscle activity during bridging exercises on and off a Swiss ball. *Chiropractic & Osteopathy*, 13, 13. <https://doi.org/10.1186/1746-1340-13-13>
12. Marshall, P. W., & Murphy, B. A. (2005). Core stability exercises on and off a Swiss ball. *Archives of Physical Medicine and Rehabilitation*, 86(2), 242–249. <https://doi.org/10.1016/j.apmr.2004.05.004>
13. Seo, B. D., Yun, Y. D., Kim, H. R., & Lee, S. H. (2012). Effect of a 12-week Swiss ball exercise program on physical fitness and balance ability of elderly women. *Journal of Physical Therapy Science*, 24(1), 11–15. <https://doi.org/10.1589/jpts.24.11>
14. Song, G. B., Kim, J. J., & Park, E. C. (2015). The effect of Swiss ball exercise and resistance exercise on balancing ability of scoliosis patients. *Journal of Physical Therapy Science*, 27(12), 3879–3882. <https://doi.org/10.1589/jpts.27.3879>
15. Teixeira, F. A., & Carvalho, G. A. (2007). Reliability and validity of thoracic kyphosis

- measurements using flexicurve method. *Brazilian Journal of Physical Therapy*, 11(3), 199–204. <https://doi.org/10.1590/S1413-35552007000300007>
16. Hinman, M. R. (2004). Interrater reliability of flexicurve postural measures among novice users. *Journal of Back and Musculoskeletal Rehabilitation*, 17(1), 33–36. <https://doi.org/10.3233/BMR-2004-17105>
 17. Jang, H., Kim, M., & Kim, S. (2015). Effect of thorax correction exercises on flexed posture and chest function in older women with age-related hyperkyphosis. *Journal of Physical Therapy Science*, 27(4), 1161–1164. <https://doi.org/10.1589/jpts.27.1161>
 18. Gardner, G. K., & Briggs, A. M. (2017). Targeted spine-strengthening exercise and posture training program to reduce hyperkyphosis in older adults: results from the Study of Hyperkyphosis, Exercise, and Function (SHEAF) randomized controlled trial. *Journal of Gerontology: Medical Sciences*, 72(9), 1046–1054. <https://doi.org/10.1093/gerona/glw224>
 19. Kang, N. Y., Im, S. C., & Kim, K. (2021). Effects of a combination of scapular stabilization and thoracic extension exercises for office workers with forward head posture on the craniovertebral angle, respiration, pain, and disability: A randomized-controlled trial. *Turkish journal of physical medicine and rehabilitation*, 67(3), 291–299. <https://doi.org/10.5606/tftrd.2021.6397>
 20. Shiravi, S., Letafatkar, A., Bertozzi, L., Pillastrini, P., & Khaleghi Tazji, M. (2021). Effects of scapular stabilization exercises on posture and muscle imbalances in women with upper crossed syndrome: A randomized controlled trial. *Journal of Sport and Health Science*, 10(5), 533–543. <https://doi.org/10.1016/j.jshs.2019.07.006>
 21. Seidi, F., Rajabi, R., Ebrahimi, I., Alizadeh, M. H., & Minoonejad, H. (2014). The efficiency of corrective exercise interventions on thoracic hyper-kyphosis angle. *Journal of back and musculoskeletal rehabilitation*, 27(1), 7–16
 22. Elpeze, G., & Usgu, G. (2022). The Effect of a Comprehensive Corrective Exercise Program on Kyphosis Angle and Balance in Kyphotic Adolescents. *Healthcare*, 10(12), 2478. <https://doi.org/10.3390/healthcare10122478>
 23. Falla, D., Jull, G., Russell, T., Vicenzino, B., & Hodges, P. (2007). Effect of neck exercise on sitting posture in patients with chronic neck pain. *Physical Therapy*, 87(4), 408–417. <https://doi.org/10.2522/ptj.20060009>
 24. Silva, A. G., & Punt, T. D. (2019). Habitual forward head posture and neck pain: Not a causal relationship? *Physiotherapy Theory and Practice*, 35(9), 845–855.
- <https://doi.org/10.1080/09593985.2018.1466603>