COMPRESSED AND JAMMED: A QSM^3 CASE STUDY

This past weekend's QSM^3 seminar in Atlanta was another success that broadened the understanding of all who attended. Each came with a bone out of place localized orientation and left with a three dimensional pathway system they each could measure, access , and begin the process to remove It was clear each attendee is now seeing a larger picture than he or she did upon arrival.

One analogy resonated particularly well with the group. It is the old lock and key relationship.

The corrective process has sequential sections, thus one step leads to another for optimal success. In a broad categorical sense, these steps are static and dynamic.

The static step is the making of the perfect key. This would include the x-ray process (alignment, filters, positioning) and then the analysis. This is only the first step. Finding the lock and turning the key to unlock the lock still remain.

Finding and unlocking the lock comprise the dynamic aspect and are the focus of the QSM^3 procedure. The first part of the dynamic process, finding the lock, is setting the skull, headpiece and body in such a way to access the resistant pathways and create a tensgrity (tension & relaxation) so the force can travel optimally and completely. This aspect requires the integration of data (leg, x-ray, and anatometer) to position the patient from skull to pelvis, and it requires visualizing the resistant pathways to be accessed. Few doctors presently comprehend this process of finding the access point (the lock), which leads to the manipulation of vectors, inconsistent headpieces, and the overuse of force.

The final aspect of the corrective process is turning the key. Turning the key is overcoming the resistant pathway via the wrist lever. It must overcome resistance in the plane opposite the weight and pelvic rotation detailed on the Anatometer.

This month's article is a case study I wanted to relate because it details many interesting characteristics that highlight the strength of the QSM^3 procedure.

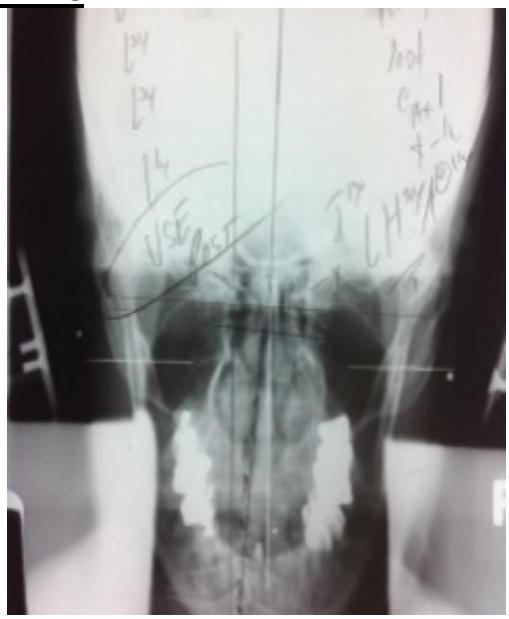
Case Study:

Date Pre:	9/20/10
Date Post:	9/21/10
Short leg:	L ¼ “
Type:	Left Type 1
Pre Anatometer:	R3.5lbsP7mmR1.2

X-Ray series included

Initial Comments:
Notice the leg is short left and the anatometer is heavy right. This indicates a compression or bow in the misalignment (two frontal planes). The picture above shows the idea where the lower body (pelvis) leans left because of the short leg but the upper body (head/shoulders) bend towards the right creating the right weight scales. This is TWO misalignments. The first is left and then a second resistant pathway that misaligns and bends right.

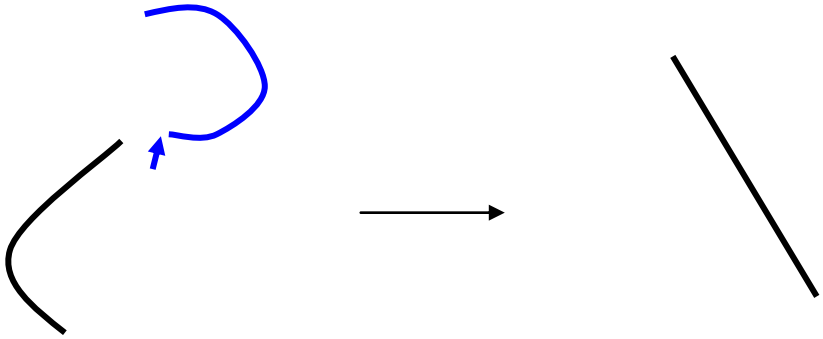
Pre Films



First Correction Purpose:
The purpose on the first correction is to remove the bend and establish a linear correction. If this is not done prior to the trying to correct this, it will jam and buckle further. The post x-ray may show ZERO but will NOT show a true opened correction that is in a healing cycle. **You MUST get the leg and weight on the same side. I call this blowing it out.** Notice on the original Nasium the S curve in the lower angle. Compression! Compression! Compression!
The initial thought (protocol) is to set it up as a left type one. This would drive the plane line down and correct the type one. **WRONG!**

First Correction Set-up:
Set up as a type two.
Drop the head out and allow the force to correct the upper bend misalignment. Pelvis was relaxed to reduce tension left to right. The pelvis was rotated A to P and the chin was lifted to access the P to A pathway and RP quadrant.

See below



First Post Films

Second Correction Post

Second Correction and Post Data:

Leg: L ½ "- increased as it should as body unwinds and tilts further left

Anatometer: Left 12.8 Anterior7mm L.6

New Calculated Correction Vector: LH 3 ½ A 1 ½

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Comments:

The initial purpose was accomplished. The question now arises, " has the misalignment completely blown or un-jammed and become linear to its further misaligned position?"

My suggestion is to leave well enough alone here and stay with the pre vector and headpiece position to ensure the jam has COMPLETELY unfolded.

2nd Post Films with new Vector and headpiece placement

Comments

The headpiece was stabilized to direct the force left to right and the uncompressed (post x-ray calculated vector) vector was used. Pelvis was tractioned to create a tension left to right. The pelvis was rotated A to P and the chin was tucked to access the A to P pathway or LA quadrant.

Final Thoughts

Notice the lower angle on the Nasium. It has significantly decompressed. The following corrections are to create stability and for the patient to do decompressive exercises that will facilitate the decompression and increase blood supply and healing.

You will find that when you understand that a correction is a process to remove resistant pathways and NOT a zero line on a film, your process will become enjoyable and more productive.

I look forward to your comments and keep sending those cases to work on. The next class will be out west in Vegas or salt Lake in February or March. Ill keep you posted.

On Purpose and In Progress

Russell Friedman, D.C.