

For the past several months I have been trying to wrap your heads around the relationship between the vector and posture. We have long looked at the ASC on an island and not as a piece to the puzzle. It is this monocle view that has limited our ability to access the resistant pathways to their completion. Whether using toggle, knee chest or a vector-based procedure, it should seem clear that the same configuration or listing at the C0/C1/C2 but in opposite frontal or transverse planes deserves consideration. This is a basic concept yet it has not been considered.

Upper Cervical has developed a solid system to calculate the vector or listing but has not furthered in the execution to access the 3D posture pathways. Full posture data is the primary dynamic function that will increase our abilities and most importantly the model and understanding of the misaligned/ subluxated body system.

Yes, posture has been evaluated but has not been utilized as a tool in the application of our corrective process. If a patient is 25 lbs off vertical in the left frontal plane, pelvic rotation is posterior 10 mm, what would you do different in your correction ( patient placement) if the same configuration above with 25 lbs off vertical in the right frontal plane and the pelvis rotated anterior 10mm.

Here is a recent case that I will share with you that demonstrates the necessity to look at the complete posture (structure, body) to access the resistant pathways. I was told this past week that research is the key. I agree but that is not complete. Research with a science based three-dimensional algorithm is QSM<sup>3</sup>.

### **History**

Chief complaint: severe left arm pain radiating ulnar path to fingers. Burning and numbness, **pain 10/10**

Onset: November 15<sup>th</sup>

Accidents: MVA app. 20 years ago

X-Ray: severe degeneration from C4-C7, lipping

Referred for MRI to document patency and severity

### **UCC**

#### **Pre Data**

S-line: S3

Configuration: Kink, Out of pattern type 2

Laterality, Upper angle: Right 1 ¼ d, skull Turns Right 1 ¼ d

Lower angle: right 5 d

Spinous: Left 10 d

Plane line: 0

C/A:  $3.5/5 = 1$

At/OD: -1 (never used because this is not an empirical based factor but a fudge factor)

C1 rotation: A2

February 2011 Article- QSM<sup>3</sup>  
Dr. Russell Friedman DC  
Leg discrepancy: Left 1”

### Measuring Posture Means Nothing

#### **Posture Data:**

Body Weight: 16.2 lbs

Pelvic Rotation on Wt Side: Posterior 6 mm

Fixed Pt (C7): Left 5 degrees



This is an interesting case for you to examine because you must first recognize that it cannot be corrected in one correction. If you do not, you will chase this thing and never correct it and make it unstable than it already is. The first objective is to create a linear correction. There are three opposing compressions:

1. The rotation of C1 is counter-rotated C2

**Problem:** If you come in with the anterior vector it will turn C2 further left

2. The C1 is counter-rotated the pelvis

**Problem:** if you come in anterior you will drive the pelvis further posterior on the right

3. The leg is opposite the weight

**Problem:** If you drop the headpiece, you will set the force into the left frontal plane and drive the body weight more right.

**Problem:** If you set the headpiece neutral to stabilize the skull, you will buckle the lower angle further and drive C2 more left.

**Discussion on what needs to occur**

The 1<sup>st</sup> correction must create a linear misalignment. This is where the weight and leg are coplanar and the transverse plane unwinds to approach a neutral rotation. There is a vector (calculated- NEVER CHANGE THE VECTOR) underneath this compressed misalignment that once uncovered (decompressed) will correct this completely.

**Post 1:**

There is a post 1 that if: You set the skull; headpiece and pelvis properly will unwind this so it can be corrected well. I only use the calculated vector!

**Come to Vegas for the QSM<sup>3</sup> Seminar**

**April 29th- May 1st, 2011**

Deadline February 28<sup>th</sup> for discounted registration!

**Post 2:**



**2/15/11 Update: Patient 3/10. Third office visit, 1<sup>st</sup> results... Hopefully the healing will continue.**