Treating Headless People

How to bring your head back into the picture when you use your phone

Scott Donkin, DC, DACBOH

I saw a headless person at the park.

There was no screaming. No one ran for help. The person stood quietly on the sidewalk, apparently unaware that, from where I stood, his body seemed to stop at his shoulders.

I moved to the side. There was his head, bent so far forward that it had disappeared from view behind his upper back. His chin pointed toward the phone in his hands.

Once I noticed the illusion, I began seeing it everywhere: airports, shopping malls, waiting rooms. A glance from the side revealed the same thing each time: someone absorbed in a screen held low.

Then I made the illustrations for this article. The headless person was me.

I knew I sometimes looked down at my phone. What surprised me was seeing how much of myself I brought down to meet it. From behind, I looked headless. From the side, I realized I had been a little mindless about how I used my phone.

That is the only person I am calling mindless here. It is easy for the body to settle into a familiar position while our attention is elsewhere.

I call this visual impression **the headless effect**. It is an observation, not a diagnosis. Its usefulness begins with recognition: once we notice a habit, we have an opportunity to change it.

Recognizing the headless effect





Rear view: The head appears to disappear behind the upper back as attention follows a phone held low.

Side view: The profile reveals the forward and downward head position behind the illusion. Appearance alone does not diagnose pain or injury.

Common does not always mean well suited

Looking down is a normal movement. A brief glance at a phone does not mean you are damaging your neck, and a photograph cannot tell us why someone hurts.

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Research warrants a measured approach. A systematic review found that smartphone use can alter head and neck position and muscle activity and may contribute to musculoskeletal symptoms. The authors also cautioned that the included studies were of moderate methodological quality.[1] An observational study of 150 young adults found no association between neck posture during texting and neck pain.[2]

These findings help explain why I evaluate the person, rather than diagnose a silhouette. Phone habits may be one contributor among several. How long you stay in a position, how much effort it requires, and your individual circumstances matter.

A position can become common enough that we stop questioning it. Instead, ask: Is this comfortable? Has a quick check turned into a long session? Could I make the task easier?

A patient showed me a different way

Years before smartphones became commonplace, I walked into a treatment room and found a young woman comfortably reading a book. She had undergone surgery for scoliosis that limited bending through much of her spine.

She had discovered her own solution: resting both elbows against the front of her rib cage and angling her forearms upward to position the book. She could happily read away without folding herself over it.

I learned from her ingenuity. Later, I recognized how that same principle could apply to a mobile phone: bring the screen into a comfortable viewing position and give the arms some help.

Support matters. In a laboratory study of 20 young adults, chair armrests and back support reduced head and neck bending, mechanical loading, and muscle activity compared with unsupported phone use.[3] That supports the general principle; it does not establish that every technique below prevents injury or treats a particular condition.

Five ways to change the picture

The following options are practical experiments drawn from my clinical experience and ergonomic principles. They are not five positions everyone must master or hold indefinitely.

Before trying one, notice your usual position. Then make a small adjustment and compare how it feels. Keep breathing easily, relax your grip, and avoid lifting your shoulders toward your ears. A higher phone is useful only if the whole arrangement works better for you.

Each solution is shown standing and sitting. In teaching patients, I have found that seeing both makes the adjustment easier to reproduce. You should not have to mentally reconstruct the demonstration before trying it.

1. Support both elbows against your chest wall

Hold the phone in both hands. Let your elbows rest gently against the front of your lower rib cage, with your forearms angled upward. Adjust the screen until you can see clearly with your head comfortably balanced above your torso.

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Standing, keep your weight comfortably supported through your feet. Avoid leaning backward to make the phone appear higher. Sitting, establish a comfortable seat with your feet supported, then position the arms. Let a backrest help if it suits you.

The contact should be light. Do not squeeze your elbows inward, press into a tender area, or restrict your breathing. Your body proportions and shoulder mobility will determine the available height. If your shoulders rise or your arms tire, lower the phone slightly or choose another support.

This is the principle I learned from my patient reading her book. The goal is useful support, not reproducing a picture perfectly.

Both elbows supported





Standing: Rest both elbows gently against the front rib cage and bring the phone into comfortable view. Keep breathing freely.

Sitting: Use the same gentle elbow support after settling comfortably into your seat. Relax the shoulders.

2. Cup one elbow with the opposite hand

Hold the phone in one hand. Bring the opposite arm across your body and use that hand to cup the underside of the phone-side elbow. Let the supporting hand take some of the holding effort while you adjust the screen.

Keep the phone-side upper arm reasonably close to your body. Reaching far forward may make the position harder to sustain. Keep your wrist comfortable rather than sharply bent.

Standing, settle into an easy stance before arranging the arms. Sitting, use the same hand-to-elbow support without bending your torso toward the screen. Switch sides when useful and comfortable.

This option leaves one hand holding the phone, so it may suit reading better than extensive typing. For longer messages, consider setting the phone down or using dictation where privacy permits. Release the support periodically rather than remaining locked in place.

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Opposite hand cupping the elbow





Standing: Cup the underside of the phone-side elbow with the opposite hand. Keep the upper arm close to the body.

Sitting: Support the elbow with the opposite hand while keeping the torso comfortable rather than bending toward the screen.

3. Make a shelf with your opposite forearm

Cross one forearm in front of your torso and rest the phone-side elbow on it. Your opposite forearm becomes a small shelf, allowing the phone-side forearm to angle upward.

This differs from cupping the elbow with your hand. Try both and notice which arrangement asks less of your shoulders, wrists, and supporting arm. Neither is automatically better.

Standing, keep the supporting arm comfortably close rather than pushing it forward. Sitting, arrange the support after finding a comfortable sitting position; avoid slowly sinking toward your lap as you read.

Use gentle contact and change position if pressure becomes uncomfortable. If either arm develops tingling, numbness, or increasing pain, stop the technique. An armrest, cushion, or table may provide a more suitable support. The useful option is the one that fits your body and task.

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Elbow resting on the opposite forearm





Standing: Rest the phone-side elbow on the opposite forearm to create a supporting shelf. Avoid squeezing or shrugging.

Sitting: Use the forearm shelf while seated. Change sides or choose another support if contact or effort becomes uncomfortable.

4. Let your eyes do some of the looking down

Your phone does not always need to be at eye level. Start with your head comfortably balanced and your phone in view. Lower the screen a little, letting your eyes follow before automatically sending your entire head after it.

Explore only a comfortable range. Your head is allowed to move. If your eyes strain, the words blur, or your chin begins reaching forward, change the screen height or distance.

Standing and sitting, the same experiment applies: notice how much downward viewing you can comfortably accomplish with your eyes while keeping your head relatively upright. The dashed lines in the illustrations indicate viewing direction, not a prescribed angle.

I teach this as an awareness skill, not a proven treatment or an exercise to force greater eye movement. Glasses, especially multifocal lenses, can affect the position you need. Persistent viewing difficulty is a reason to consult your eye-care professional.

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Comfortable downward eye gaze





Standing: Let the eyes follow a slightly lowered screen before automatically tipping the whole head. Stay within easy viewing.

Sitting: Explore the same eye-gaze option while seated. The dashed line illustrates viewing direction, not a target angle.

5. Bring in a tool for longer viewing

A selfie stick may make you smile, but it can position the screen higher while your hands remain lower. Secure the phone in its mount and use only enough extension to obtain a clear, comfortable view.

Sitting, keep the handle near your lap and support your hands or the handle where practical. Standing still, hold the handle comfortably near your body. A longer extension can increase the effort at your hands and wrists, so more reach is not necessarily better.

A stable phone stand on a desk or table may be easier for longer sessions because it removes the need to hold the device. An adjustable holder may help in other settings.

These tools still require sensible placement and breaks. Stop somewhere safe before reading or watching. Keep the screen put away while driving, and avoid viewing that distracts you from walking, traffic, stairs, or your surroundings.

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A tool to position the screen





Standing: A securely mounted phone on a selfie stick can be positioned higher while the handle stays lower. Stand still in a safe place.

Sitting: Hold the handle near the lap and support the hands where practical. A stable stand is another option for longer sessions.

Make the solutions workable in daily life

Start with support, not endurance. You may be unaccustomed to holding a phone higher. Familiarity and tolerance may improve with brief, comfortable practice, but shoulder fatigue is a reason to adjust the arrangement. Add an armrest, cushion, or stand rather than treating prolonged holding as a test of determination.

Protect your privacy. Some people keep a phone low because they do not want others reading it. A privacy screen protector can reduce casual side viewing. Its effectiveness depends on the product and viewing angle; some filters work as intended only in portrait orientation. Someone looking from a permitted angle may still see the screen.[4] Check visibility and readability in your usual conditions. For confidential material, a private location may be the better answer.

Give an unfamiliar position a fair trial. A different way of holding your phone may feel conspicuous. Begin somewhere comfortable. You can choose an unobtrusive adjustment, such as supporting an elbow or raising the screen modestly, without making a performance of it.

Make the screen easier to see. Enlarge text, reduce glare, and adjust the viewing distance. Do not compensate for difficult reading by forcing your neck or eyes into an uncomfortable position. If you need both hands for typing, a stand may work better than an arm-support technique.

Match the option to the moment. A short message, a long article, and a video call have different demands. Body proportions, previous surgery, and shoulder or hand conditions can also change what works. You have permission to choose another method.

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Give awareness something to do

Research on smartphone habits describes brief, repetitive checking reinforced by readily available information. A check can also lead into other phone activities.[5] It is easy to become absorbed before considering how you are positioned.

Try using the moment you unlock your phone as a cue. Notice where the screen is and choose one useful adjustment. During longer sessions, pause at a natural stopping point to lower your arms, look away, change position, or get up and move. Clinical guidance encourages avoiding prolonged stationary neck positions.[6]

Notice, choose, adjust, repeat.

If you catch yourself returning to the old habit, that moment of recognition is another opportunity to practice. The objective is to make comfortable choices easier to remember and use.

Treatment and prevention belong together

One principle guides my work: **The highest purpose of a specialty is preventing what it treats.**

When an existing condition needs care, however, prevention alone may be insufficient. Brushing and flossing do not repair a cavity that already needs dental treatment. Musculoskeletal problems differ from cavities, and symptoms do not automatically mean structural damage, but the analogy illustrates why an established problem deserves attention.

In my chiropractic practice, I evaluate and treat neck, shoulder, arm, and back conditions. When mobile-phone use contributes to or aggravates a patient's symptoms, I incorporate practical viewing and support techniques into care. Depending on the individual, care may include chiropractic treatment, rehabilitation, exercise, and changes to everyday activities.

Treatment and habit change can begin together. You do not need to wait until treatment is finished to make an activity more comfortable. Equally, persistent or worsening symptoms deserve assessment rather than assuming that raising the phone will solve them.[6]

Bring your head back into the picture

This guidance is part of my **PackBack® health and safety information** concerning the biomechanics of everyday devices we hold, carry, wear, or use, including mobile phones.

Next time you see a “headless person,” enjoy the moment of surprise. Then notice where your own phone is.

My head was there all along. Awareness helped me see the habit. Making a physical change, then practicing it in daily life, gave me another way to use my phone.

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Medical information and image note

This article provides general education and does not replace individualized diagnosis, treatment, or advice from your healthcare professional. No single position suits everyone. If you have prior spinal surgery, a significant musculoskeletal condition, or restrictions on movement, ask your treating clinician which options are appropriate. Stop a technique that produces or worsens pain, tingling, numbness, dizziness, or visual difficulty. Seek assessment for persistent or worsening symptoms; seek prompt medical attention for new or progressive weakness or numbness. Seek urgent care for worsening coordination or balance, new bladder or bowel changes with neck or neurological symptoms, or severe neck pain after significant injury.[6,7]

The AI-assisted illustrations demonstrate positioning options. They are not diagnostic images or evidence of treatment outcomes. Viewing lines are illustrative, not measurements or recommended angles.

References

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