

## Introduction to Creating Power Without Force

### Discussion

The focus of this month article is an introduction on ‘ the how to generate power without using force’. Most Doctors are extremely proficient at the film and analysis but struggle with the delivery aspect of the correction process. I separate these two as static and dynamic aspects of the corrective process. Presently, all vector upper cervical techniques use a combination of the triceps pull and the tension generated in the settle back. Grostic, NUCCA, Orthospinology all ‘settle back’ which creates tension similar to the physics spring model. The pelvic triangle as it is compressed builds potential energy until it is converted to kinetic energy. The end result to create a power generation is relatively perfect. This is because the pelvis is the largest and most powerful lever and as it is compressed it has the ability to generate significant potential energy. It is also very stable because the feet are anchored to the floor in a static position.

*The settle back position however is not the optimal pose to utilize the potential.*

The settle back displaces the mass of the doctor off of its power position and diminishes the potential availability of power. The center of mass of the Doctor ranges from the mid-abdomen to the sternum. It is never the episternal notch. To relate this point, lean against a wall, as you would push it with your max force or leverage.

The first you will notice is your power is from your legs (pelvic triangle). Next you will see that your arms are locked with your mass (around the sternum) and set against the wall. You do not feel your power position to be the episternal notch. To compensate, the “triceps pull” is recruited, which does not have the pelvic potential, and is not stabilized like the feet are on the floor. This is a crucial point. The triceps or arms are much more likely (one arm straight, one arm slightly bent) to not deliver a repeatable linear force like the pelvic triangle, because it is not anchored.

*What is created is a maximum multiple power system  
from stable stance without moving parts to maximize linear deliverability .*

### The Three Triangles

The power of the correction comes from the pelvic triangle, the direction of the vector comes from the locking of the shoulder triangle, and the breaking of resistance comes from the wrist triangle.

### Pelvic T

The pelvic triangle is the power source. It must be brought to tension. Gregory realized this when he spoke of the ‘max settle back’. The process to max settle back is congruent with max potential energy. The missing step is to set your center of mass against the resistance. This is the place where your mass will be **set against the coordinate point and the contact**. This place will be different on each doctor but is an intuitive place no different than knowing when you have set your mass against something you want to push.

*As your skill grows, so will your confidence to trust your innate wisdom in your adjusting process, when it feels right, makes sense, and is comfortable for you to do your best work in a space that is perfect for you.*

After you roll up on the balls of your feet and your mass set, you will feel the power of this position compared to your past stance. The max power is then created as you compress the pelvis to the floor. This is accomplished by increasing the lordosis of the lumbar spine.

**The Shoulder T**

The shoulder triangle is the triangle that directs the calculated vector. It delivers FORCE from the pelvic triangle in a max power correction but does NOT generate force. It is simultaneously brought to max tension via the triceps pull at the same time the pelvis is brought to max tension.

*Both the pelvic triangle and the shoulder triangle are moving to max power and are at max power just prior to contact.*

**The Wrist T**

The wrist triangle is the resistance breaker. Resistance is never overcome in a downward compression, but in a linear direction down a specific pathway. This concept is involved but easily intellectualized at the QSM<sup>3</sup> seminar. Without this crucial piece, resistance will never be consistently and effectively overcome, and corrections will never be above poor.

**Creating the Pelvic Triangle Force**

The protocol to create max power uses the least effort and the most linear force in a dynamic process. Like hitting a baseball or golf ball it a dynamic motion. It is not a step-by-step, stop-start string of phases. It must be comfortable and fluid. All hand-adjusting procedures have been previously performed in a step-by-step protocol that has left the delivery of max power at a great disadvantage.

*The delivery has become an art of generating force, not max power.*

Max power is as said, a fluid set of events that are strung together like the perfect swing. When you practice these steps with the understanding that max power is created:

- from a comfortable dynamic tension position
- with minimal moving parts
- that sets your mass against resistance pathways

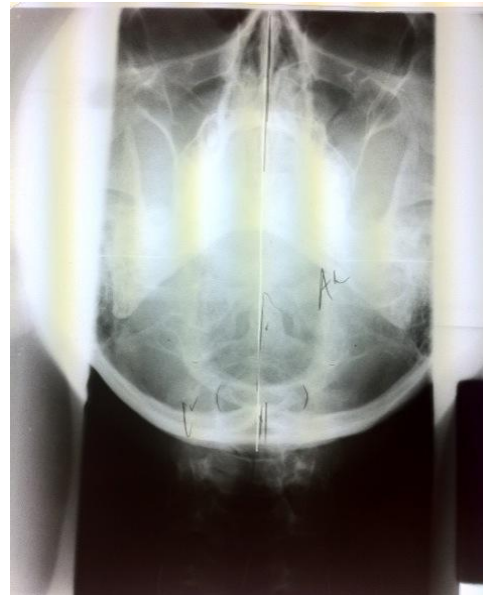
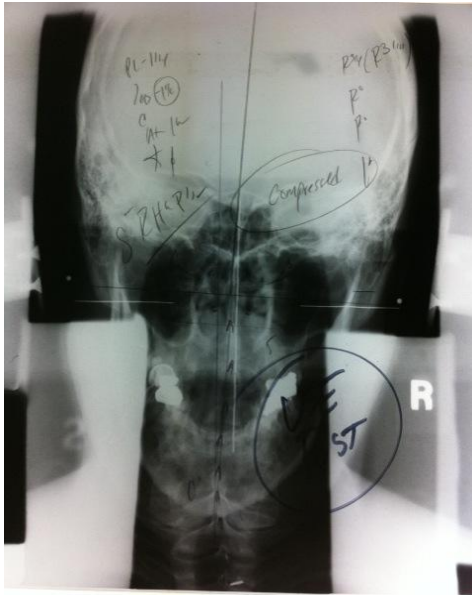
*your effort will become effortless and max productive.*

RF DC

**CASE STUDY BELOW**

**This Month's Case Study:***Compression continued*

*This is a first. A compression misalignment that decompressed to the opposite side laterality. The QSM<sup>3</sup> protocol was followed and the result was 95% correction.*

**Pre Pictures****Pre Information**

Anatometer: L<sup>17</sup> lbs P<sup>8</sup> L.2

Leg: R<sup>17</sup>

Calculated Vector: SRH<sup>1/2</sup> A<sup>1/2</sup>

Comments: The compression is initially considered based on the leg and weight which is in the opposite frontal plane. Notice the bowing in the lower angle on the Nasium

Initial Goal: Get the leg and the weight on same side

Headpiece, Skull, and Pelvic Placement:

Skull- close the left posterior quadrant to set the vector LP

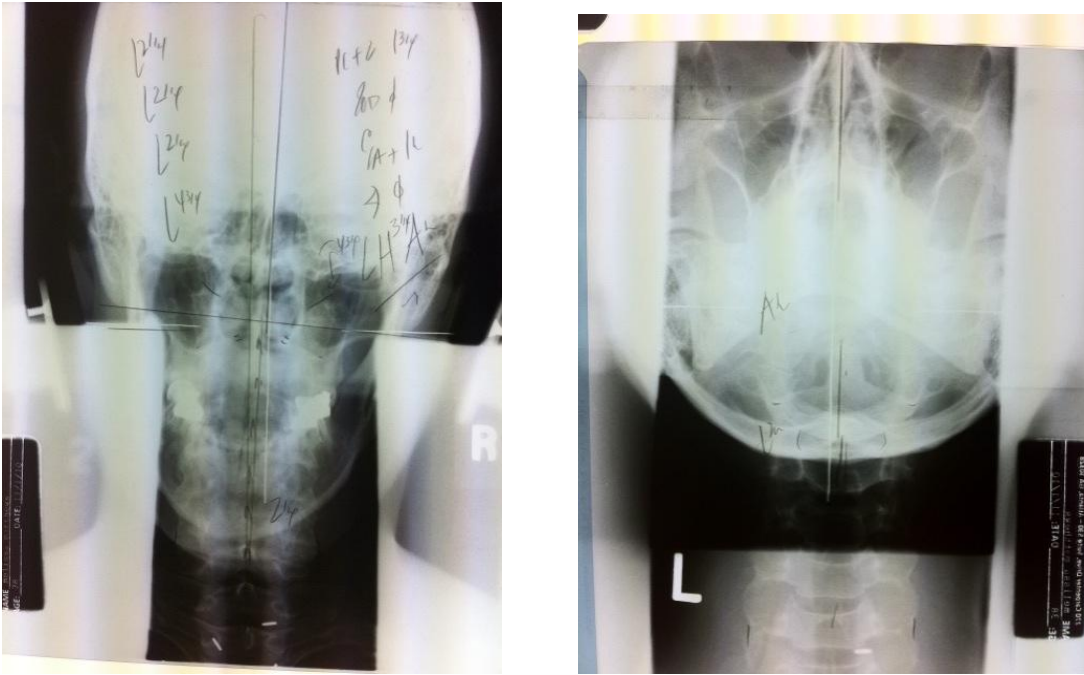
Hdp- drop the cephalic, to have the force come left to right

Chin- lift chin to turn pelvis P to A

Nose, Pelvis- right side preset A to P

Right shoulder- relax I to S (to allow force to come around the skull)

and set A to P



### Post 1 Pictures

#### Post 1 Information

Anatometer:  $R^2 \text{ lbs } P^2 R^0$

Leg:  $R^{1/2}$

Calculated Vector:  $I^{4 3/4} L^{3 1/4} A^{1/2}$  – This is now used as the pre vector

Comments: The compression is REMOVED. Notice the bowing in the lower angle on the Nasium is significantly diminished.

Goal: Correct to ZERO

Headpiece, Skull, and Pelvic Placement:

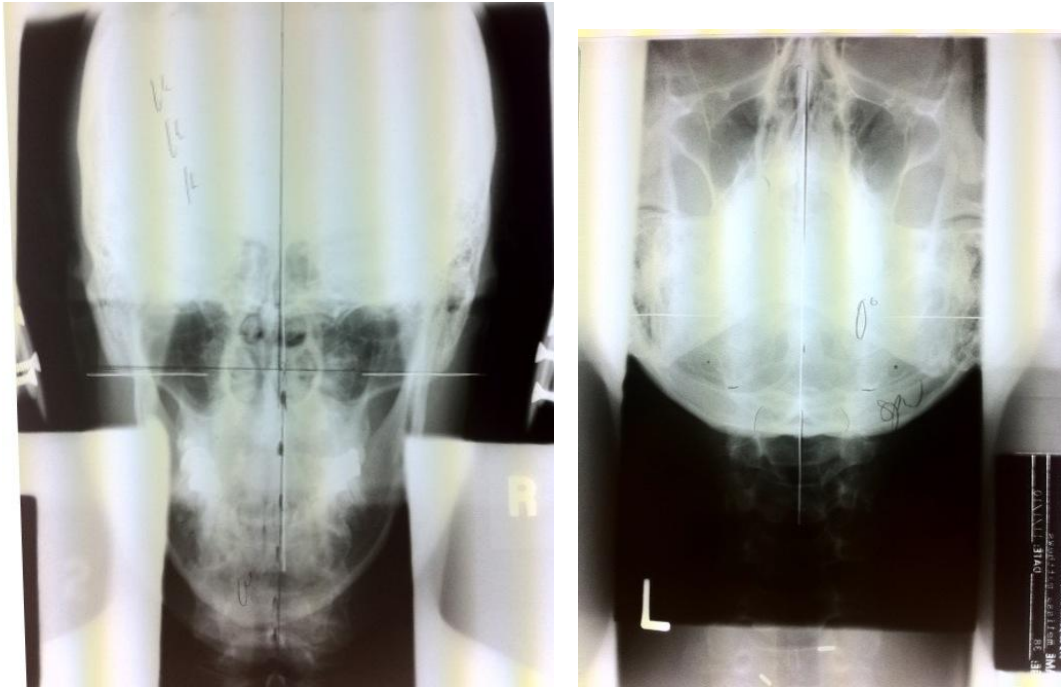
Skull-close the right posterior quadrant to set the vector RP  
(Anatometer)

Hdp- drop the cephalic, to have the force come right to left

Chin- tuck chin to turn pelvis A to P

Nose, Pelvis- left side preset P to A

Right shoulder- relax I to S (to allow force to come around the skull)  
and set P to A



### Final Post

#### Final Remarks

Anatometer: R<sup>T.0</sup> lbs P<sup>1</sup> R<sup>0</sup>

Leg: R<sup>1/8"</sup>

Notice the linear decompression of the lower angle. The patient is still slightly off vertical but should come centered quickly as the body adapts. I generally DO NOT attempt to correct on the first office visit just decompress because if you try to correct too soon, the misalignment may be unstable and re-compress back to its pre-position. I usually take 2 -3 subsequent office visits (using the pre-vector and anatometer #'s) continue the decompression process to ensure it is completely linear (leg and weight together), stable, and decompress. This is because of the lateral switch I wanted to go after.

*When you understand the relationship of the misalignment, Anatometer and the leg at a global level, you can work with confidence.*

*On Purpose and In Progress  
Dr. Russell Friedman DC*