The Position You Think Best In

Critical Clinical Analysis of Human Latency

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When you have a hard decision to make, how do you actually sit? Maybe you tuck one leg under you, lean on an elbow, or sink into the chair you always end up in when you need to think. I'd start by asking what feels good about that position and how long it works for you.

Think about how you studied as a kid. You might have started at the table, slouched in a chair for a while, then finished your reading on the floor, lying on your stomach and propped up on your elbows. You could change positions and keep reading. That's something I want adults to have again.

Start with the chair you already like

Some business owners tell me they do their best thinking in a position an ergonomist might want to change. Others feel most relaxed in their own driver's seat. I want to see what you like about the position before I change anything. Maybe a little more support under your arm lets your neck settle. Maybe you can shift your weight and keep your eyes on the screen. A review of reviews found mixed evidence on whether specific spinal postures cause low back pain [1]. In the clinic, I ask what makes your position easier to use and what other positions you can move into comfortably. I'd compare driver's seat setups while parked, with visibility, reach, and restraint fit in view.

When discomfort breaks your train of thought

Say you're deciding which feature to cut before launch. Two hours in, your neck starts to bother you. You get up, answer a message, and come back ten minutes later. Now you have to piece the decision back together, and your team is still waiting for an answer.

That's what I mean by human latency. In tech, latency is the time between a request and a response. In this example, it's the delay between working through a decision and acting on it because discomfort pulls you away. Pain can interrupt attention [2]. Studies in people with chronic pain also suggest it can be harder to hold information in mind or manage a task [3, 4]. The effect on founder decisions is a question I'd explore by looking at what happens during the work itself.

How the core supports a change in position

Imagine leaning across your desk to pick up a notebook. Your feet and the chair provide support. Your ribs and pelvis have to move enough for you to reach and come back. Your trunk muscles can adjust their activity as the load changes, while you keep breathing. That coordination is what I'm interested in when I talk about Core Pressure Restoration.

Pressure changes with the task

As the diaphragm contracts during an inhale, it descends and the lower rib cage can expand. The diaphragm, abdominal wall, and pelvic floor help manage pressure within the abdomen. The abdominal wall and pelvic floor can adjust their tension as we breathe, shift weight, or reach. The diaphragm contributes to both breathing and postural adjustments, and studies have found pelvic floor activity during those tasks too [5, 6].

Pressure inside the abdomen can contribute to the lower back's resistance to being displaced. One experiment demonstrated this under controlled conditions in three people lying face down [7]. That helps explain one way the trunk can provide support. It leaves open how much pressure a person needs in a desk chair or whether changing it helps that person work more comfortably.

Room to move and control to use it

The Institute of Physical Art's Functional Manual Therapy and Vicky Saliba Johnson's CoreFirst® Strategies inform three questions I ask in the chair [8, 9].

Mechanical capacity. Do the hips, pelvis, and rib cage have enough room to move for an easy shift? I might change where a foot rests or how much of the chair supports an arm, then check the same movement again.

Neuromuscular function. Can the muscles respond when support is needed, sustain that effort, and ease off afterward? I watch for when the person holds their breath or their neck and back begin doing more work during a small reach.

Motor control. Can the person coordinate the shift while looking at the screen? The trunk can adjust as a movement begins and respond again if the load changes. I'm interested in whether the person can use more than one comfortable way of moving as the task changes [8, 9].

From a cue in the room to a change at work

How I use PNF

Proprioceptive neuromuscular facilitation, or PNF, is a rehabilitation approach that uses sensory input and guided movement to help people practice coordinated actions [10]. I trained in PNF during a 12-month residency at Kaiser Vallejo. In a seated weight shift, I might use light resistance or a contact at the pelvis to help the person feel the direction of the movement. Then I take my hands away and ask them to reach for the mouse or turn to the second monitor. Sometimes I ask them to let their eyes find the screen first and see whether their neck feels different when the head follows.

A review reported improvements in pain and disability with PNF in people with chronic low back pain, with low to moderate quality evidence [11]. Whether a guided change in the clinic carries over to someone’s work is a question I check with that person.

Breathing and oxygen delivery

Oxygen delivery to the brain depends on cerebral blood flow and the oxygen carried in arterial blood. Breathing can influence cerebral blood flow through changes in carbon dioxide [12]. Research on that physiology leaves open the claim that relaxing the neck or back redirects oxygen to the brain during seated work. What I can check in the room is whether the person can breathe comfortably, feel supported, and move with less effort.

What would change my mind

I’d pick one real task, such as reviewing a product decision, and compare a few similar work sessions. When did discomfort first interrupt the work? How many times did they have to stop because of it? Did they reach the next action they sat down to take? I’d note differences in sleep, task difficulty, and time pressure.

If turning feels easier in the room and the interruptions at work stay the same, I’d count the easier movement as progress and revisit what’s interrupting the work. If interruptions fall and the decision still stalls, I’d ask what else is holding it up. The response in the room is one piece of the answer.

I want to give you another way to sit that feels easy enough to use that it becomes automatic. It’s not even a conversation.

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