

Let's Get Moving

Dr. Russell Friedman DC 11/7/10

I welcome you to my monthly forum. For the past two years I have been developing a biomechanics algorithm that uses the calculated vector, posture measurements and multiple three dimensional headpiece placements to correct the misaligned spine.

This all began when I saw that all the techniques, after a detailed x-ray placement and analysis, manipulate the numbers. I have since seen flipping patients over and others that swear the answer is in the aberrancies or asymmetries... just to return to manipulating the numbers.

It just doesn't make sense, can't be taught, and never is consistent. The reason for this lack of science is all UC procedures have forgotten that the human frame is a closed kinetic chain and must be affected by the largest lever ...the pelvis. I am not suggesting touching the pelvis at all! But, if you have an anterior atlas but a posterior pelvis vs. an anterior pelvis, wouldn't it make sense to change the POSITION OF THE HEADPIECE, SKULL AND PELVIC PLACEMENT. What if the body is in the right frontal plane vs. the left...what would you do? So, I ask you these questions:

- Are you able to take a consistent and repeatable picture that demonstrates an 80-100% correction on every patient?
- Do you see the resistant pathways? *These are the three dimensional lines at which the body misaligns than gets repeat ably fixed into from skull to pelvis*
- *and do you know how to access their entry points? Meaning the place to set the headpiece, skull, body to create an entry and line to allow the force to travel.*
- Do you understand how to position the skull and headpiece *to close the surfaces on a rotational and frontal plane level or in a 3D model pathway? Meaning to increase your leverage, improve your ability to overcome the resistance and reduce the misalignment]*
- Do you think torque just turns C2? *What is the action when the height or rotation is above or below the 45?*
- Do you understand the leverage points to set the wrist lever to overcome the specific resistances?

**If these questions are foreign to you, the QSM³ protocol will elevate your understanding in one weekend beyond all your years of practice
Guaranteed!**

There are two distinct components to correcting spines. First there is the precision and detail that goes into the x-ray, ranging from alignment and filters to placement and analysis. This is the **static part**. To use an analogy, this is the part that makes the key. The second aspect, **the dynamic**, is the delivery of the vector and the placement of the patient. This is opening the lock. This aspect has not evolved for 50 years in UC vector corrections. It is the understanding of the three dimensional pathways, the comprehension, and visualization. This is the area that evaluates the pathways and multiple pathways of resistance that must be contacted to correct spines.

To correct something, you must be aware of it first than be able to measure it. That way you can understand it and know when it is corrected. Without it, you will never reach a consistent confidence.

Most doctors are calculating a vector and putting a force in with a basic headpiece placement. This is not enough as it rarely puts the key in the lock UNLESS you apply force through depth. The new algorithm QSM³ (Quantum Spinal Mechanics³) evaluates the full spine and details the headpiece, skull, and pelvis to access the pathways at a three-dimensional level so the calculated vector can remove the resistant pathways that create the misalignment.

The procedure now has an 110+ page workbook; templates and headpiece are now designed and in production. I have for the past two years been teaching and evolving this protocol. It is the most complete system available and will elevate your understanding of the misalignment while optimizing your ability to correct the patient. Happy patients equal successful doctors and practices!

Each month I will send out a new article, and information on seminars, and products. I welcome your questions your problems as well as your insights so we can create a place that empowers and evolves the many.

On Purpose and in Progress,
Russell A. Friedman, D.C.