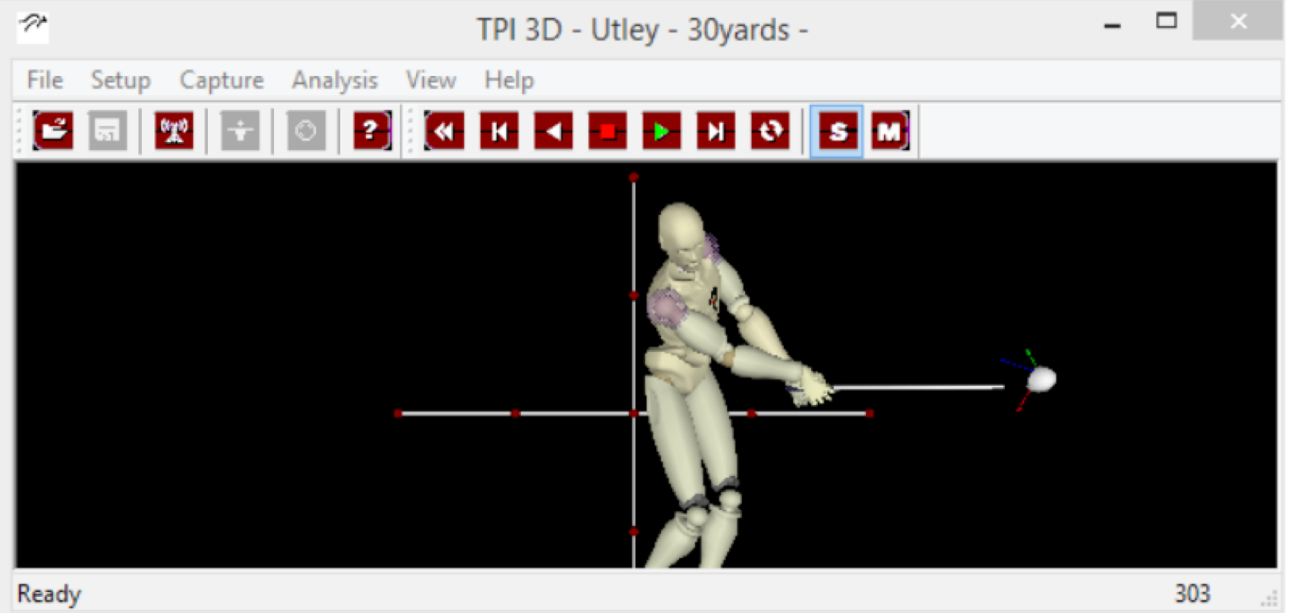
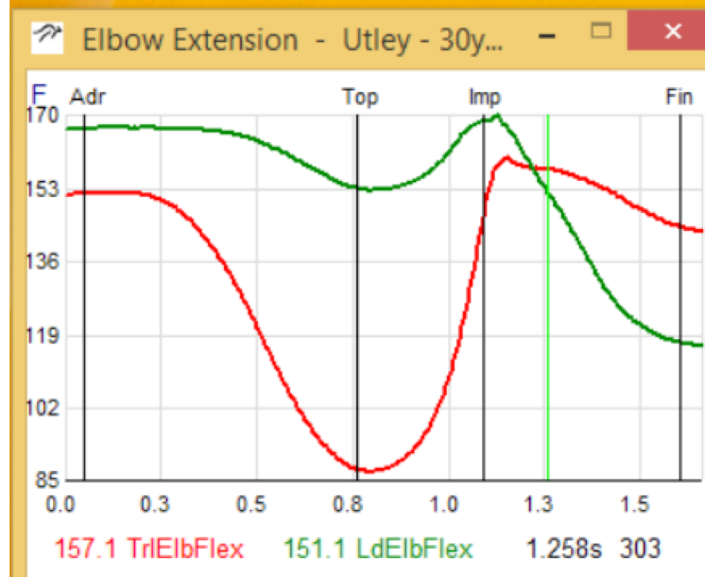
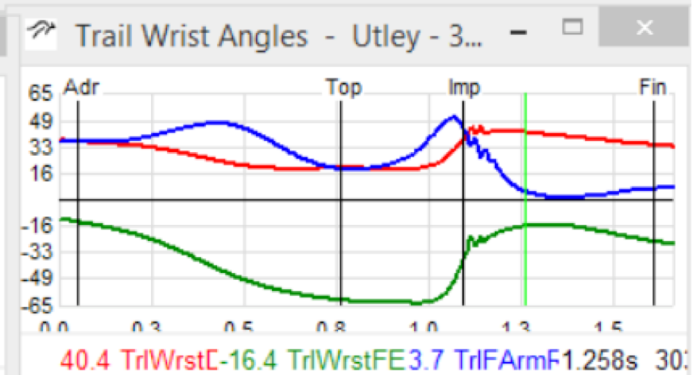
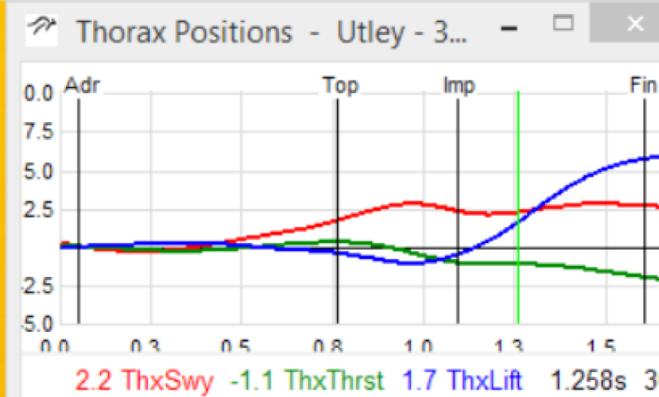
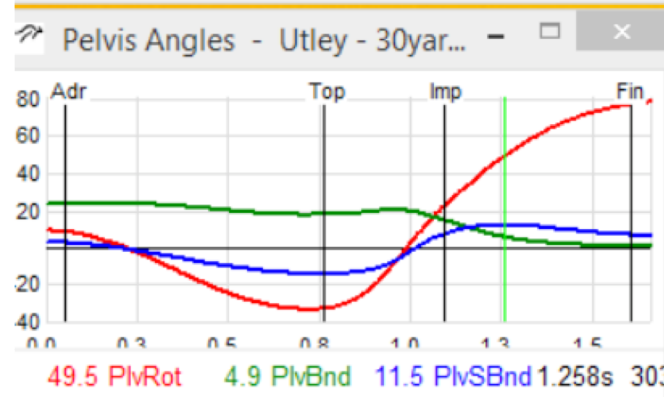
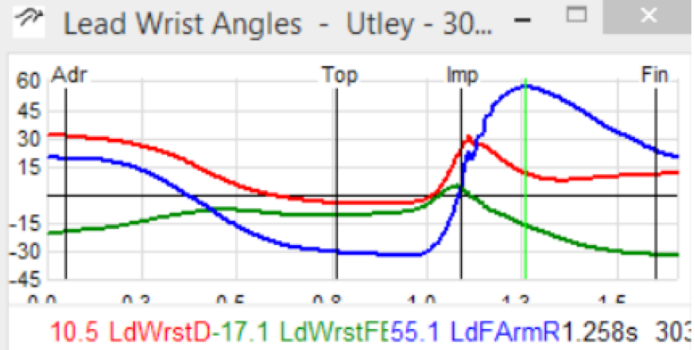
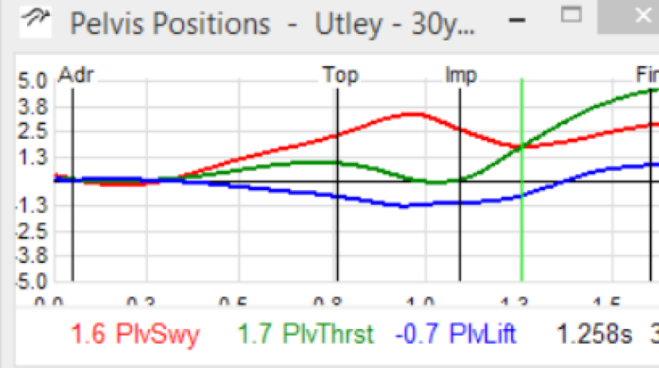
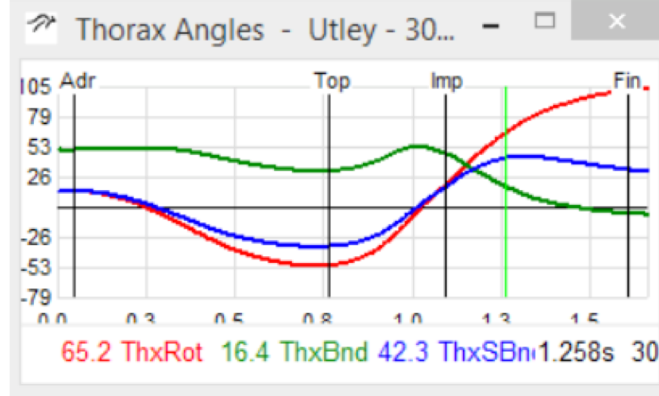
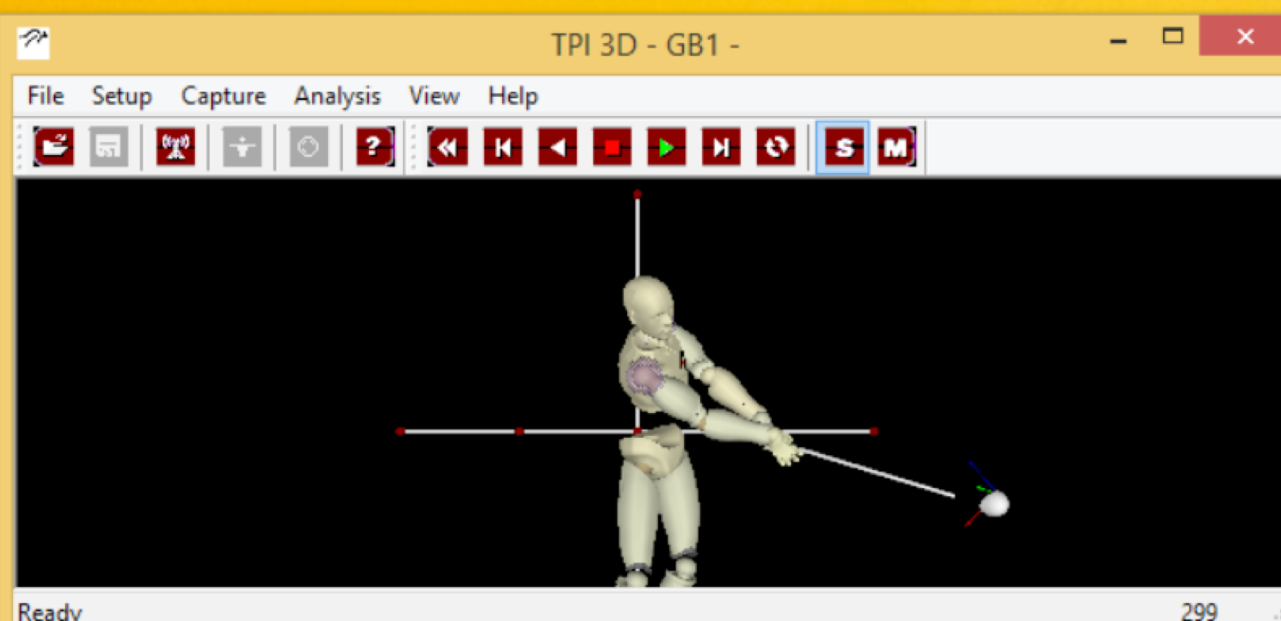
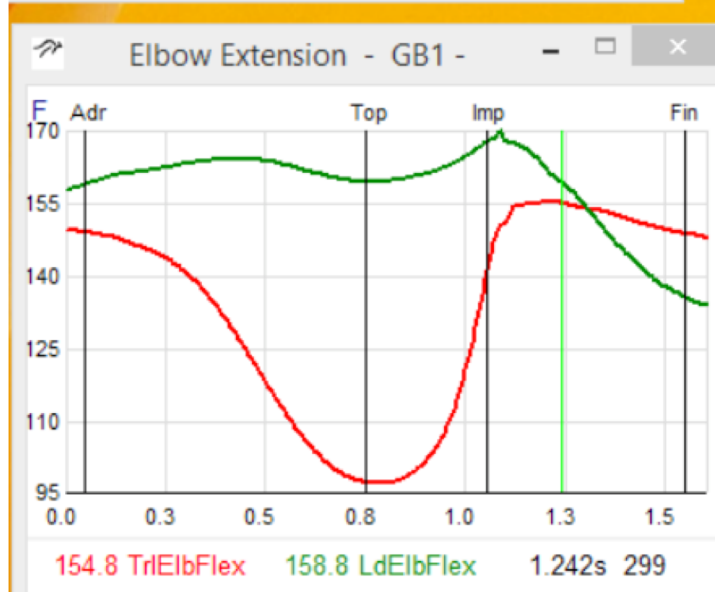
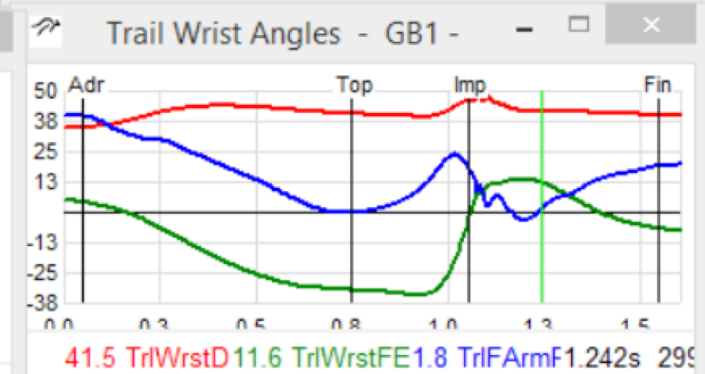
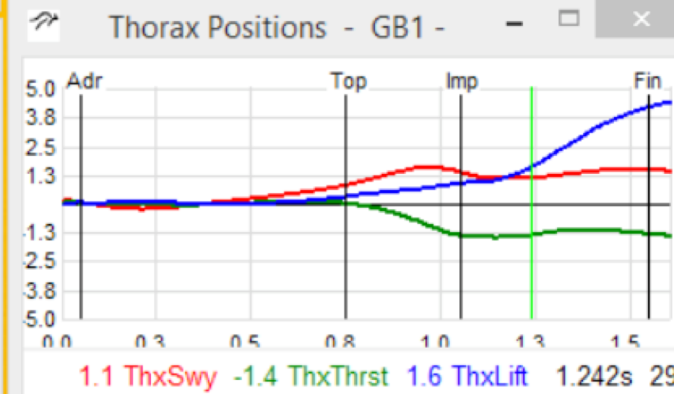
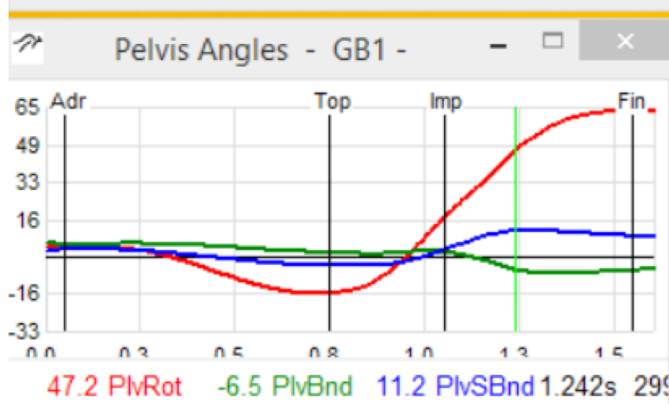
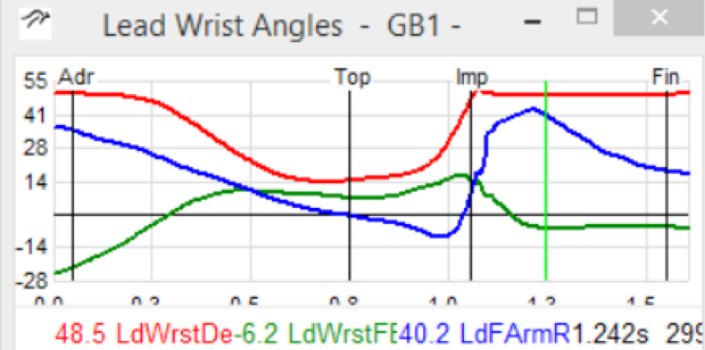
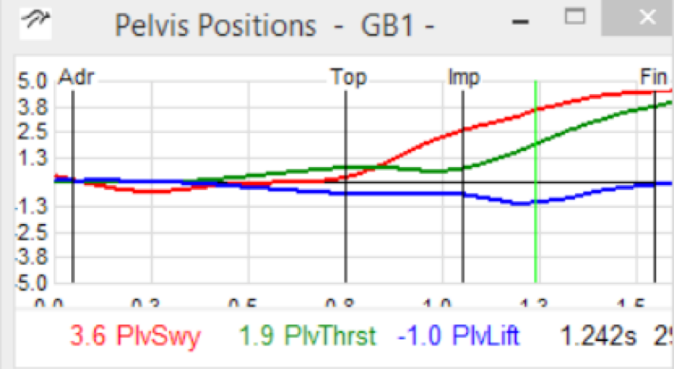
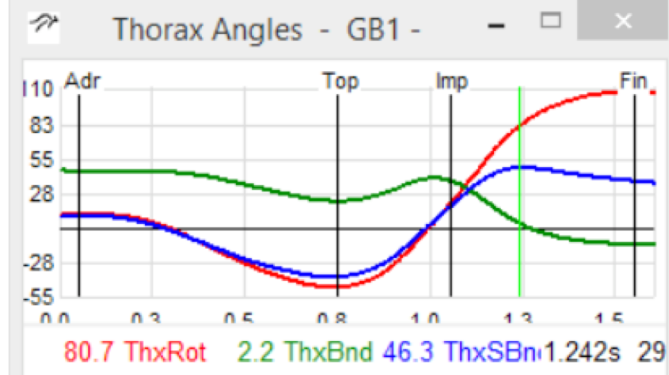
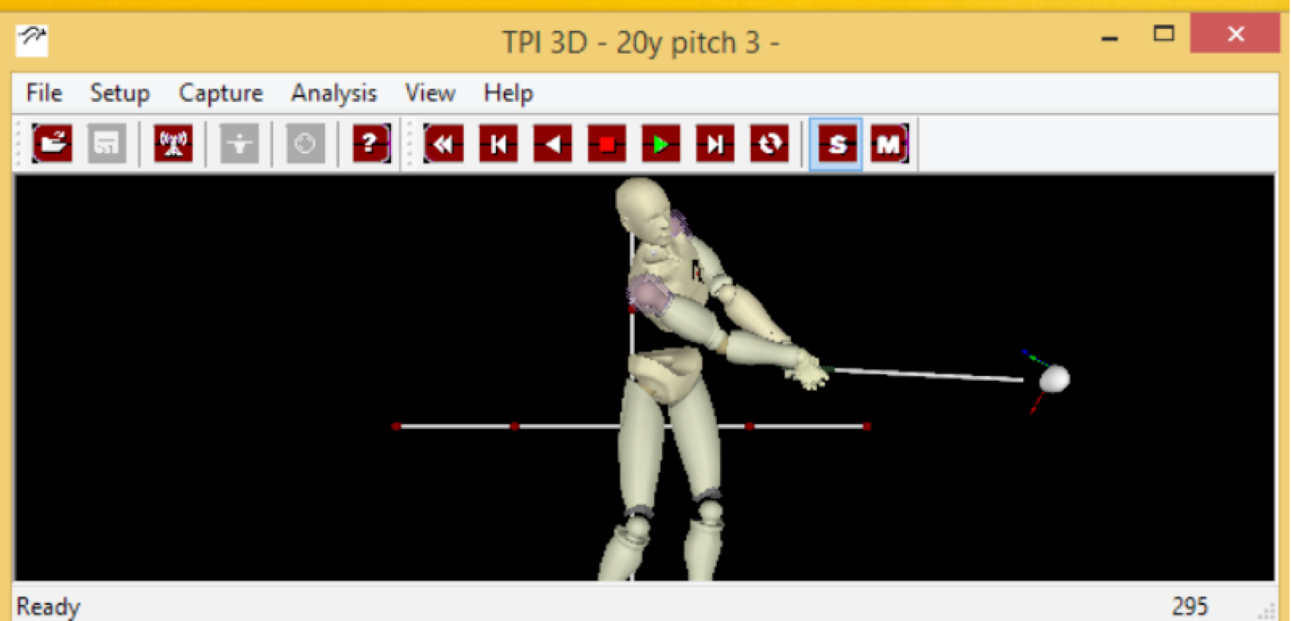
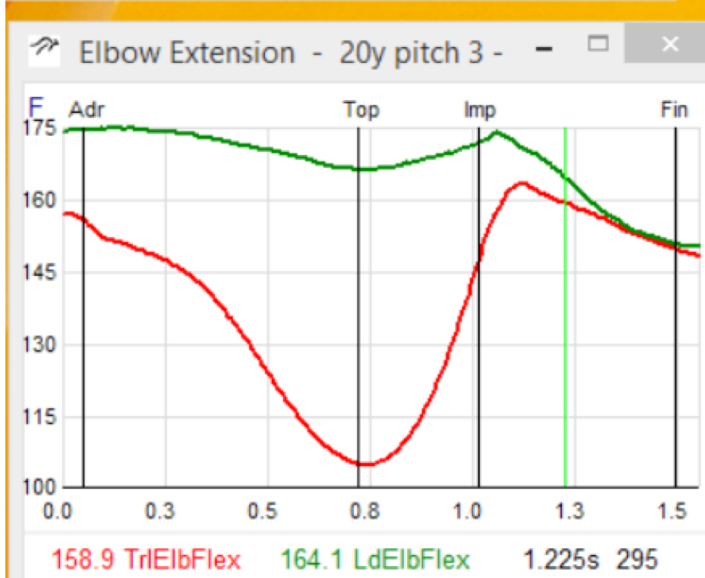
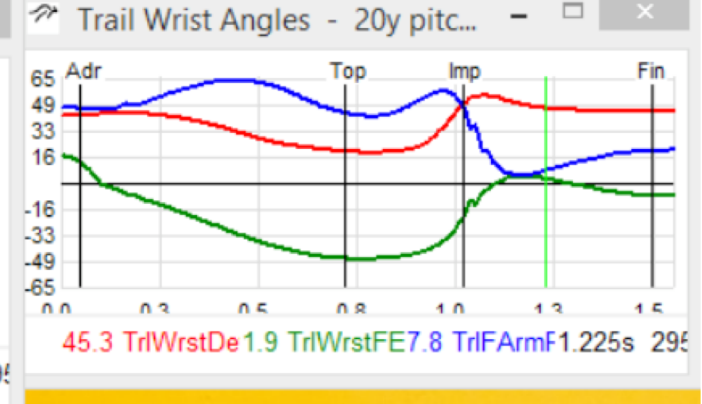
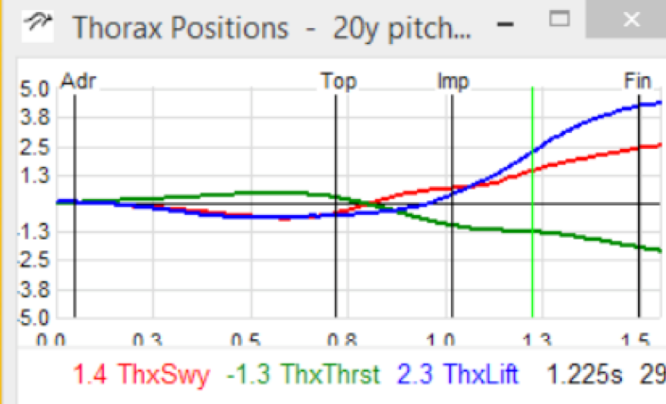
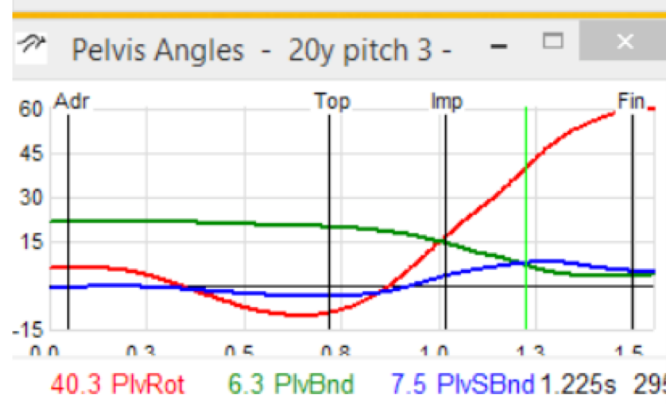
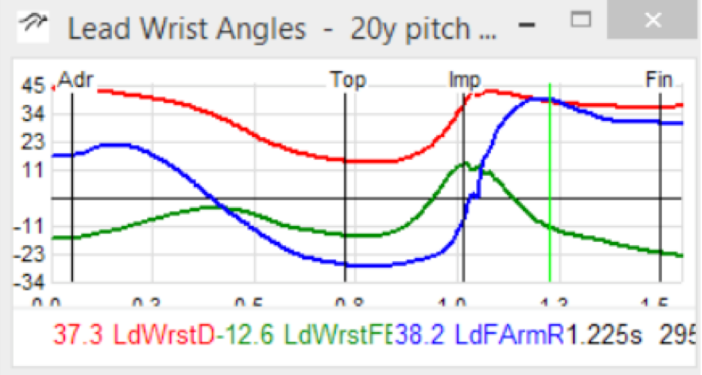
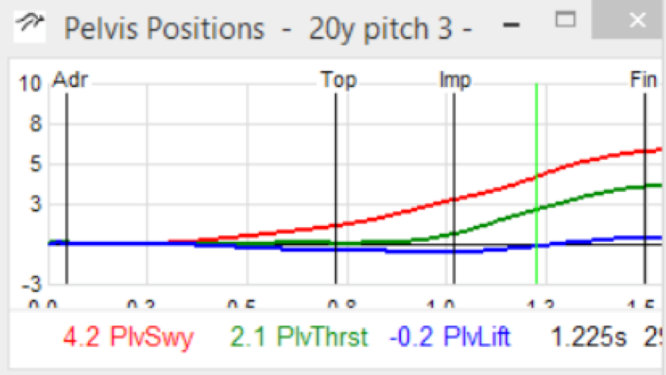
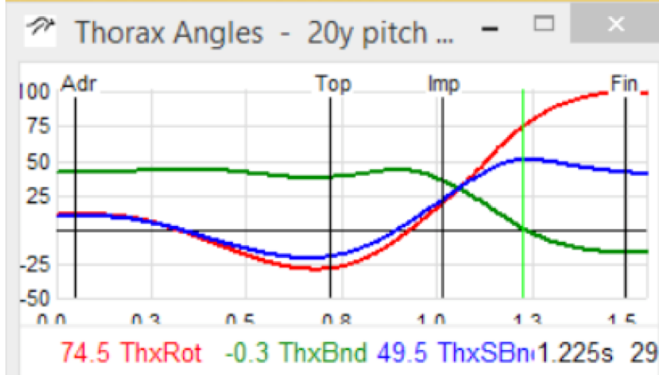


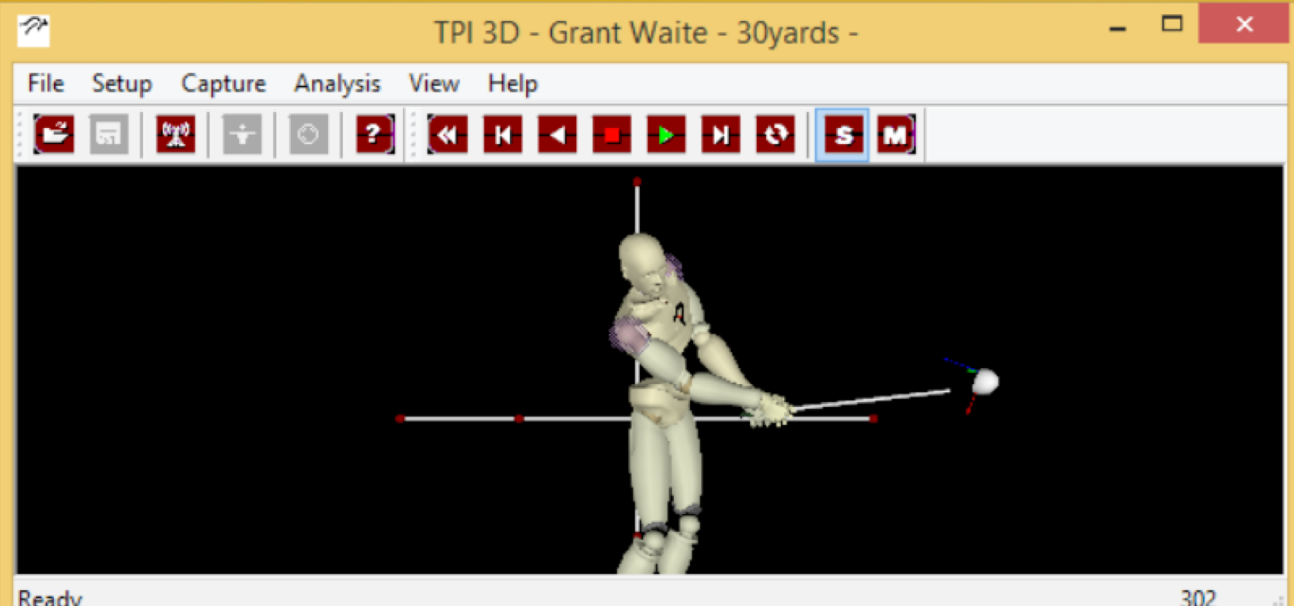
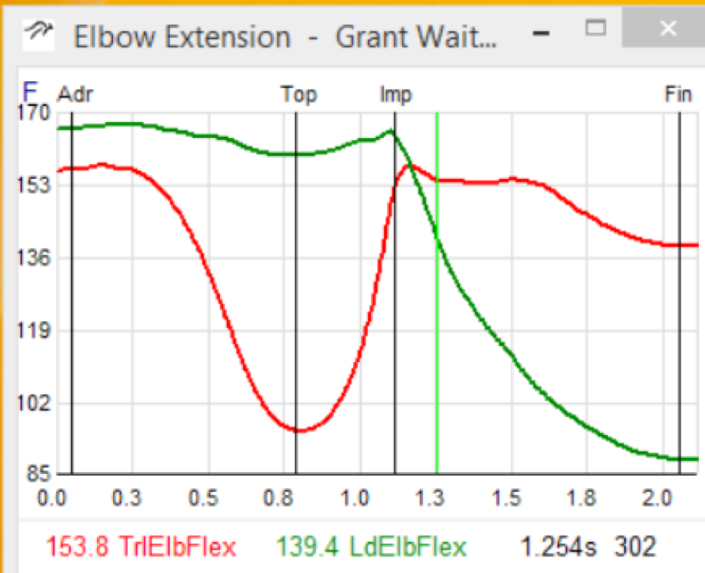
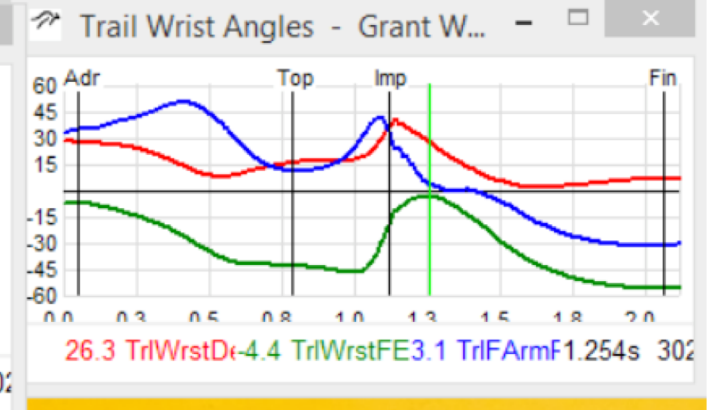
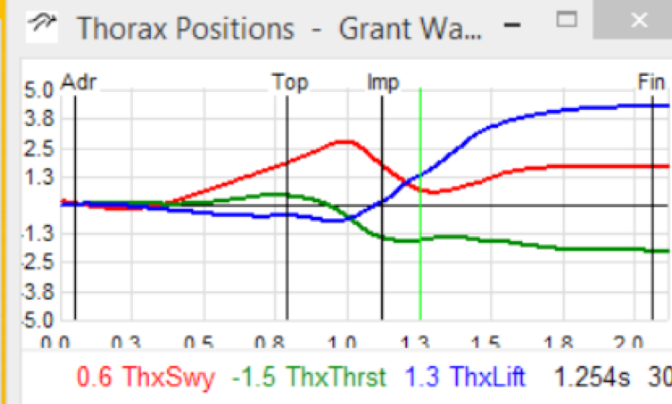
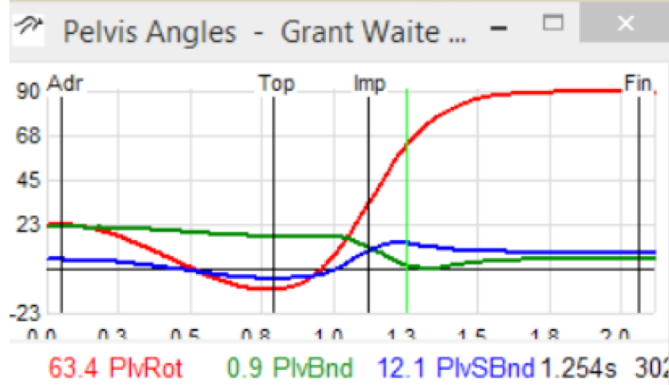
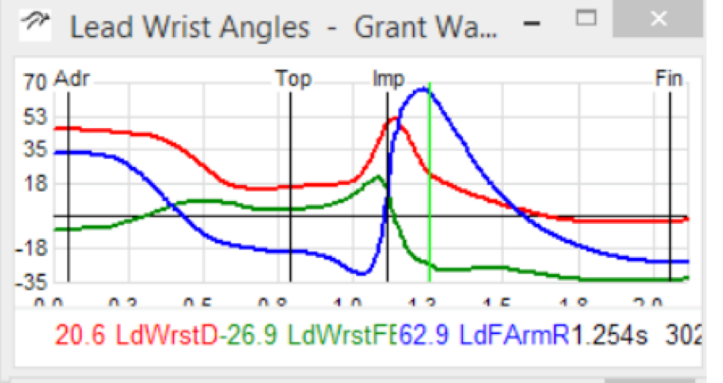
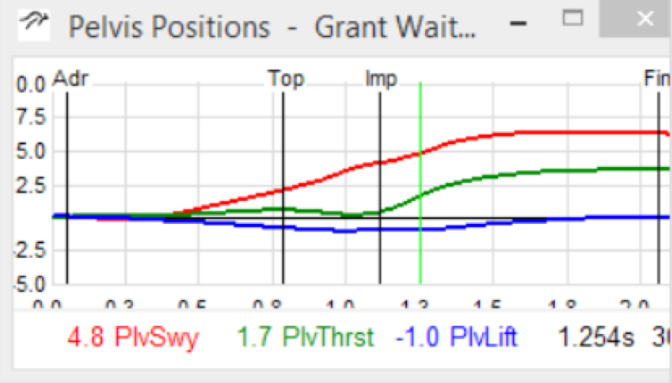
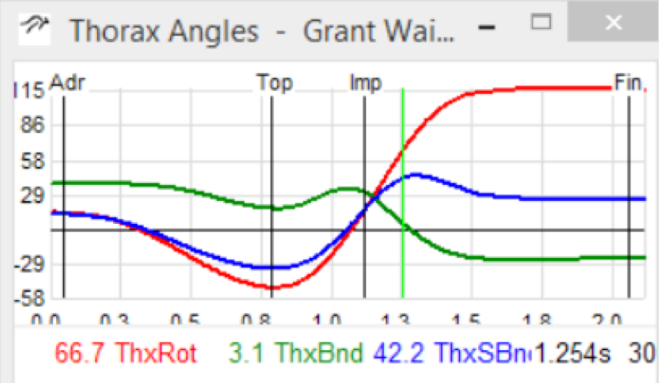
Topics

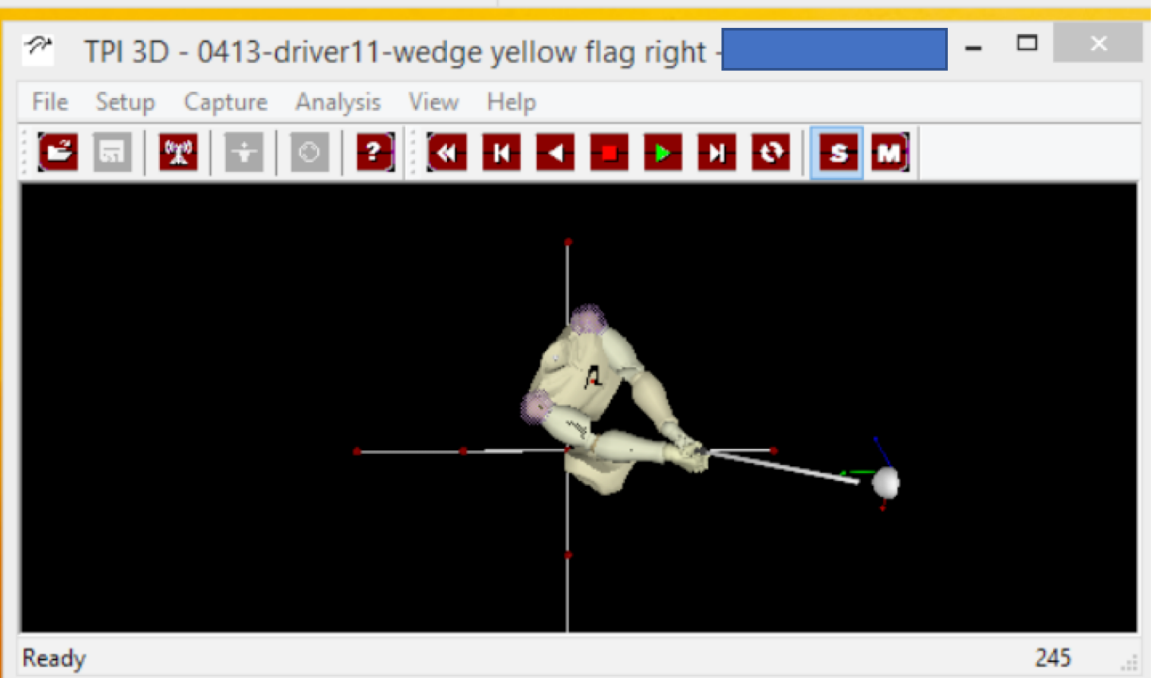
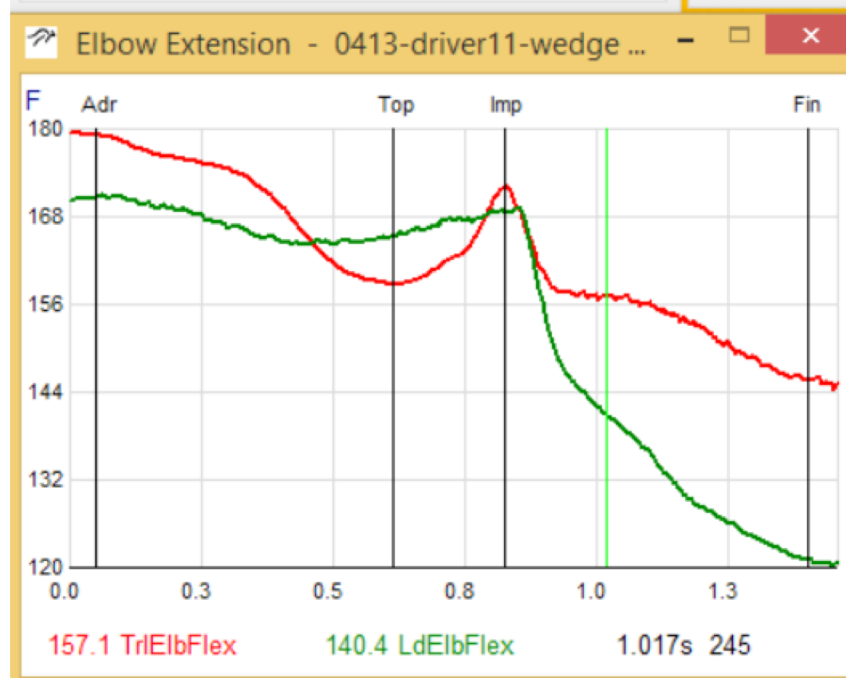
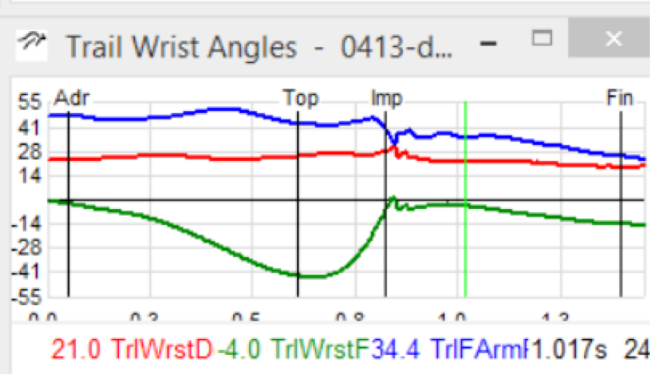
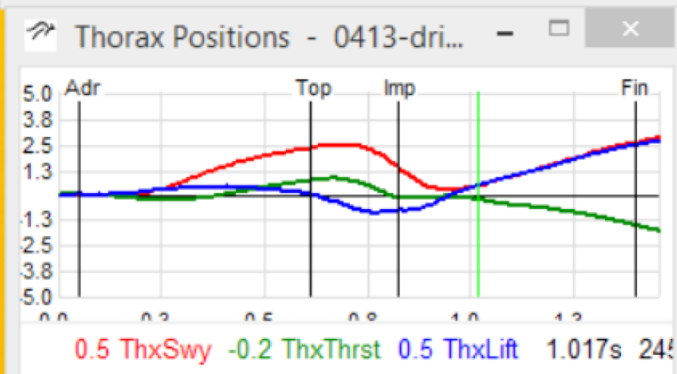
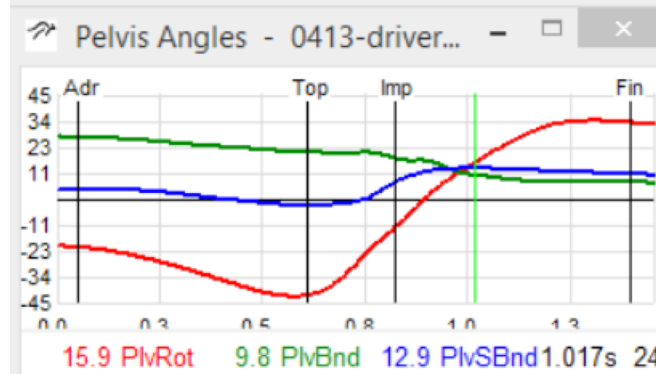
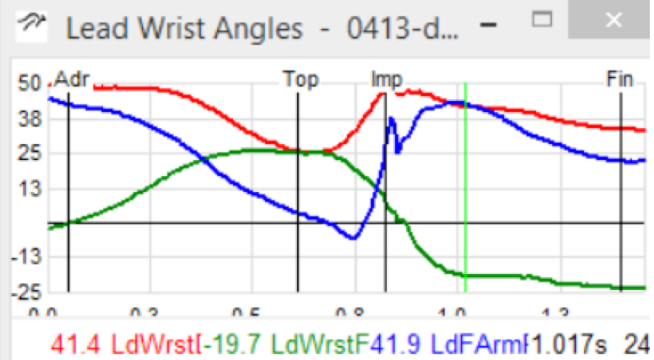
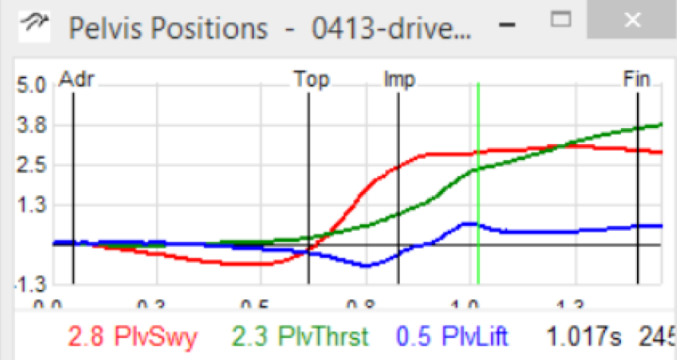
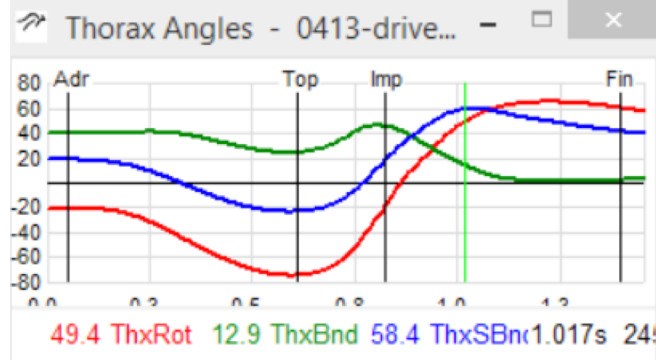
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- Anatomy – Thoracic Spine and Ribs
- Coaches Questions/Swing Discussions

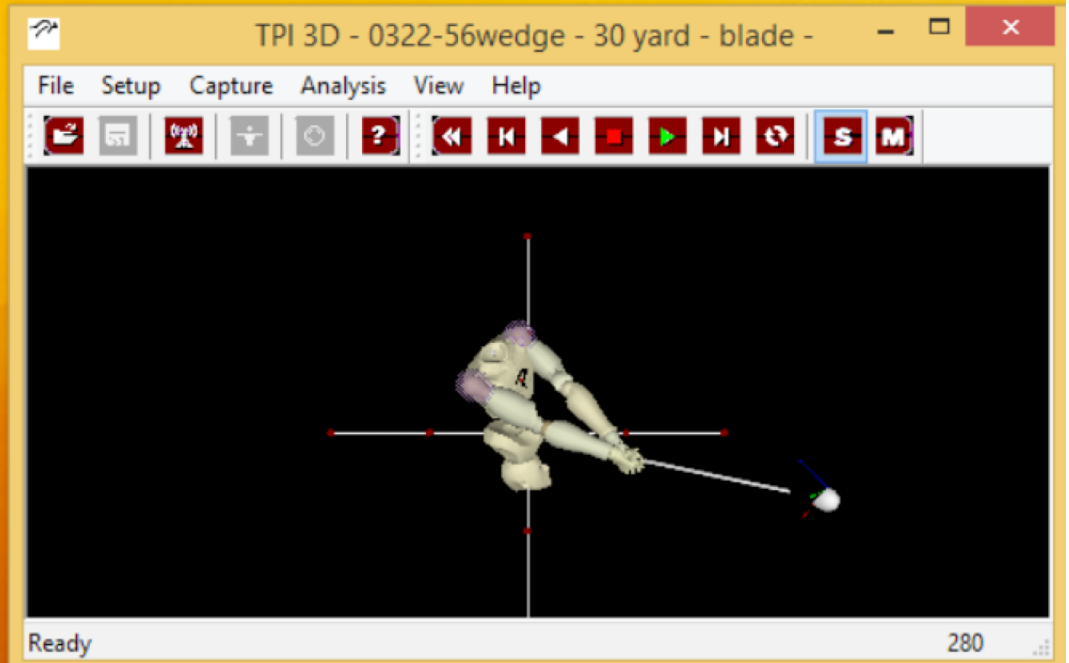
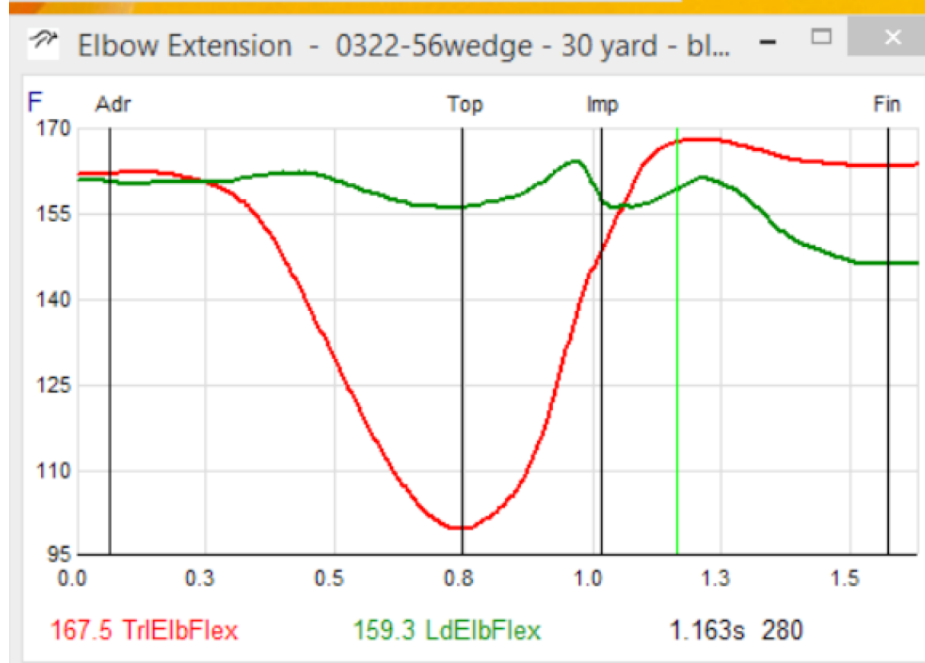
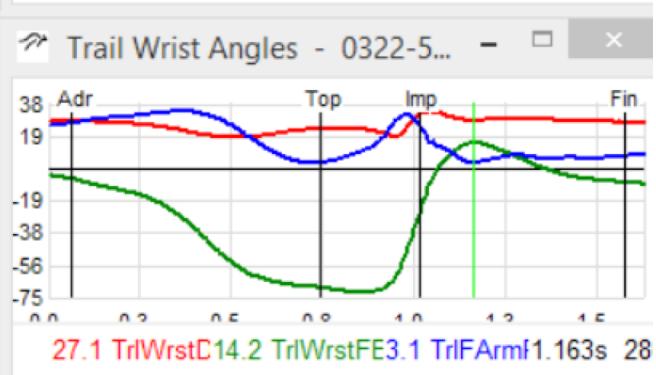
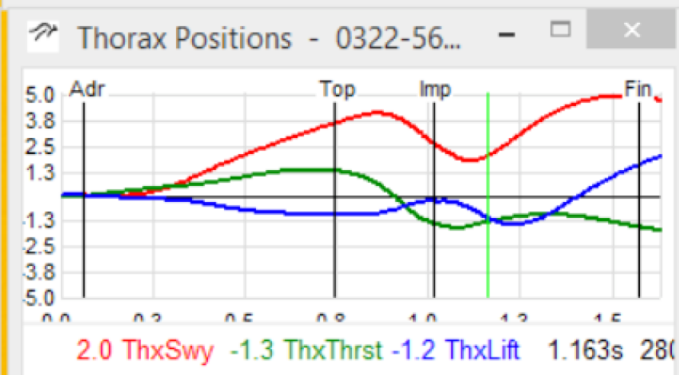
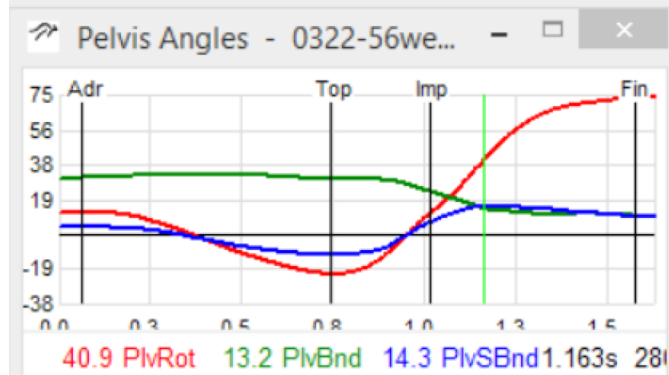
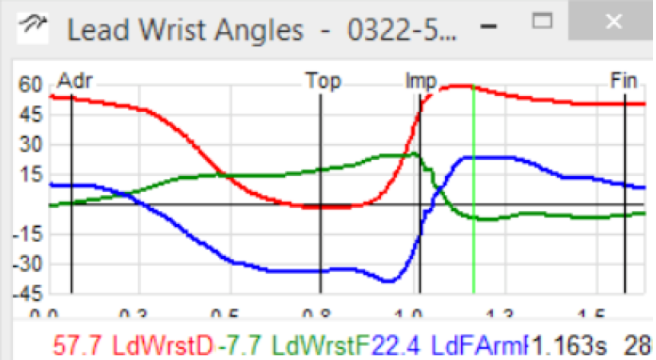
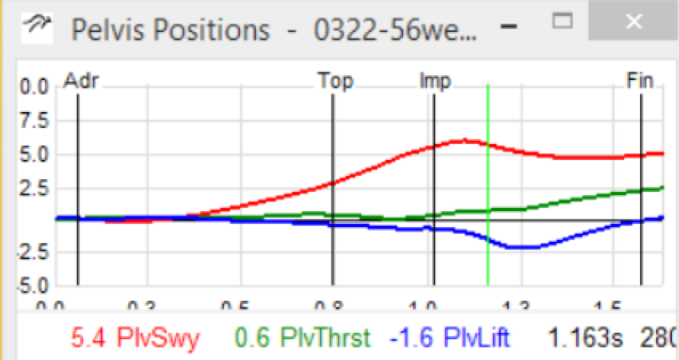
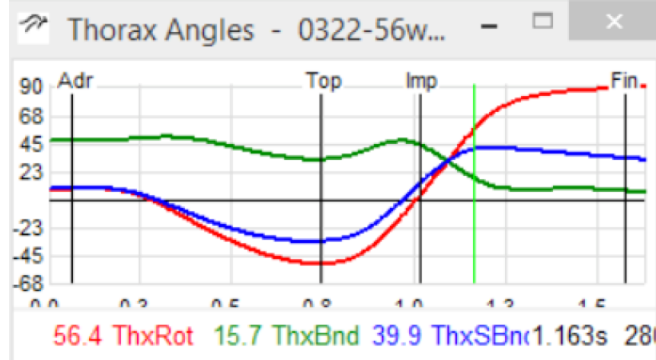


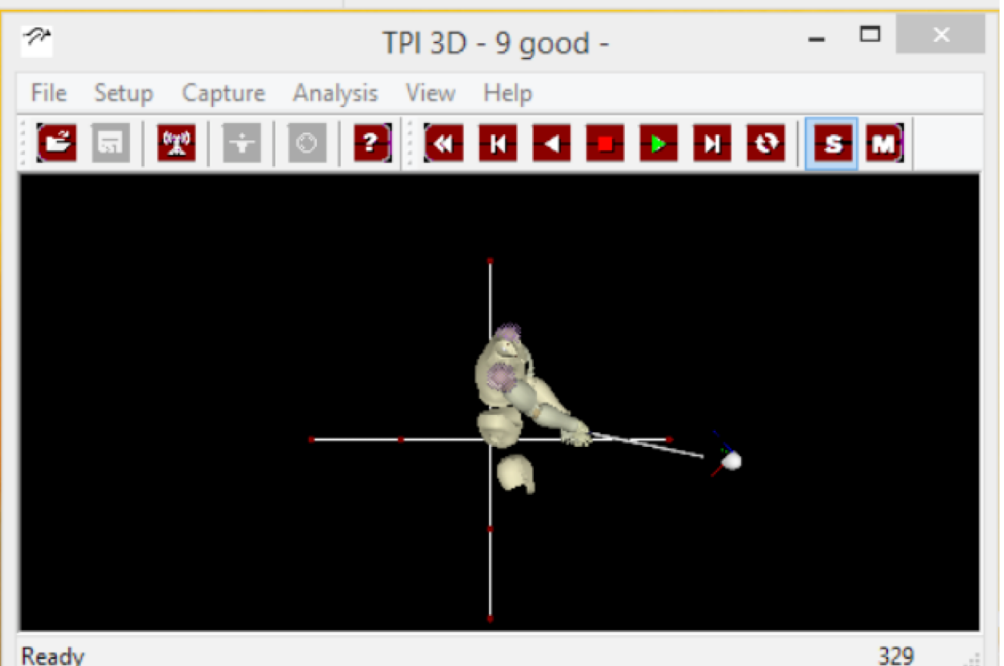
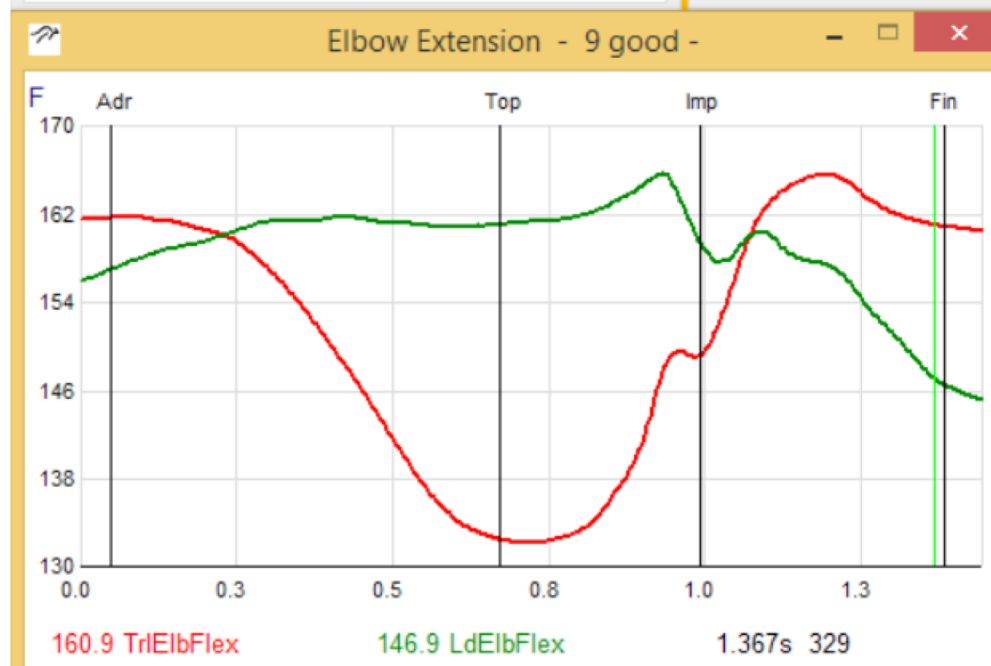
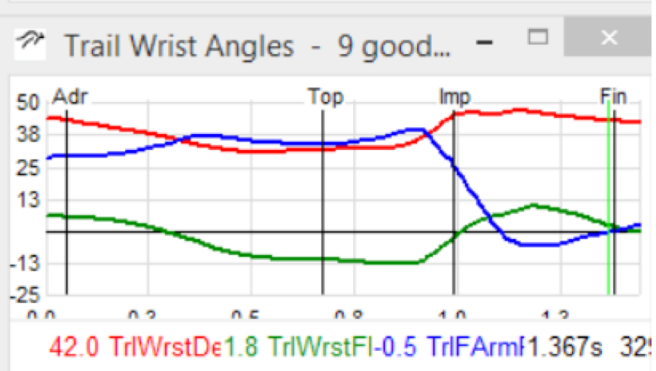
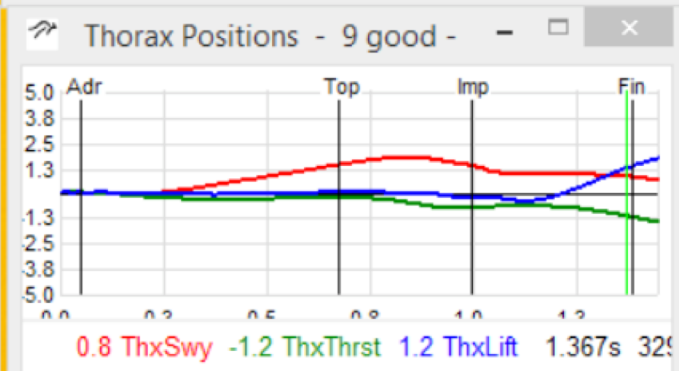
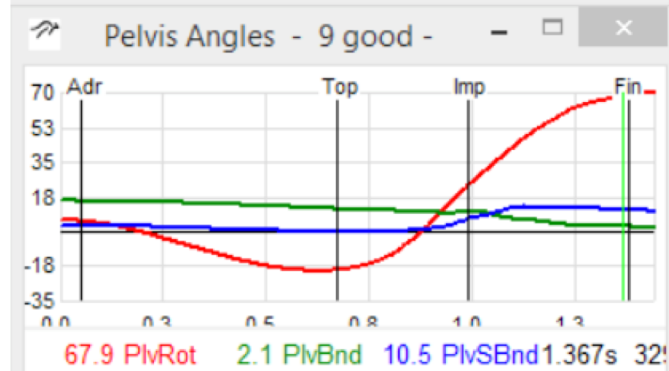
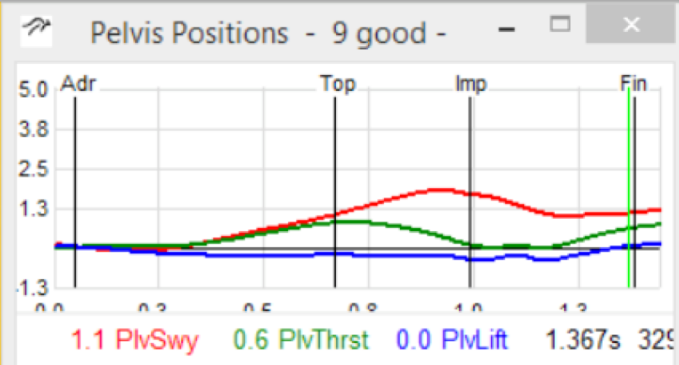
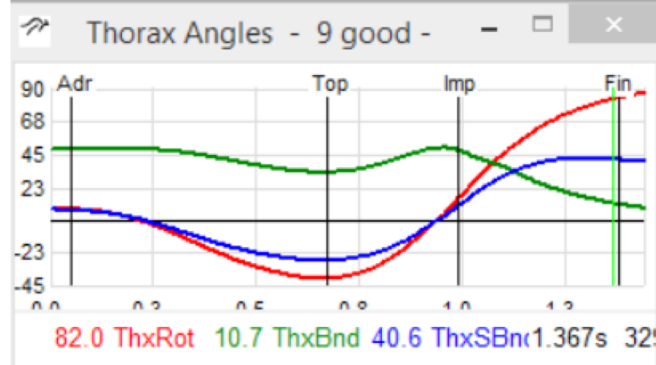


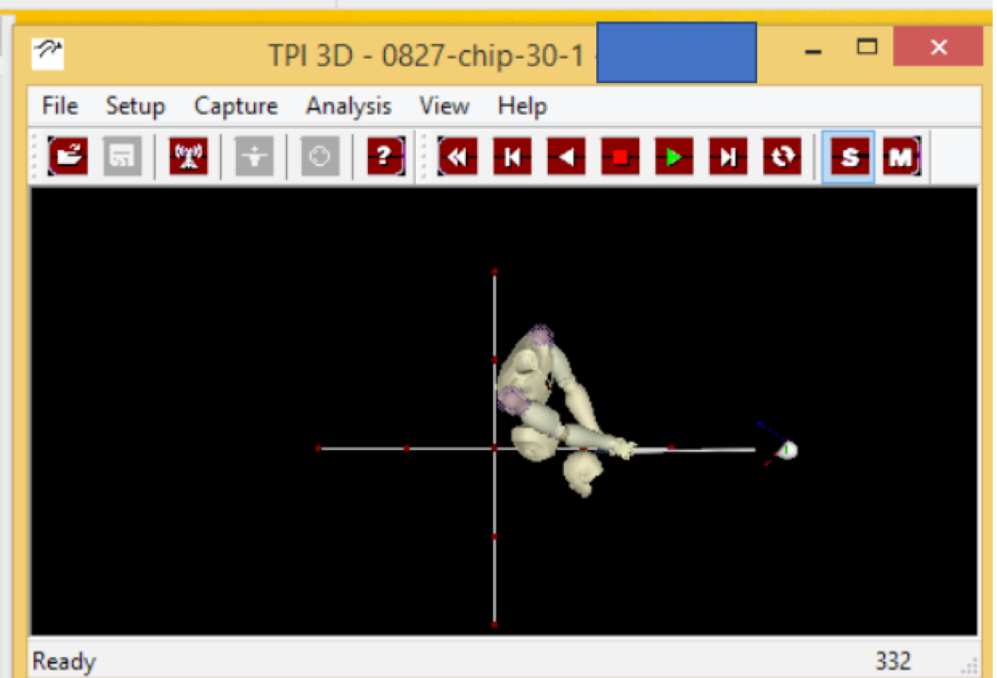
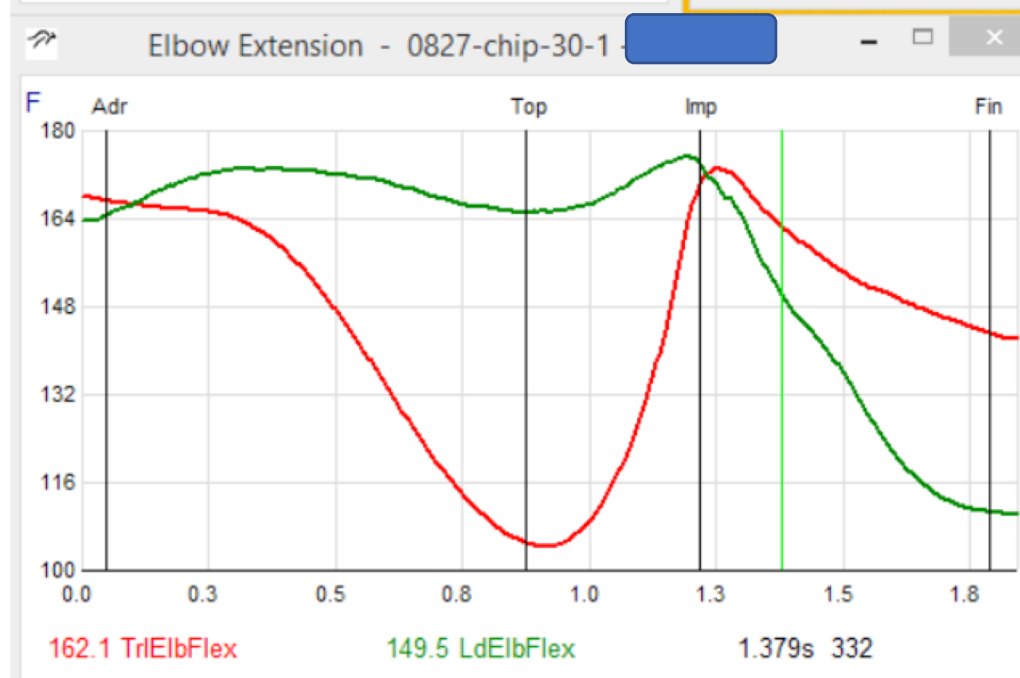
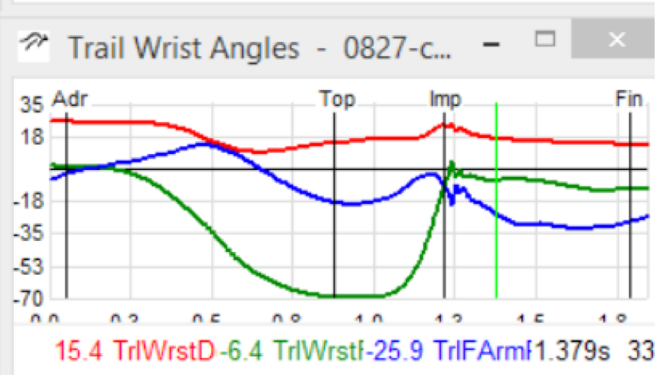
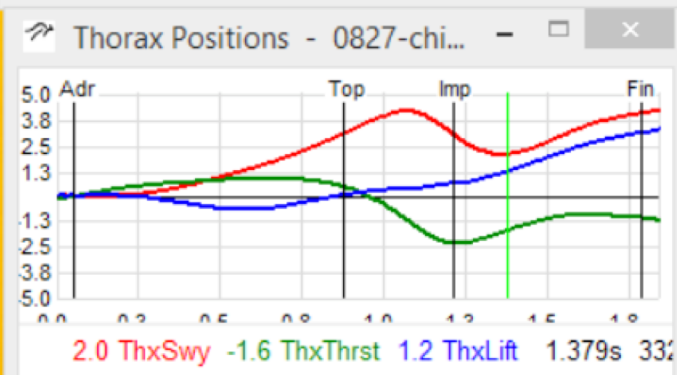
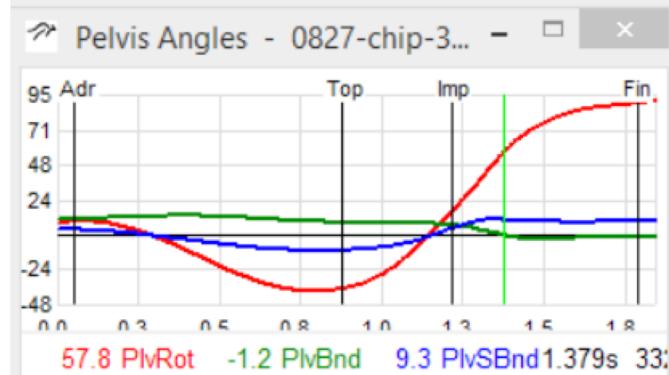
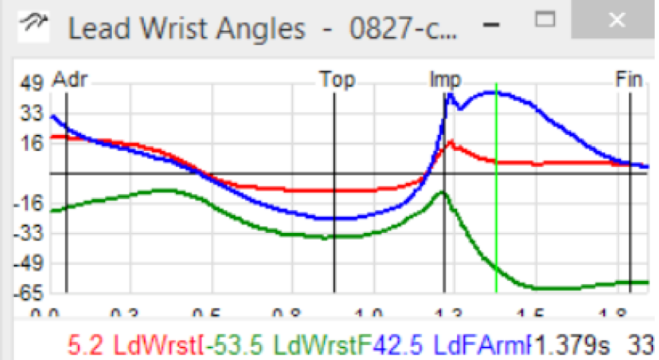
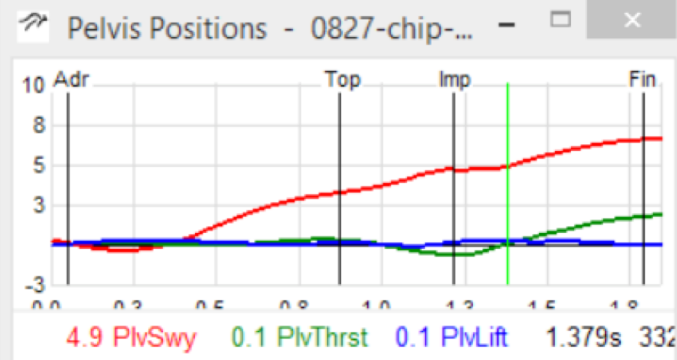
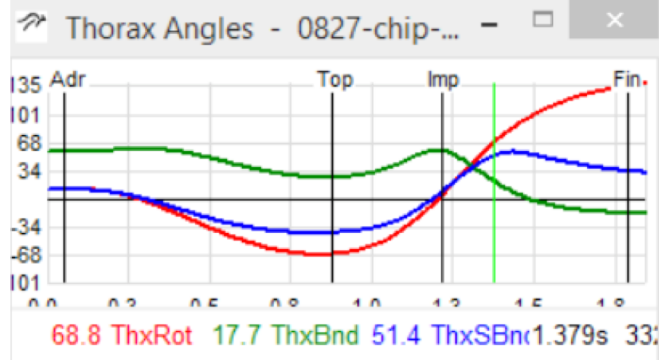




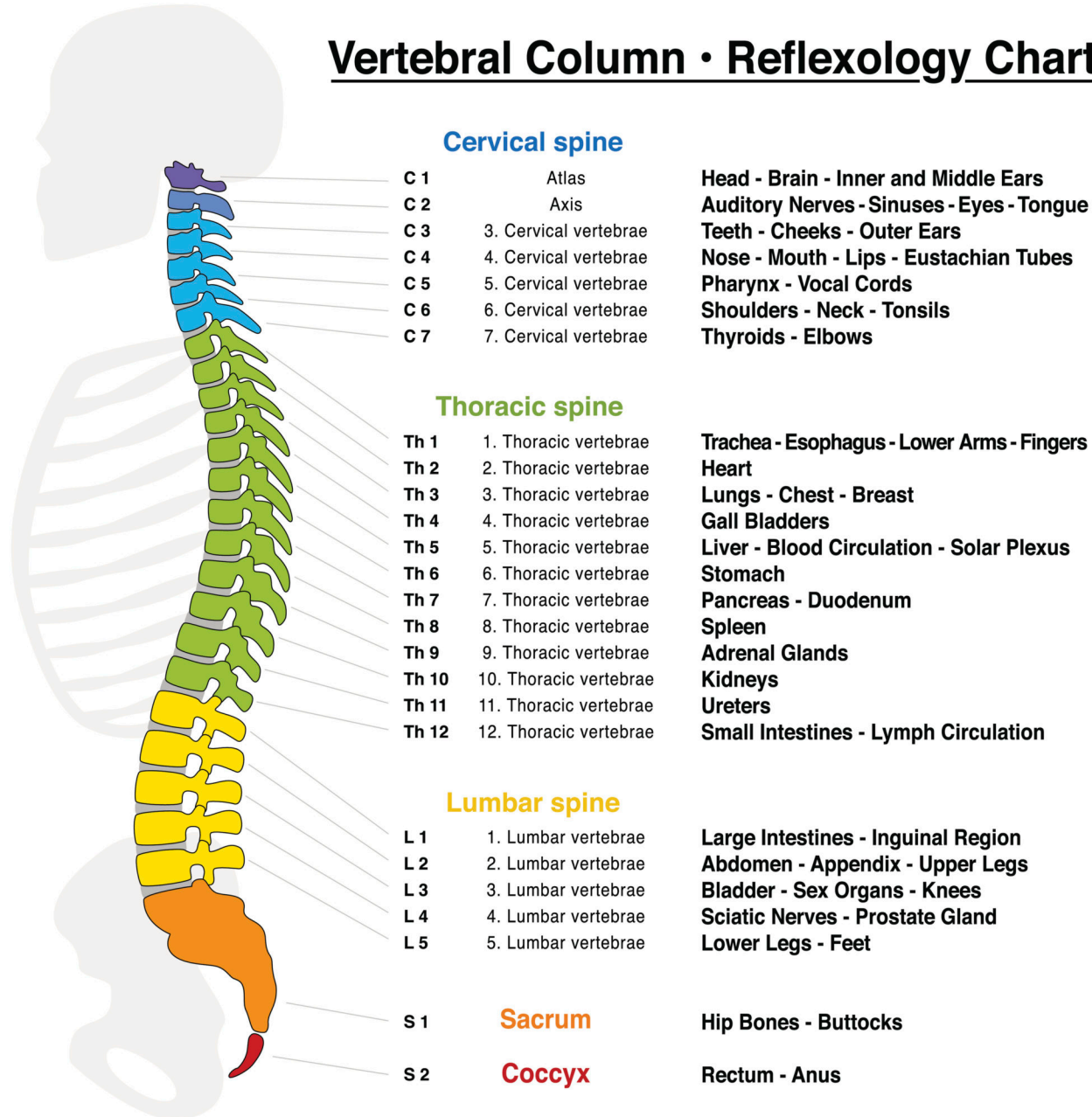








Vertebral Column • Reflexology Chart



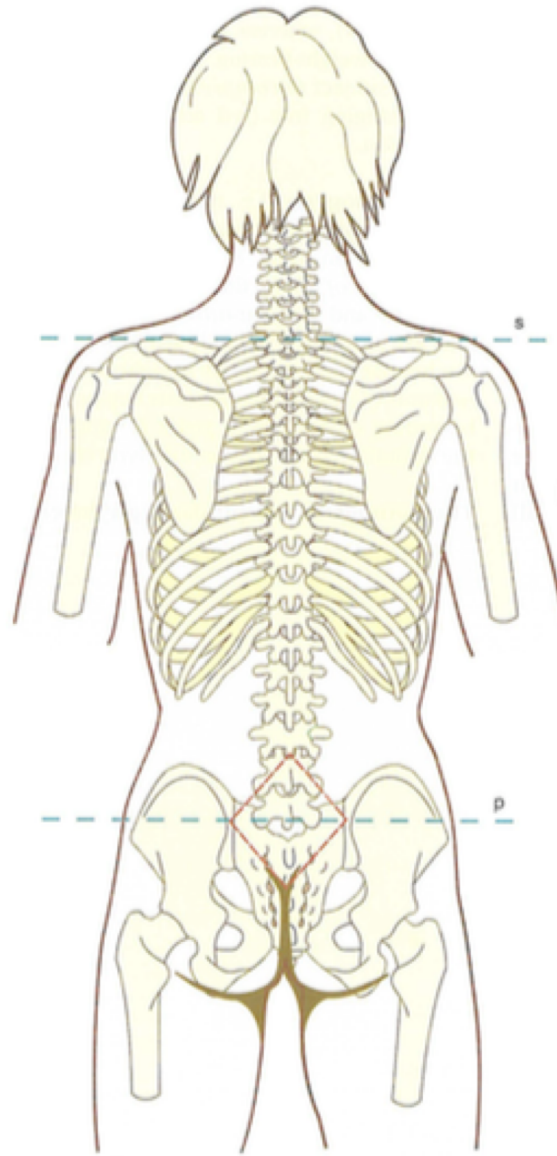


Figure 5

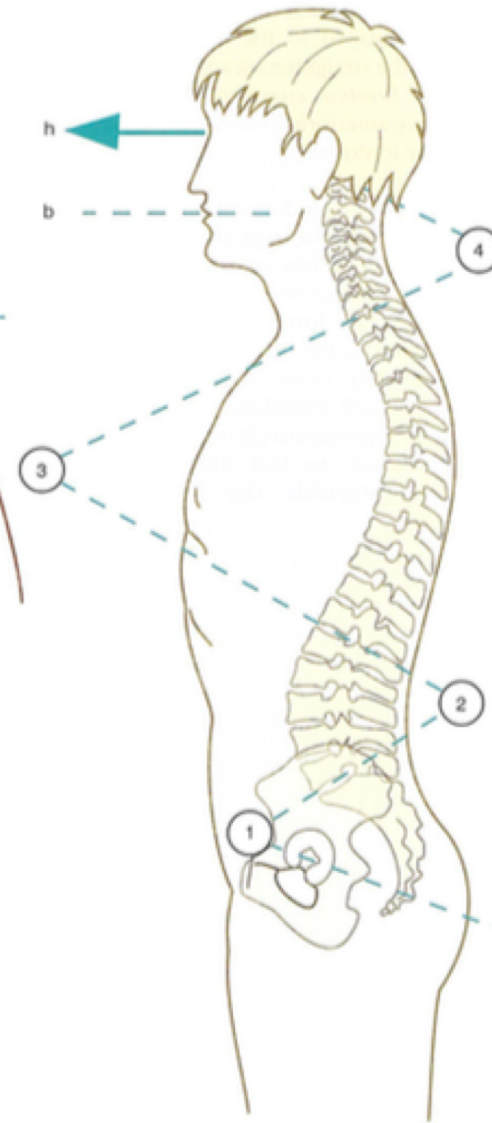
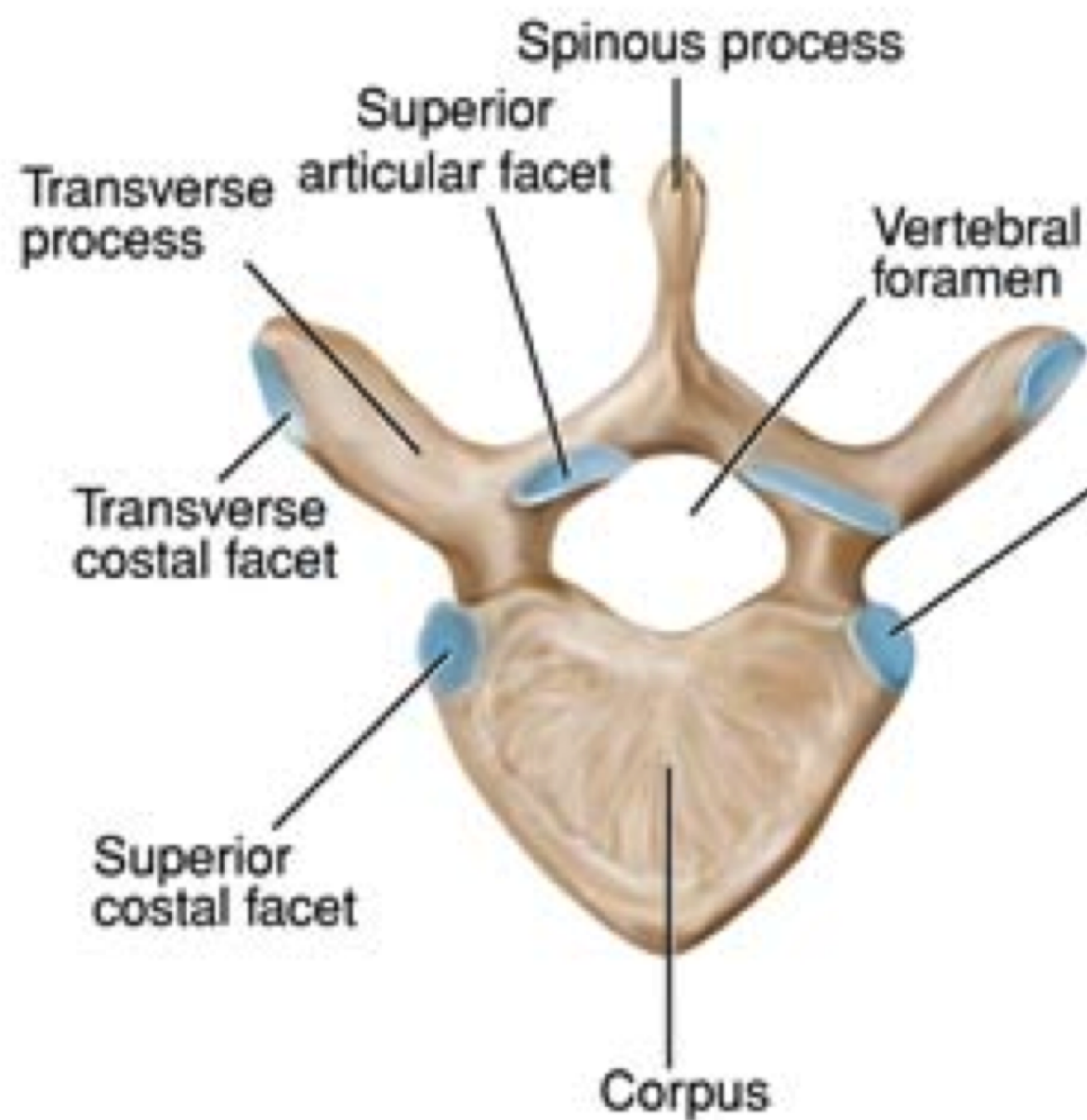


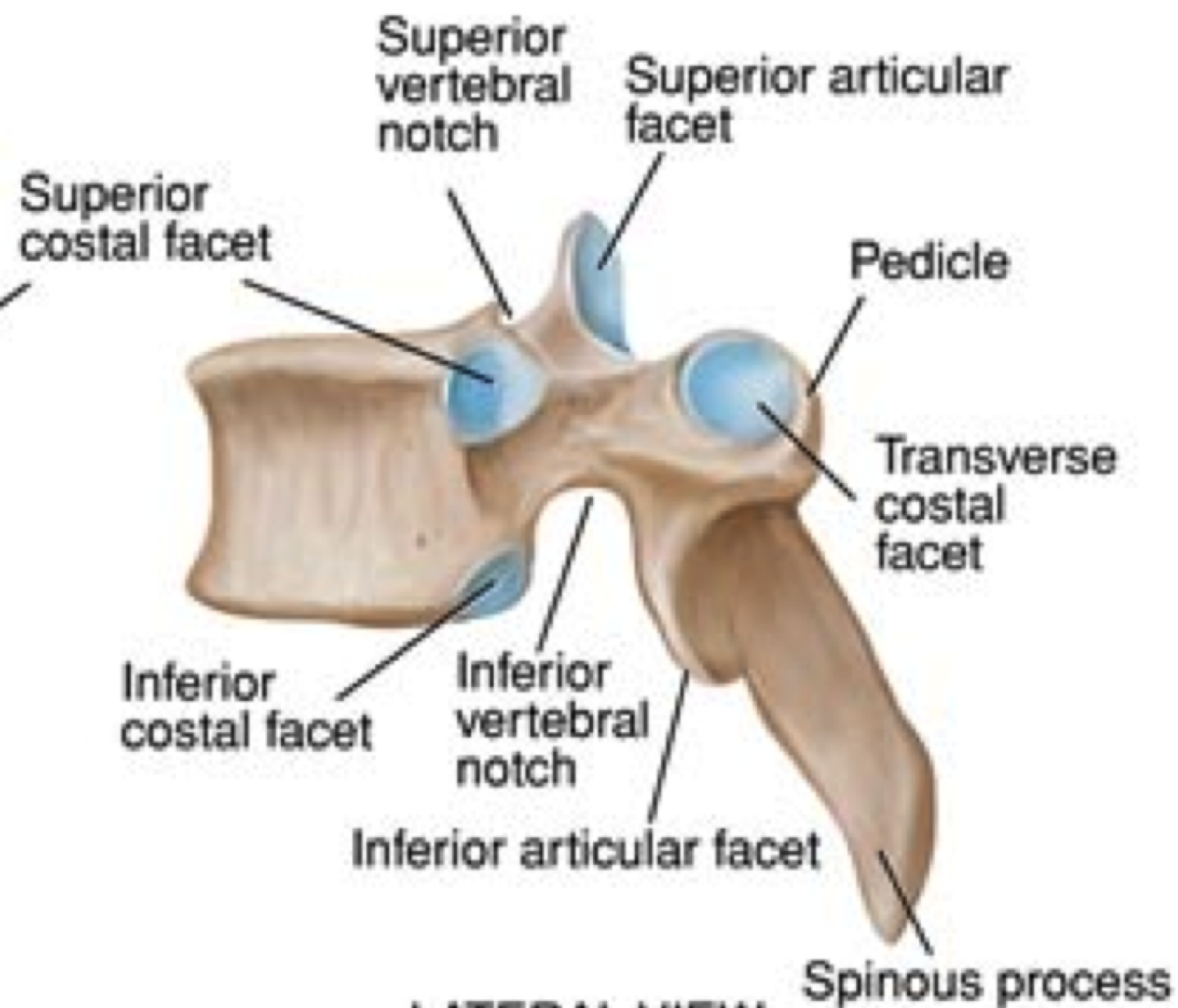
Figure 6

The three principles [\[edit \]](#)

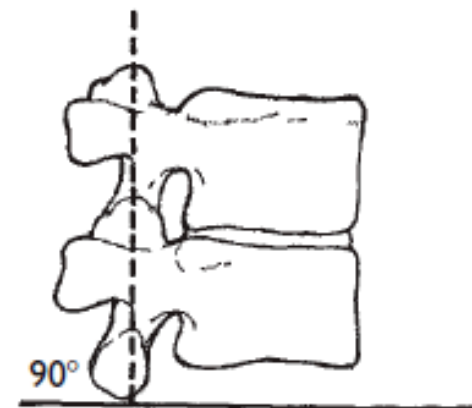
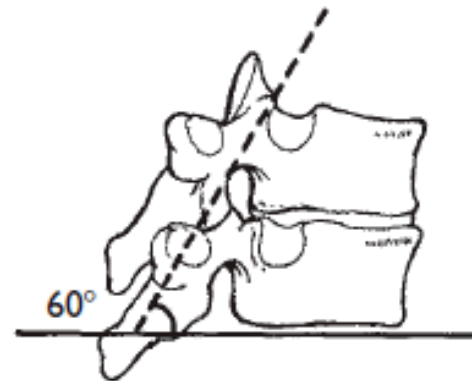
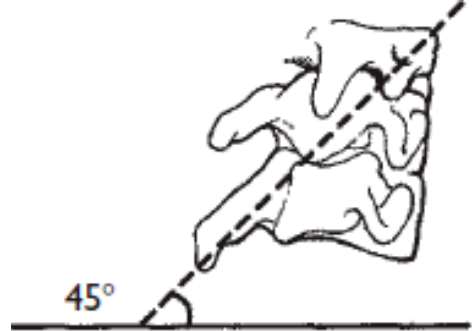
1. **Principle I:** When the spine is in neutral, [sidebending](#) to one side will be accompanied by horizontal rotation to the opposite side.^[2] This law is observed in type I [somatic dysfunction](#), where more than one [vertebrae](#) are out of alignment and cannot be returned to neutral by [flexion](#) or [extension](#) of the vertebrae. The involved group of vertebrae demonstrates a coupled relationship between sidebending and rotation. When the spine is neutral, side bending forces are applied to a group of typical vertebrae and the entire group will rotate toward the opposite side: the side of produced convexity^[3] Extreme type I dysfunction is similar to [scoliosis](#).
2. **Principle II:** When the spine is in a flexed or extended position (non-neutral), sidebending to one side will be accompanied by rotation to the same side. This law is observed in type II [somatic dysfunction](#), where only one vertebral segment is restricted in motion and becomes much worse on flexion or extension. There will be rotation and sidebending in the same direction when this dysfunction is present.^[4]
3. **Principle III:** When motion is introduced in one plane it will modify (reduce) motion in the other two planes.^[4] The third principle sums up the other two laws by stating dysfunction in one plane will negatively affect all other planes of motion.



SUPERIOR VIEW



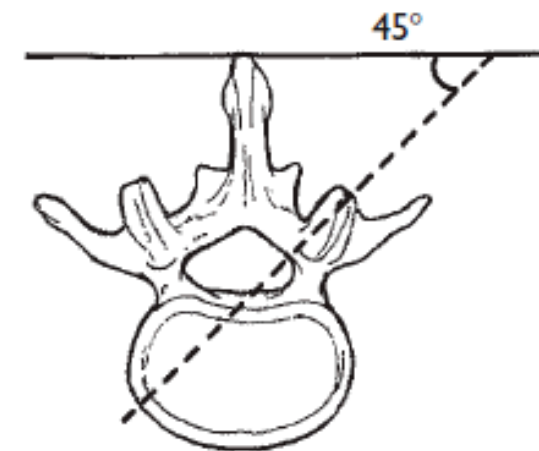
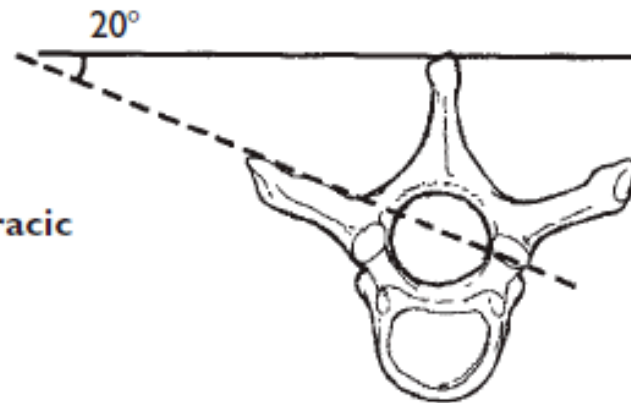
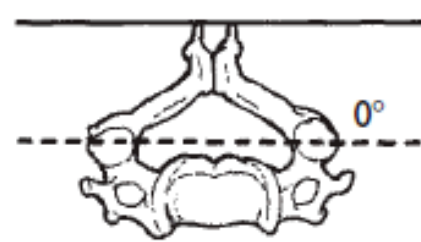
LATERAL VIEW



Cervical

Thoracic

Lumbar



A.

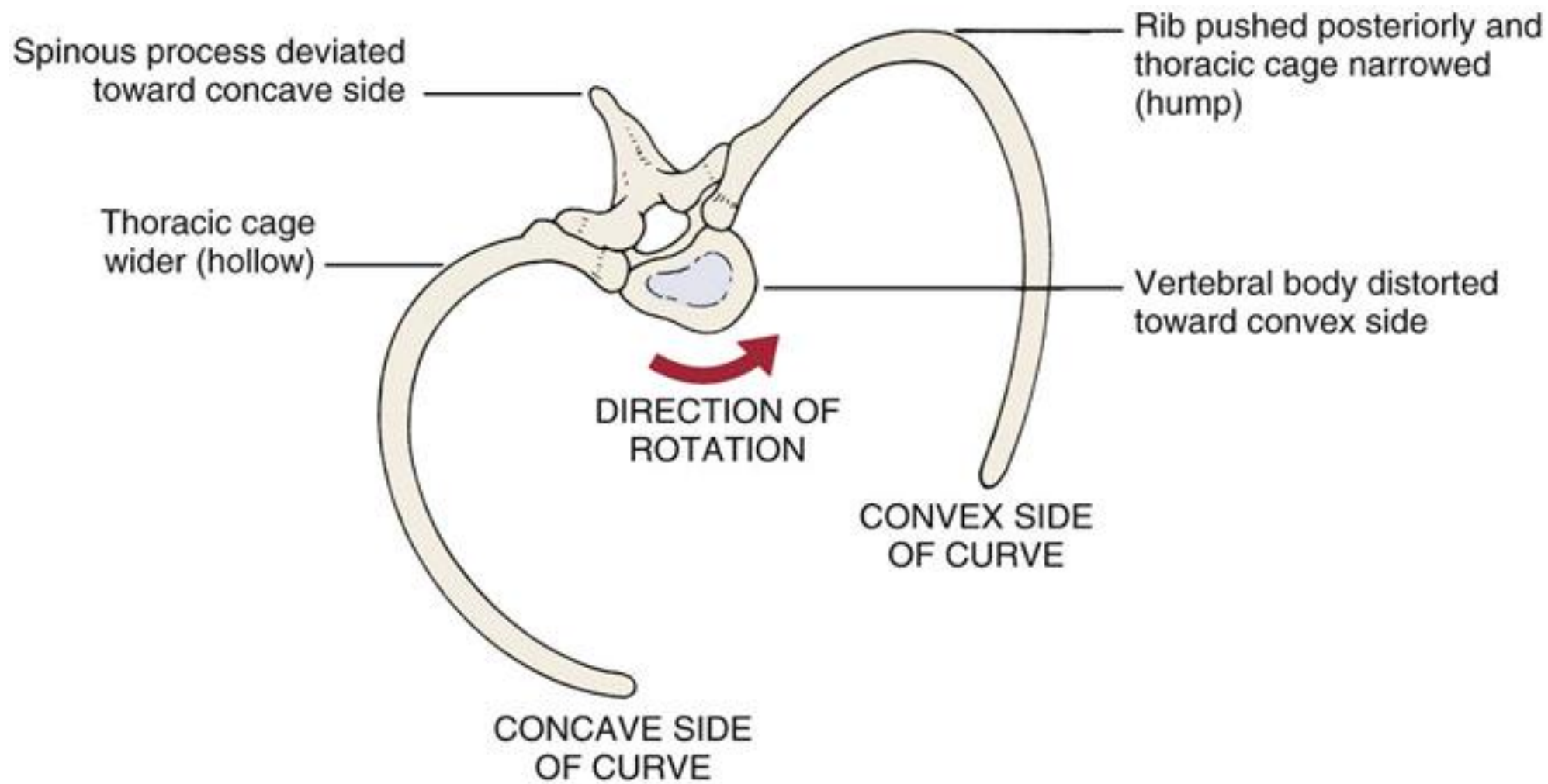
B.

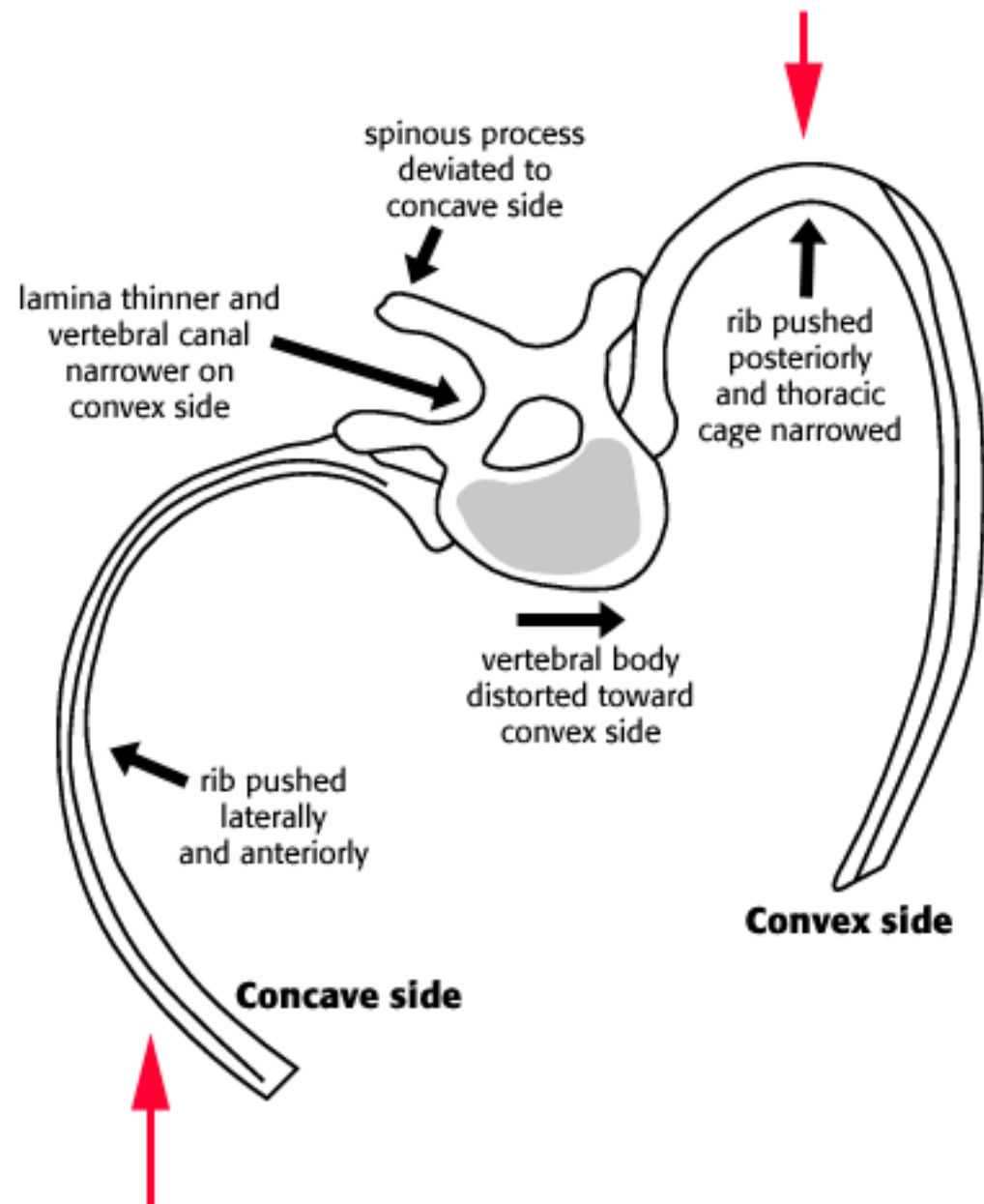
C.

Table 1.0 Normal ranges of movement in the vertebral column and hips

	Cervical (°)	Thoracic (°)	Lumbar (°)	Hips (°) (excluding ab and adduction)
Flexion	0-60	0-50	0-60	0-110
Extension	0-75	0-45	0-25	0-30
Lateral Flexion	0-45	0-40	0-25	n/a
Rotation	0-80	0-30	0-18	Internal = 0-40 External = 0-50

Adapted from ACSM (2006) and Magee (2006).





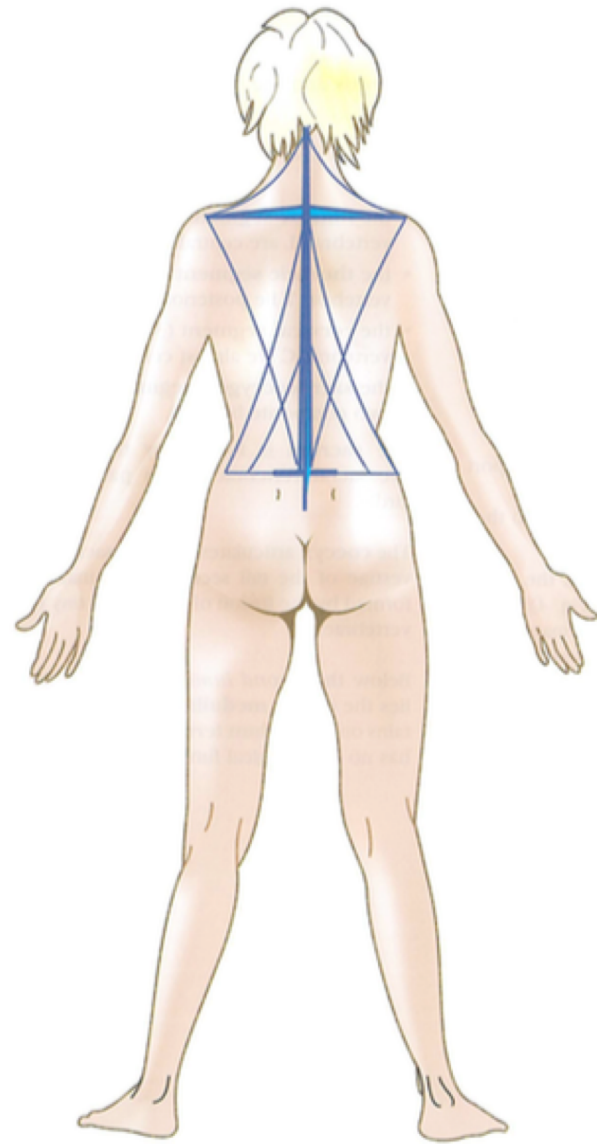


Figure 1

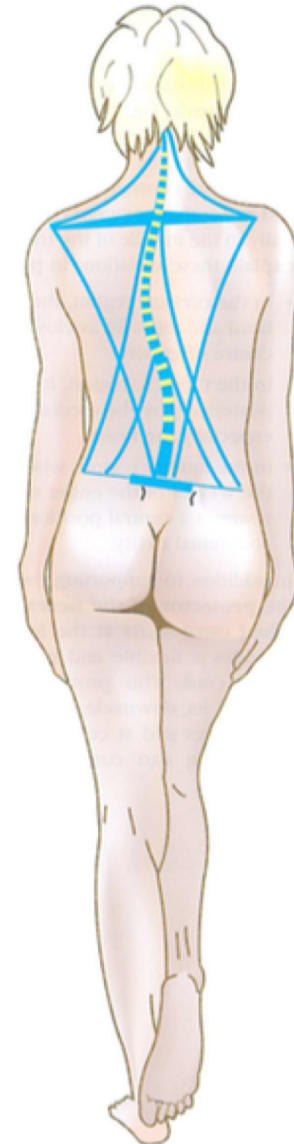


Figure 2



Figure 66



Figure 67

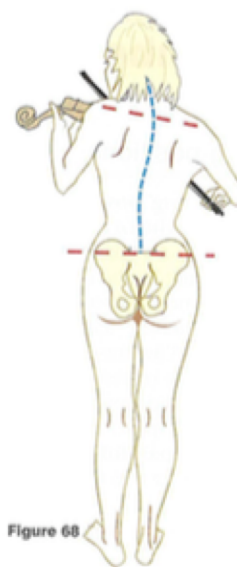


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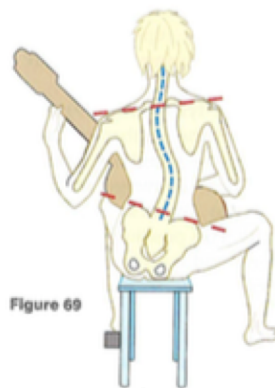


Figure 69

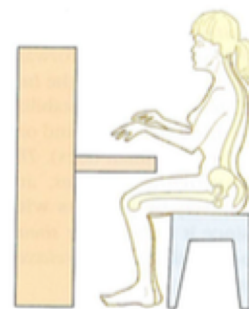


Figure 70

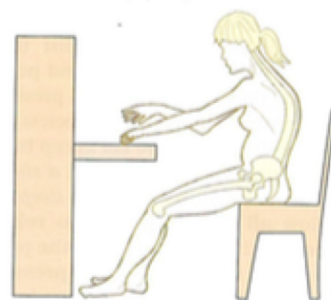


Figure 71



Figure 72

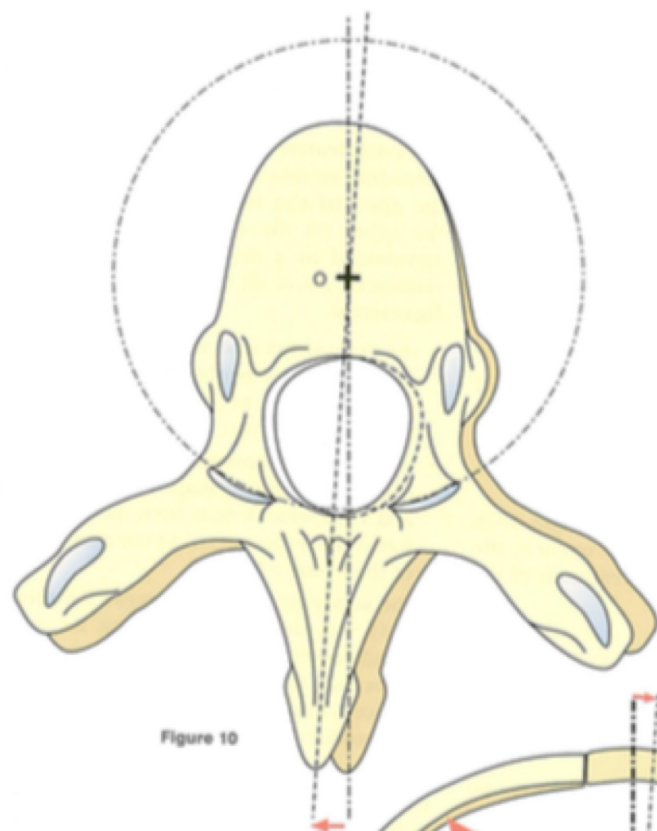


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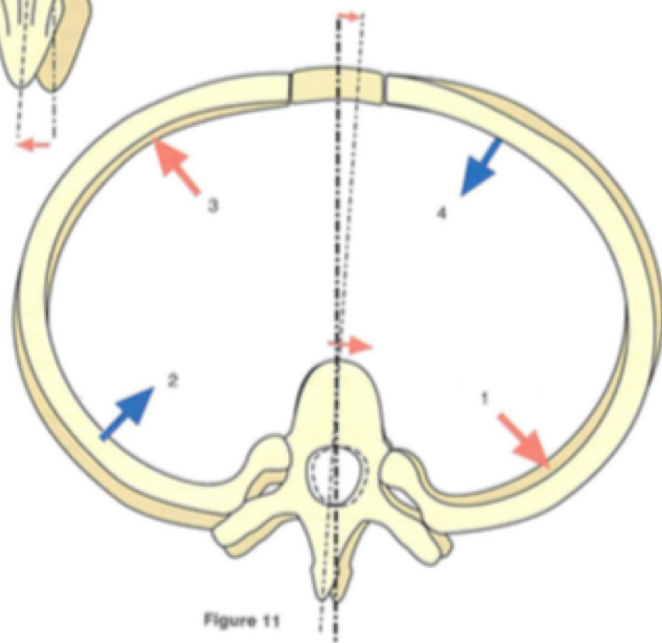


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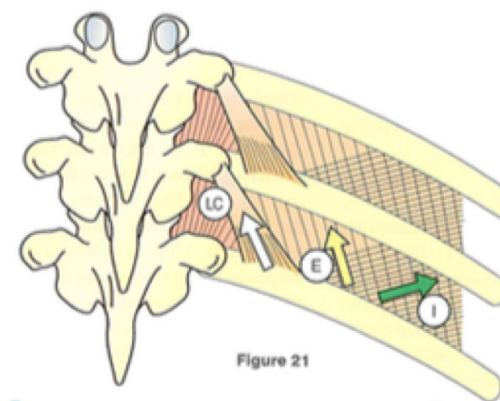


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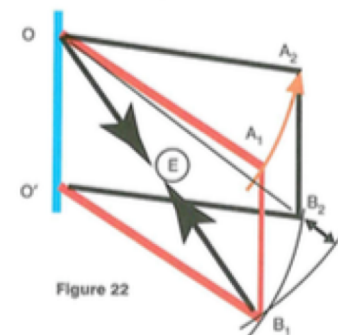


Figure 22

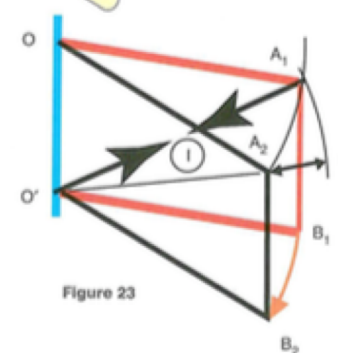


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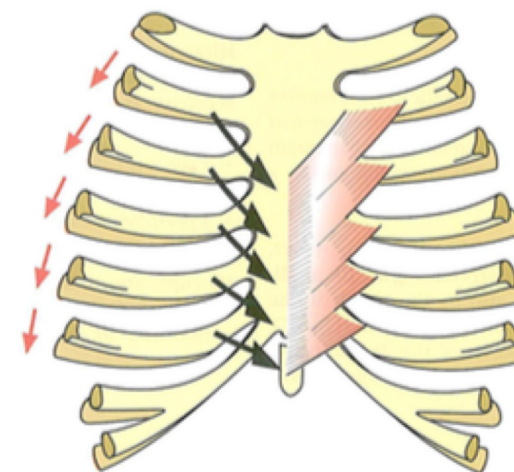


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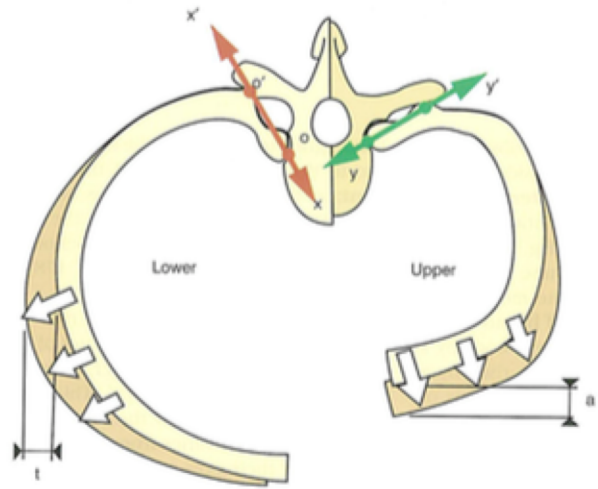


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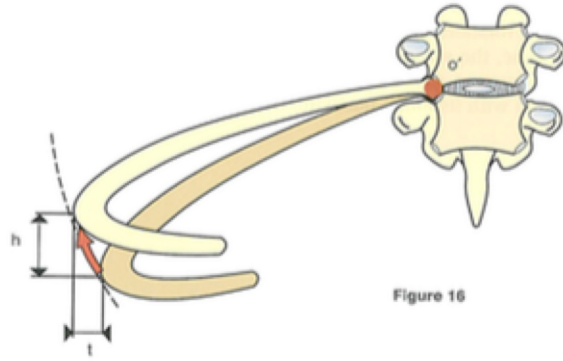


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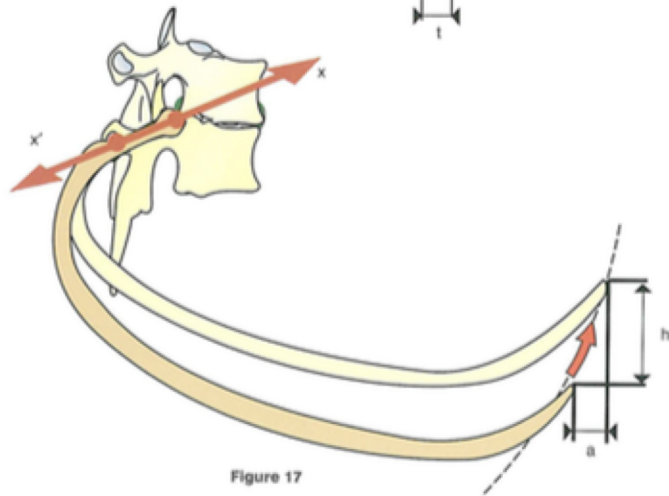


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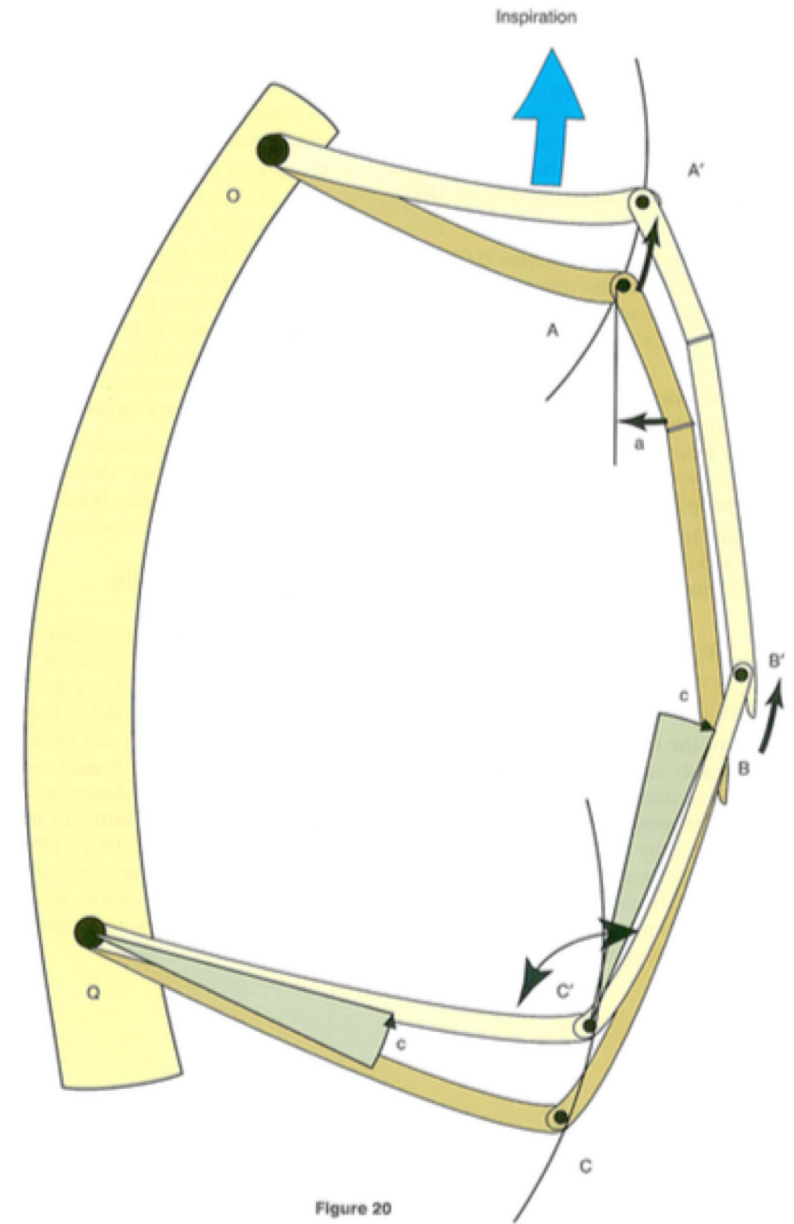


Figure 20

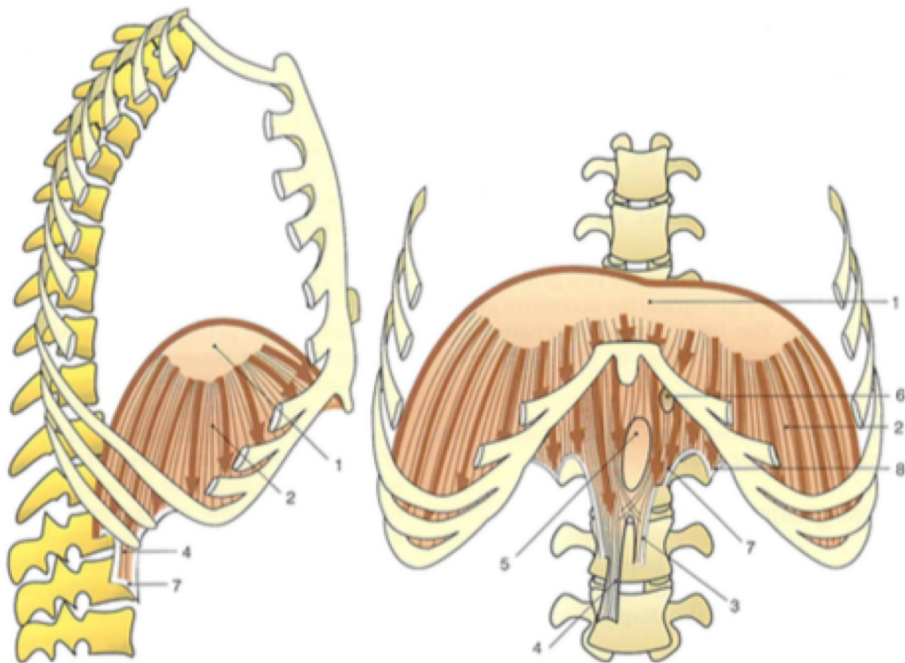


Figure 25

Figure 26

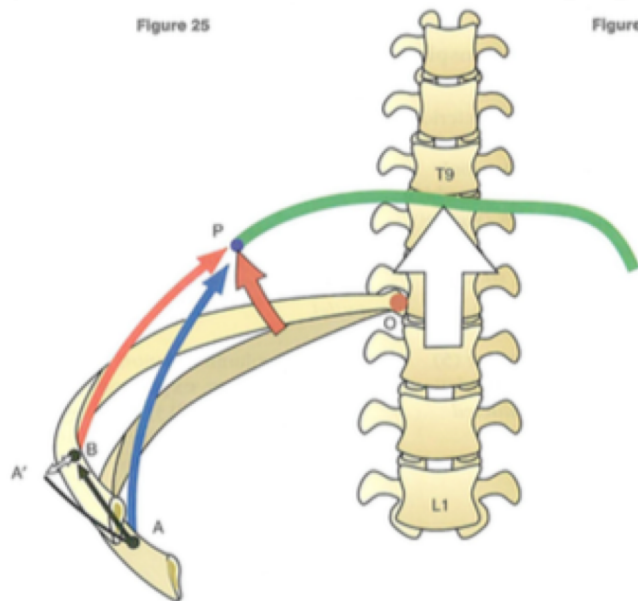


Figure 27

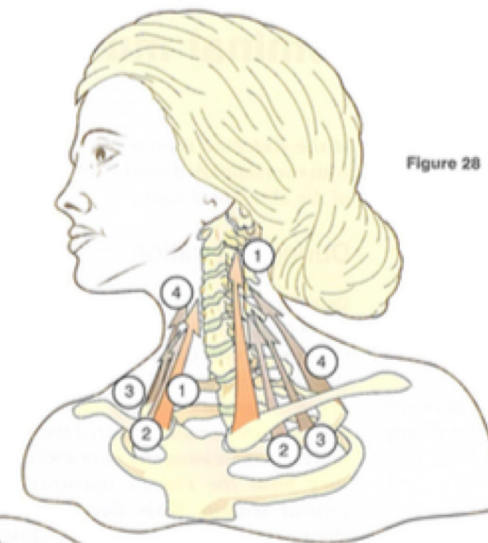


Figure 28

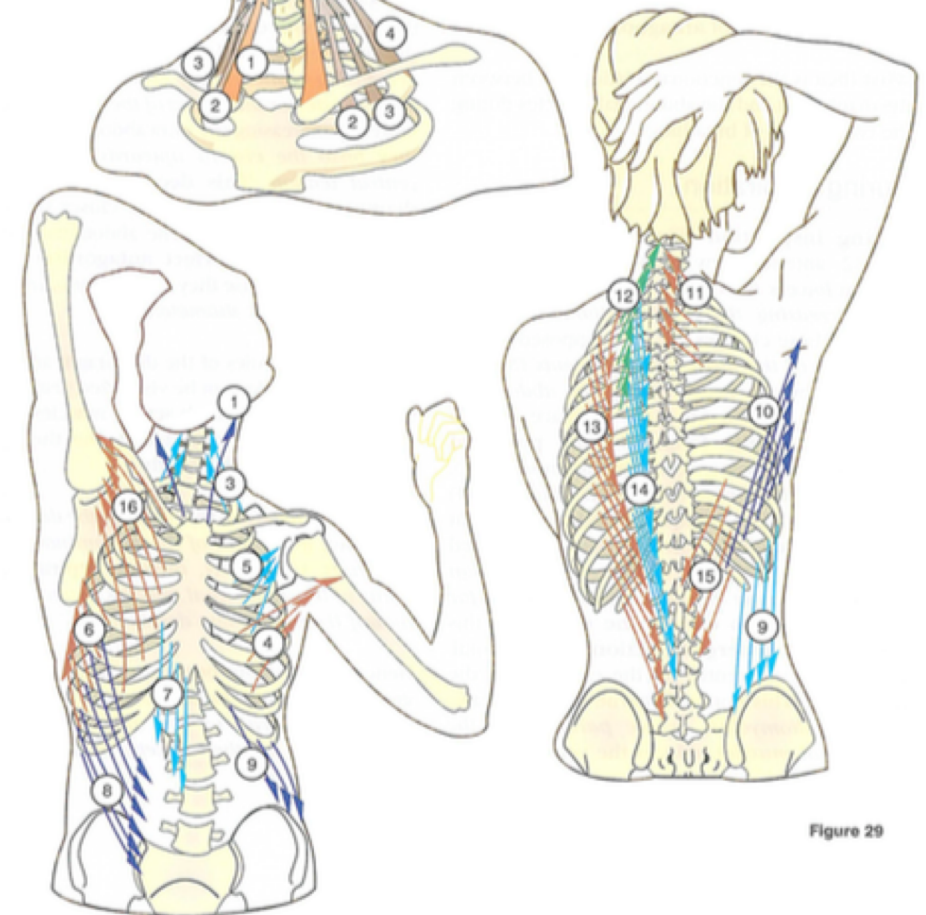
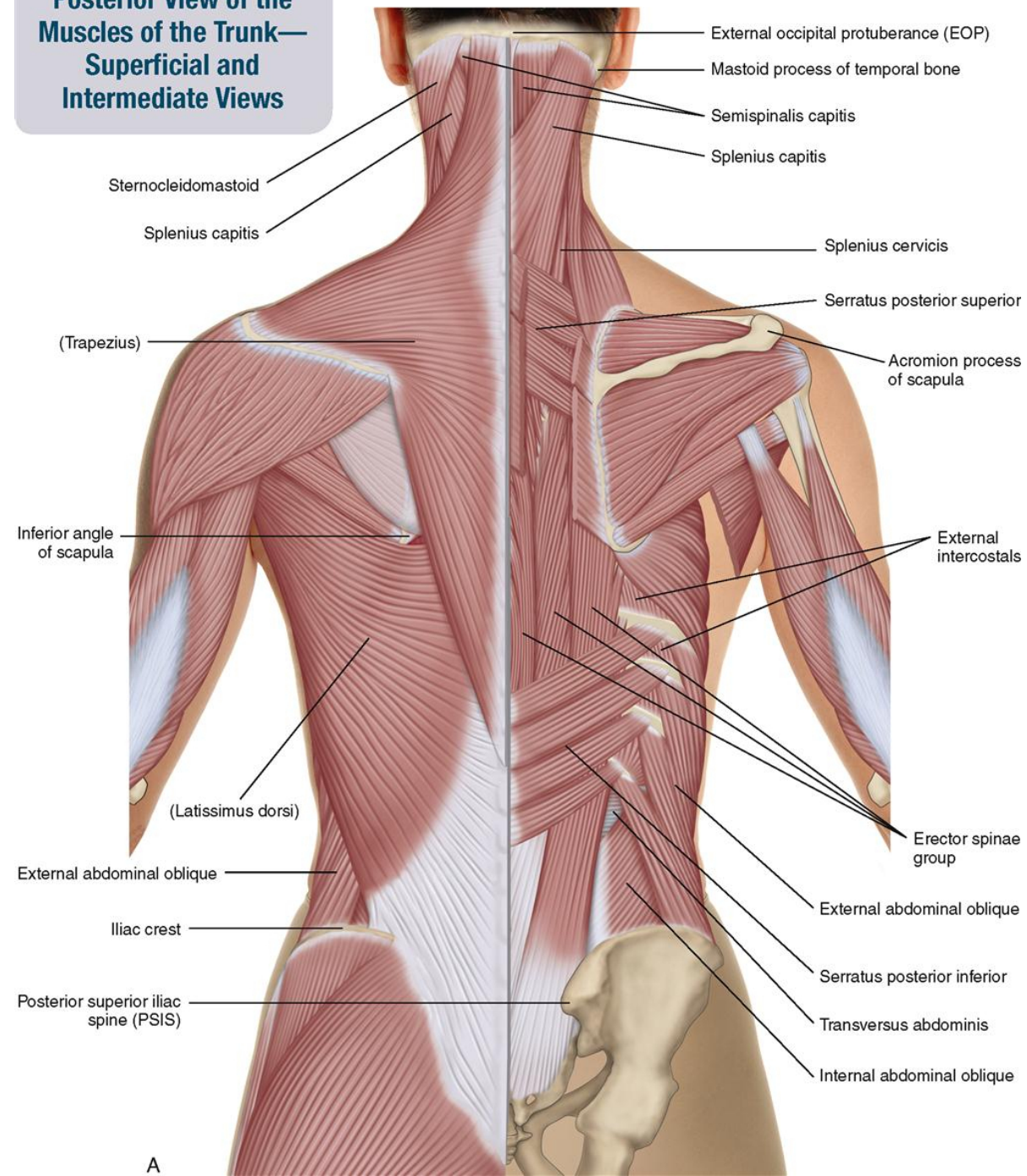


Figure 29

Figure 30

**Posterior View of the
Muscles of the Trunk—
Superficial and
Intermediate Views**



Pectoralis major

Latissimus dorsi

Serratus anterior

Tendinous intersections

Rectus sheath (cut edges)

Rectus sheath

Transverse abdominal

Umbilicus

Internal abdominal oblique (cut)

Linea semilunaris

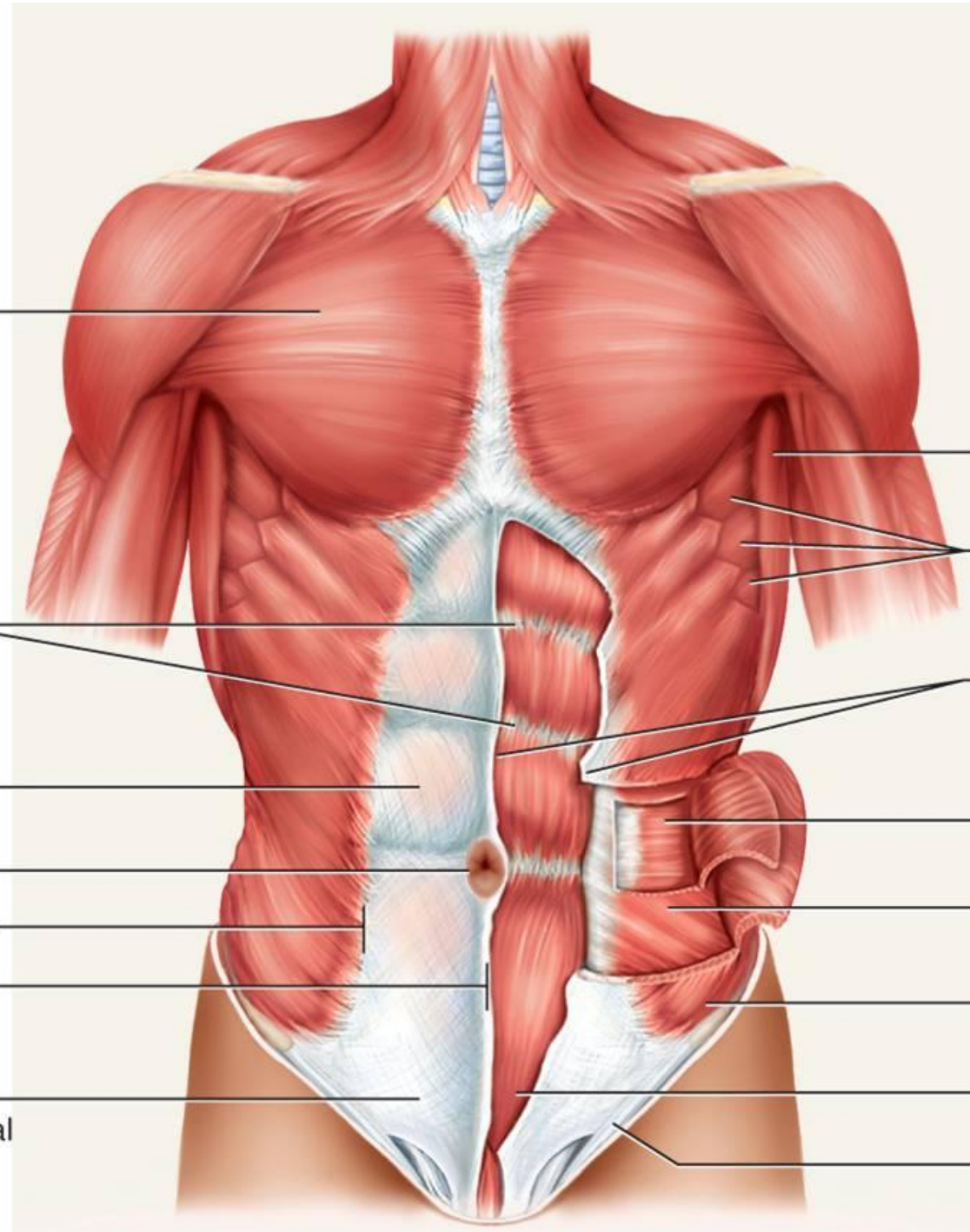
External abdominal oblique (cut)

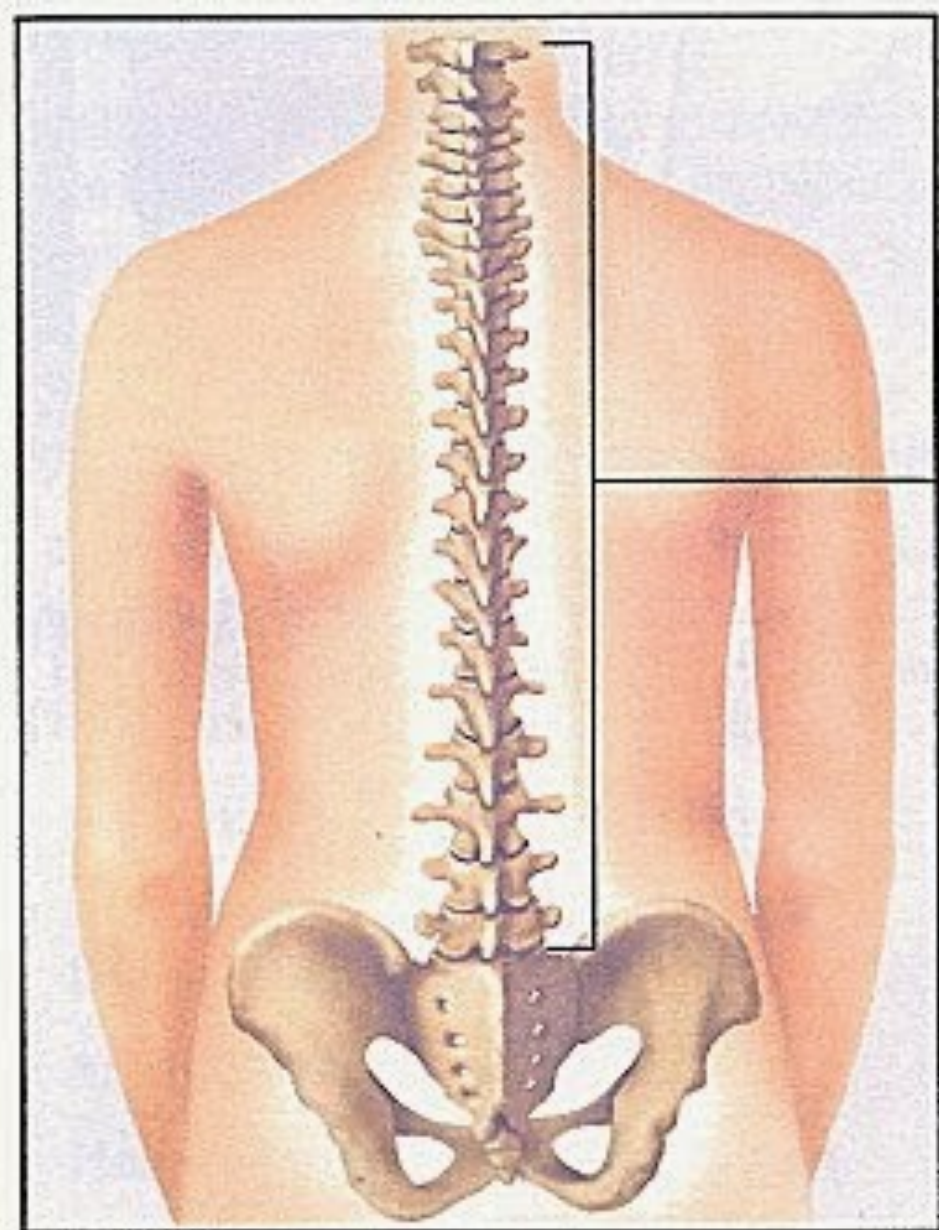
Linea alba

Rectus abdominis

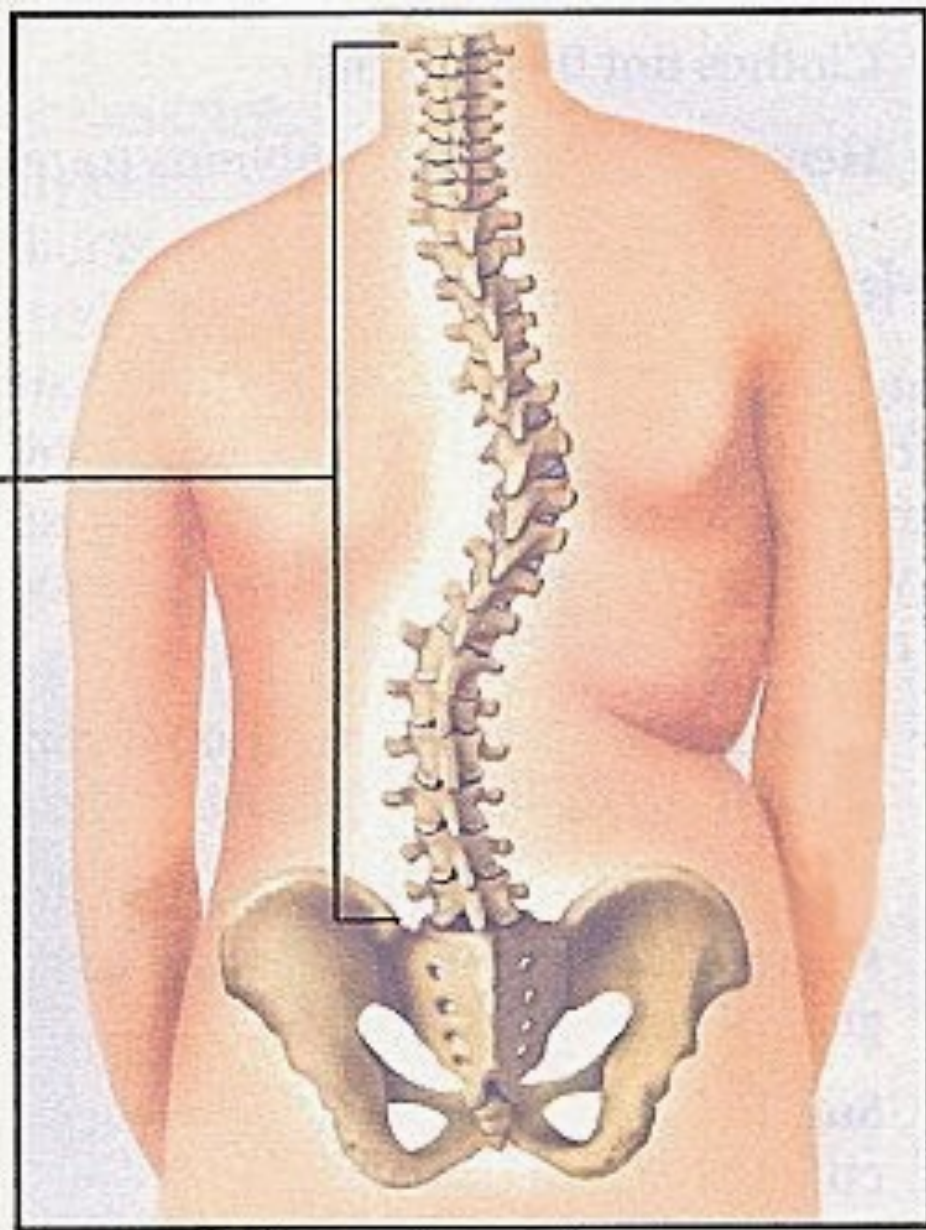
Aponeurosis of external abdominal oblique

Inguinal ligament





Vertebrae



Scoliotic spine



Normal spine



The thoracic vertebra and the mobility of the thoracic region

Patrice Thiriet

Realisation : Olivier Rastello



Rhône-Alpes

This is a 16 year old girl, 4 handicap. She has recently developed a steep downswing. We have tried several drills to improve her sequence and to shallow the club. She tends to hit pulls, fades and chunks. She also tends to have a lot of tension.

