Topics

• 3D – Phases of the swing – Impact

Anatomy – Neck and Hyoid

Coaches Questions/Swing Discussions

3D Impact

Rotational changes

- The lower body is rotated significantly (40 degrees).
- 2. The sternum is also rotated significantly (30 degrees).
- The upper body is side bent (25–35 degrees).
- 4. The pelvis is side bent (10 degrees).
- 5. The pelvis is flexed (15 degrees or more).
- 6. The chest is flexed about the same as it was at set up.

Linear changes

- The lower body is closer to the target (3-6 inches).
- Driver—the upper body is farther from the target (1-2 inches).
- Irons—the upper body is closer to the target (1–2 inches).
- 4. The lower body is barely closer to the golf ball.
- 5. The upper body is barely moved away from the ball (about 1.5 inchs).
- The lower body is lifted (1-2 inches).
- The upper body is about the same height.
- The upper body is barely moved away from the ball (less than 1 inch).

The body

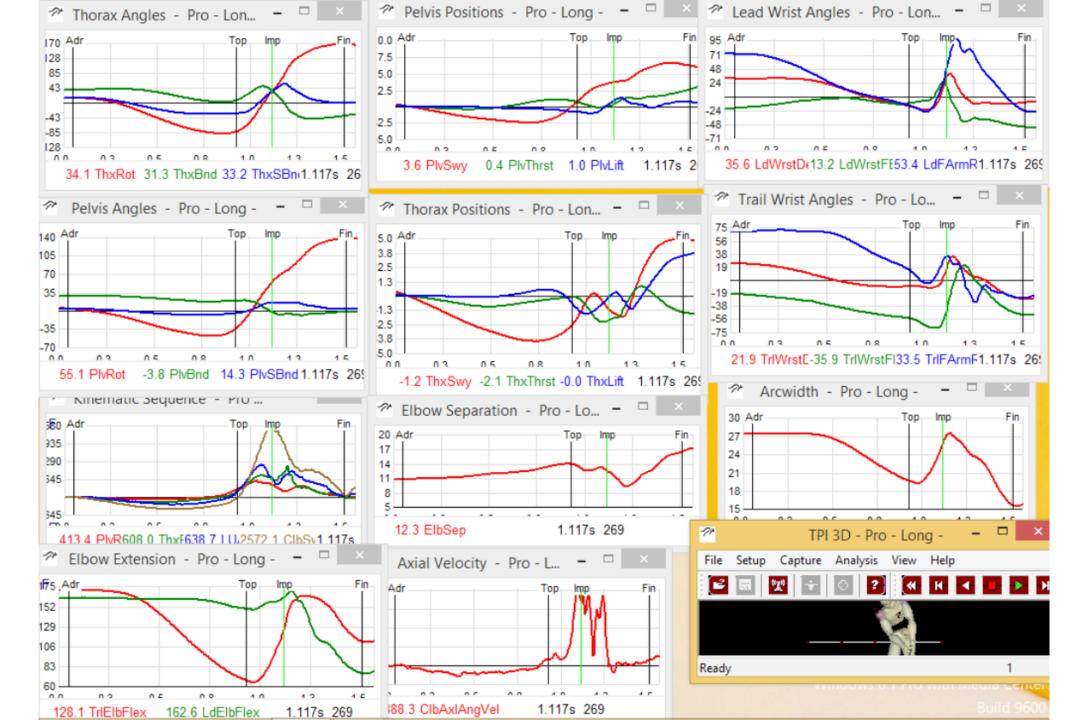
How has the body changed position compared to set up?

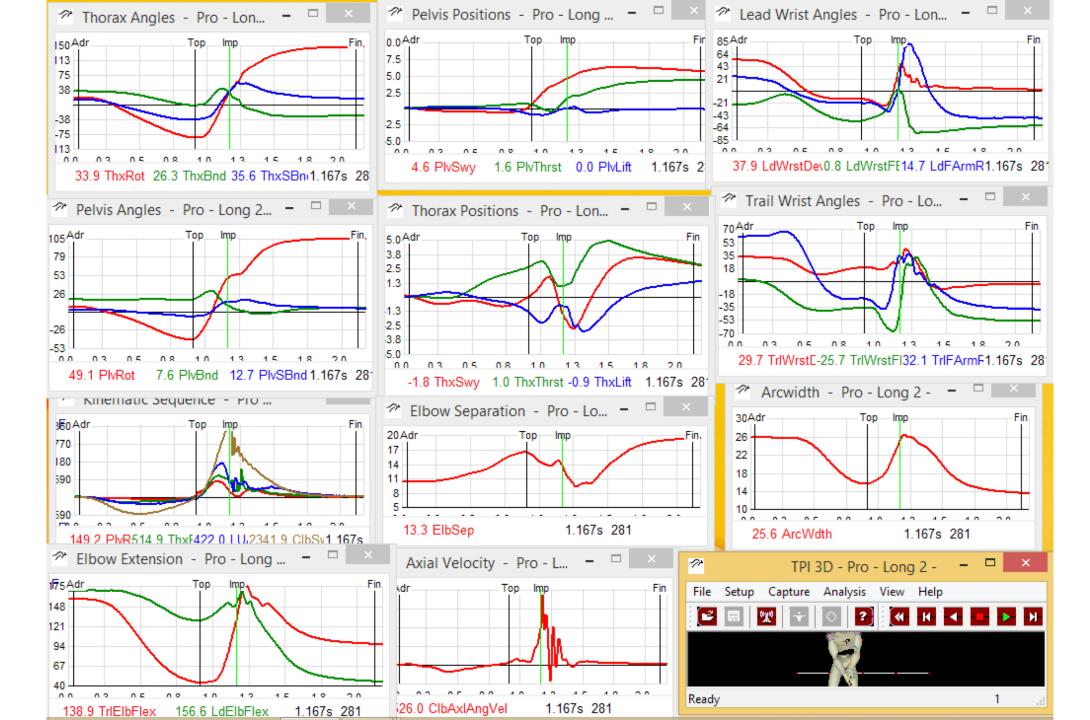
- The upper body is slightly closer to the ground.
- The upper body is side bent away from the target.
- Both the upper and lower body are rotated toward the target.
- The pelvis is shifted laterally toward the target, more so than the upper body.
- The lead wrist is flexed, and the trail wrist is more extended.
- The elbows are more bent (but extending); the trail arm more so.

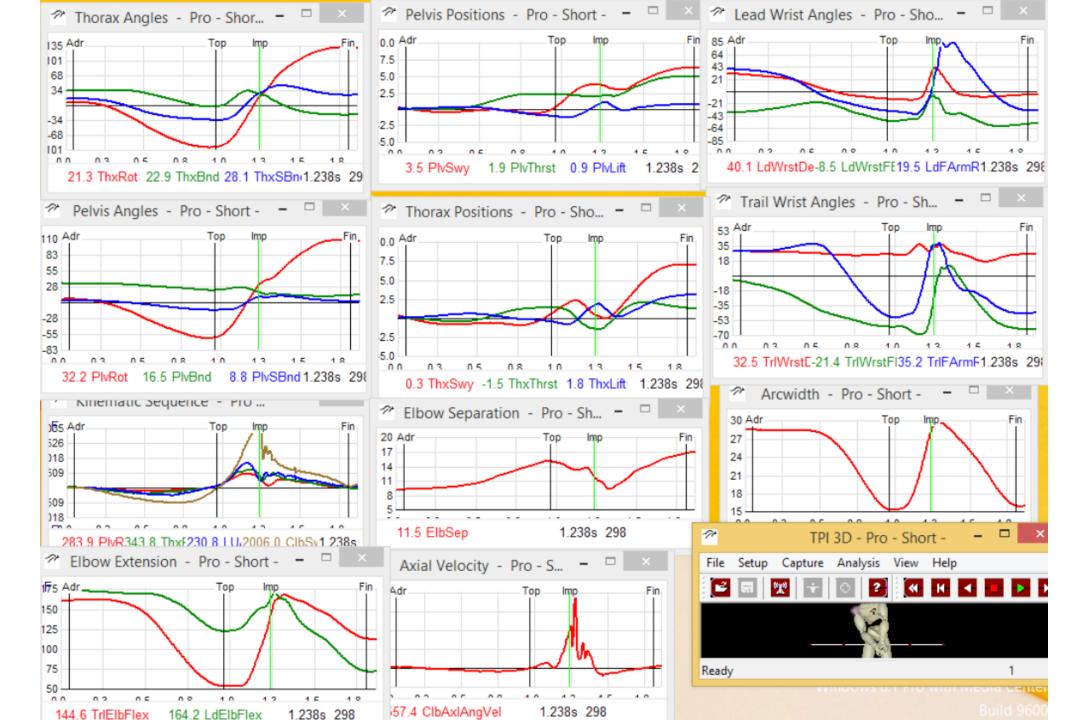
Arms

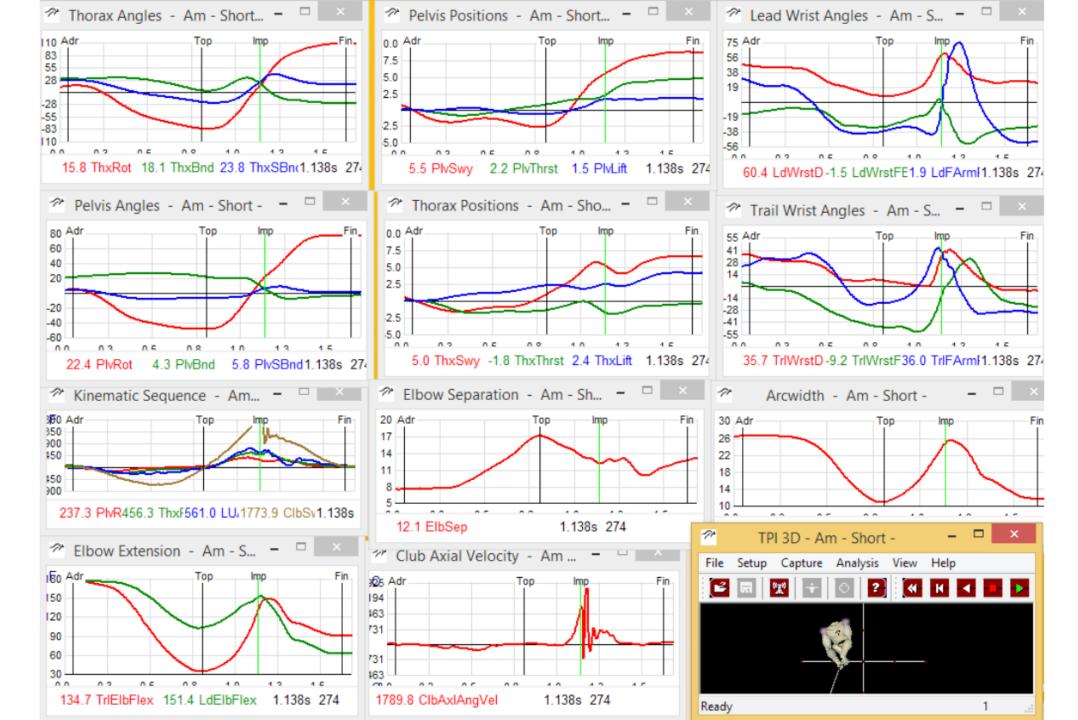
Right elbow bent but extending (about 40 degrees).

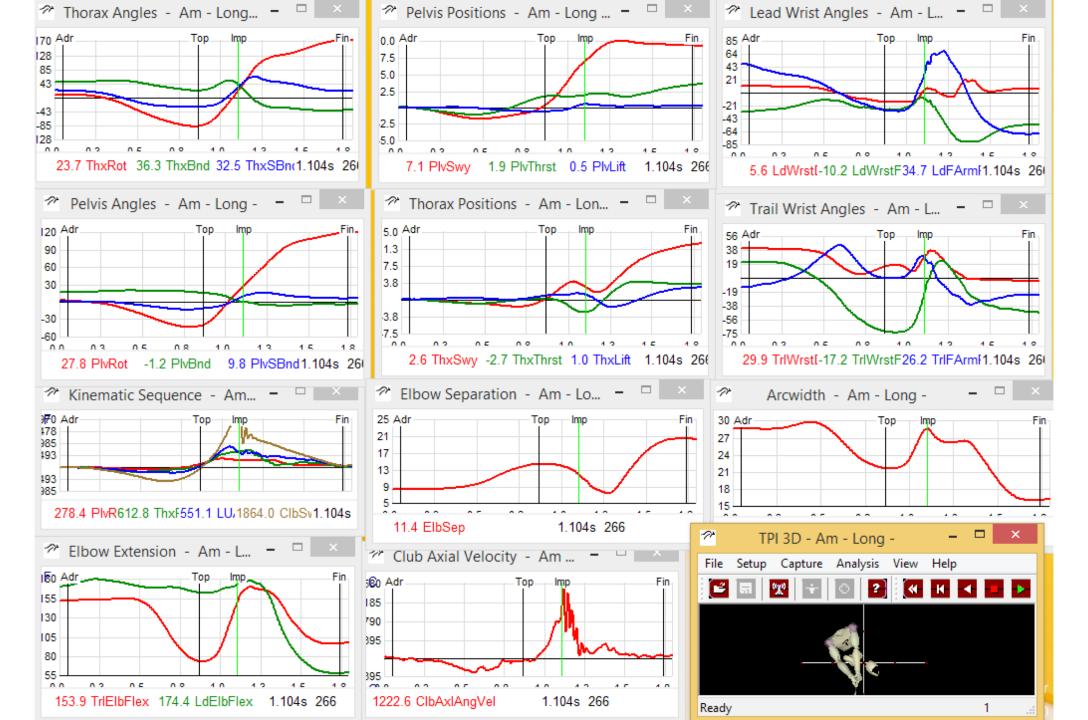
- Right shoulder adducting (working across the body).
- Left wrist flat or bowed (20–40 degrees more flexed).
- Right wrist cupped (20–30 degrees more extended).
- 4. Left forearm more pronated (about 30 degrees more pronated).
- 5. Right forearm supinating.
- 6. Both wrists are ulnar deviating (unhinging).



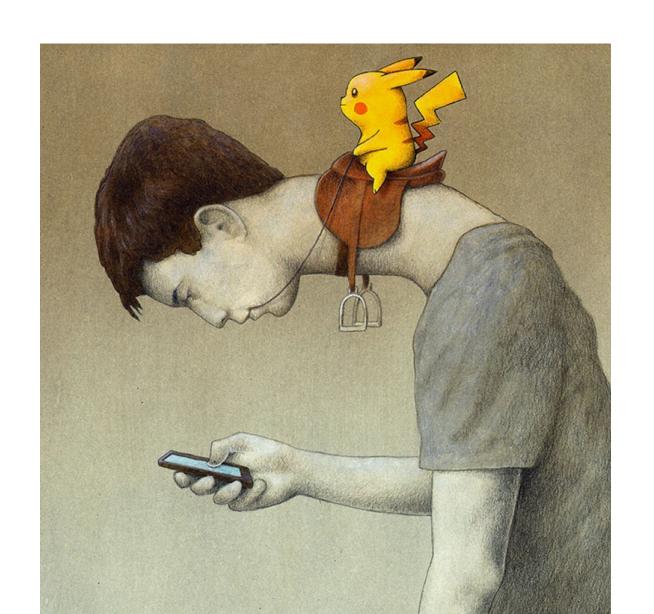








Anatomy of the neck



Vertebral Column · Reflexology Chart

Cervical spine

C 1	Atlas	Head - Brain - Inner and Middle Ears
C 2	Axis	Auditory Nerves - Sinuses - Eyes - Tongue
C 3	3. Cervical vertebrae	Teeth - Cheeks - Outer Ears
C 4	4. Cervical vertebrae	Nose - Mouth - Lips - Eustachian Tubes
C 5	Cervical vertebrae	Pharynx - Vocal Cords
C 6	Cervical vertebrae	Shoulders - Neck - Tonsils
C 7	7. Cervical vertebrae	Thyroids - Elbows

Thoracic spine

-	Th 1	1. Thoracic vertebrae	Trachea - Esophagus - Lower Arms - Fingers
-	Th 2	2. Thoracic vertebrae	Heart
-	Th 3	3. Thoracic vertebrae	Lungs - Chest - Breast
	Th 4	4. Thoracic vertebrae	Gall Bladders
-	Th 5	5. Thoracic vertebrae	Liver - Blood Circulation - Solar Plexus
-	Th 6	6. Thoracic vertebrae	Stomach
\	Th 7	7. Thoracic vertebrae	Pancreas - Duodenum
-	Th 8	8. Thoracic vertebrae	Spleen
	Th 9	9. Thoracic vertebrae	Adrenal Glands
	Th 10	10. Thoracic vertebrae	Kidneys
-	Th 11	11. Thoracic vertebrae	Ureters
	Th 12	12. Thoracic vertebrae	Small Intestines - Lymph Circulation

Lumbar spine

S 2

L 1 L 2 L 3	Lumbar vertebrae Lumbar vertebrae Lumbar vertebrae	Large Intestines - Inguinal Region Abdomen - Appendix - Upper Legs Bladder - Sex Organs - Knees
L 4	4. Lumbar vertebrae	Sciatic Nerves - Prostate Gland
L 5	5. Lumbar vertebrae	Lower Legs - Feet

S 1 Sacrum Hip Bones - Buttocks

Coccyx Rectum - Anus

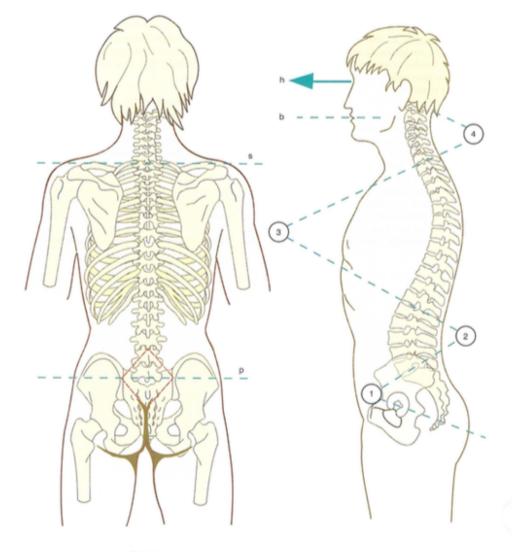
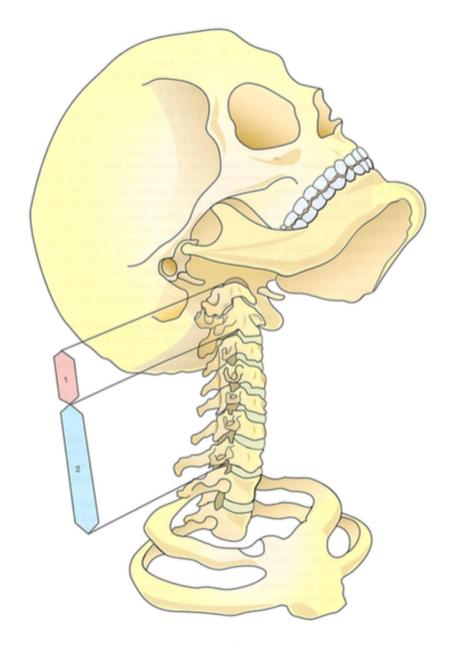


Figure 5 Figure 6

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).



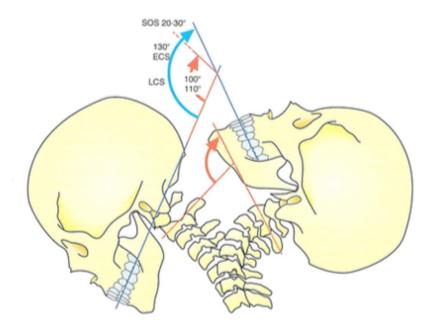
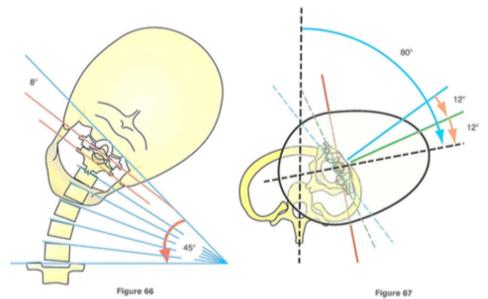
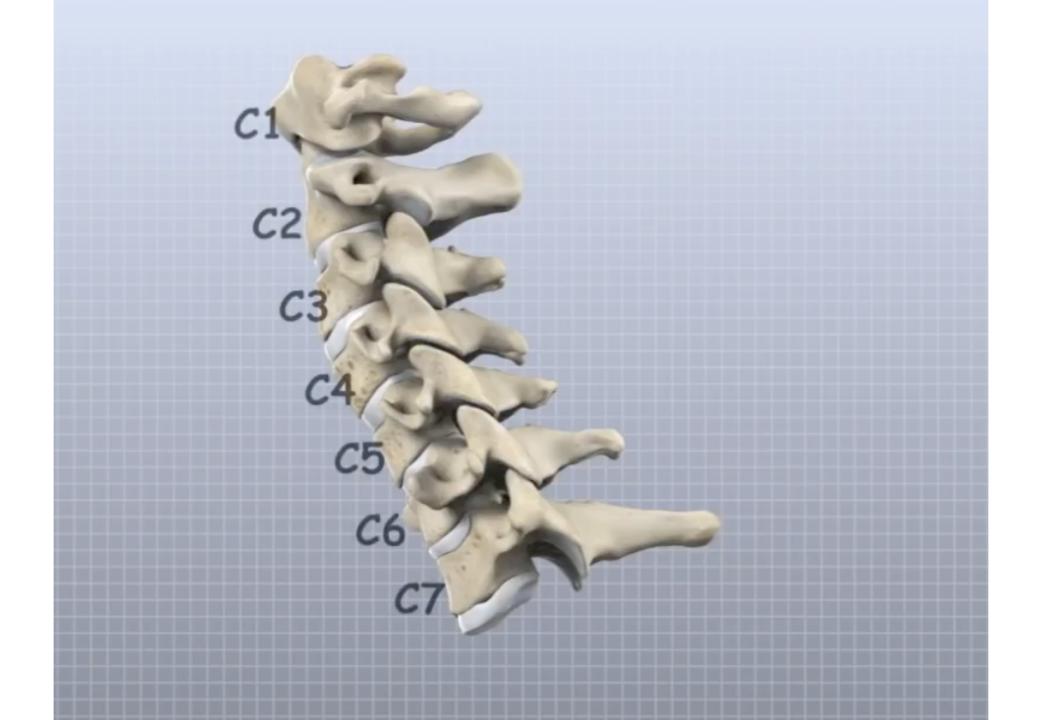
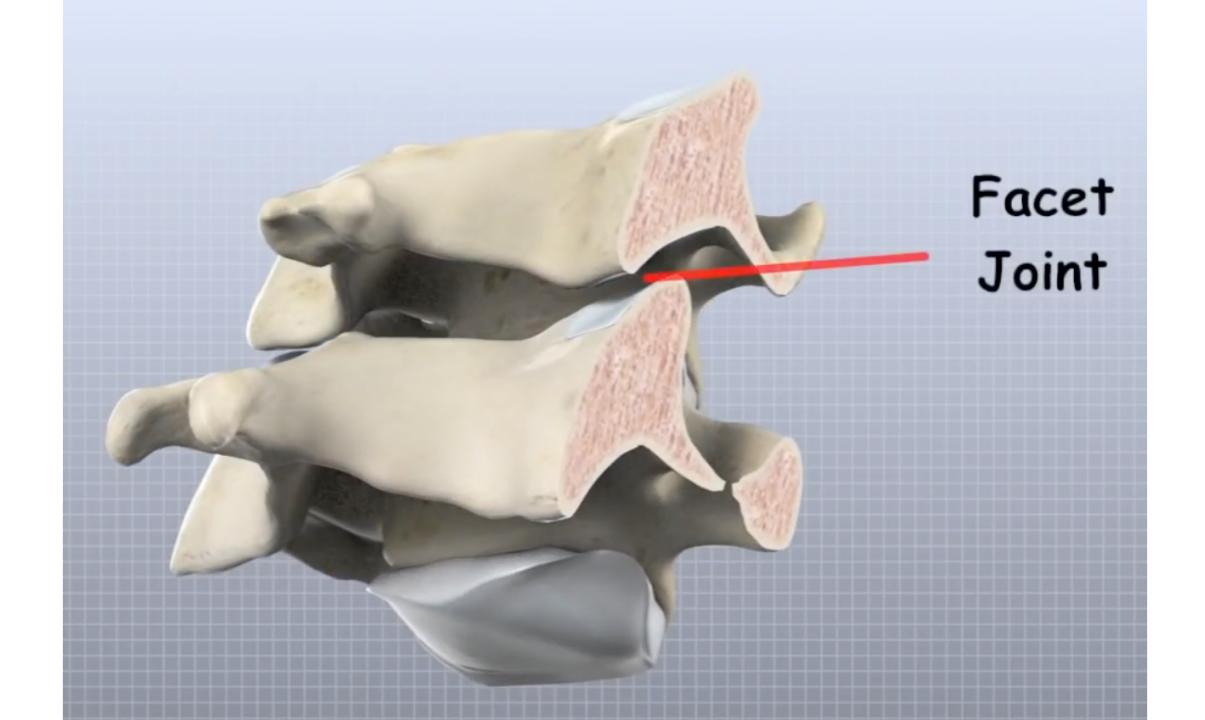
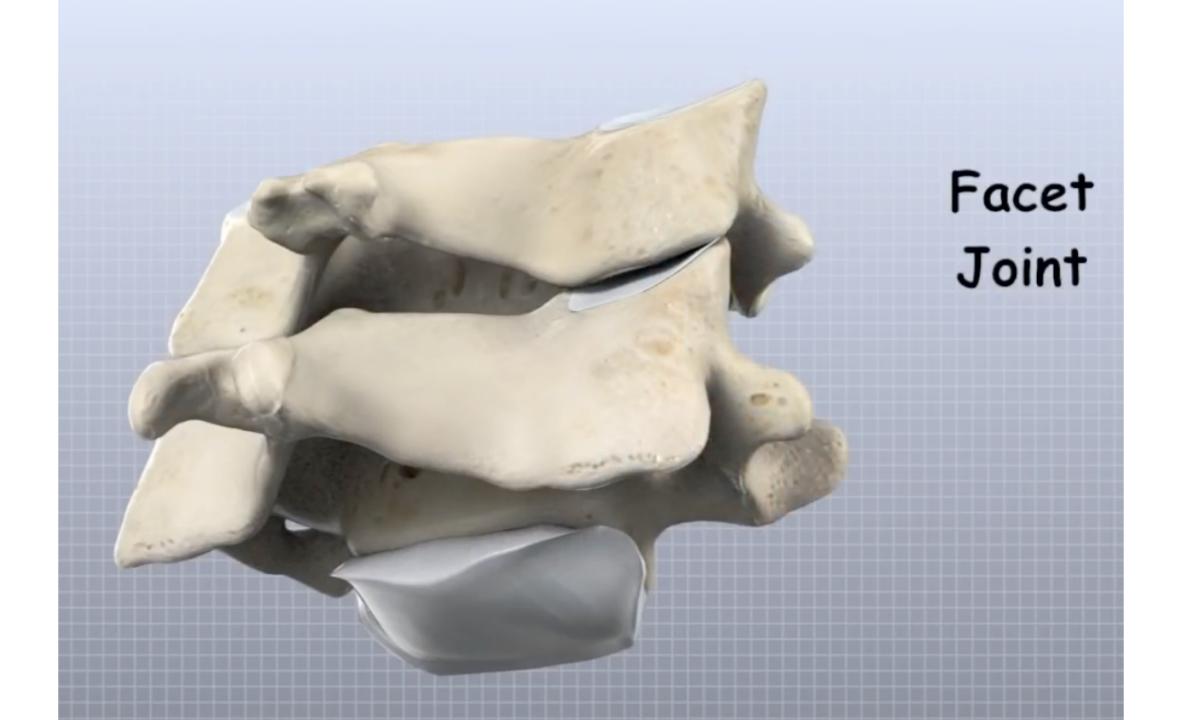


Figure 65





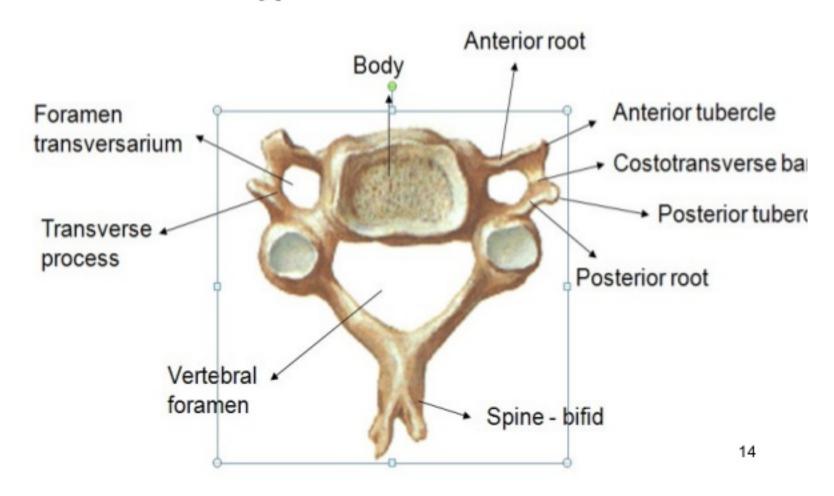






Cervical vertebrae

Typical cervical vertebra



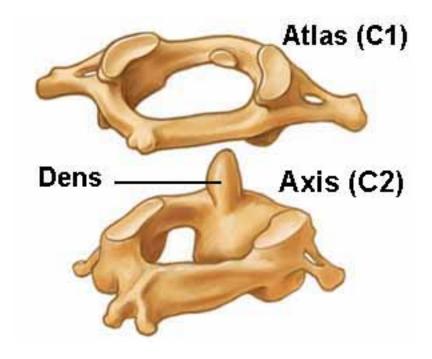
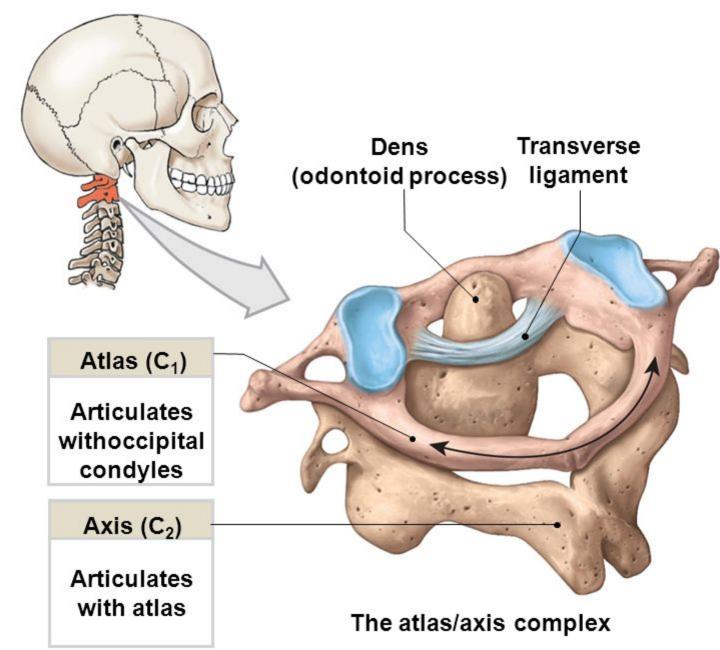
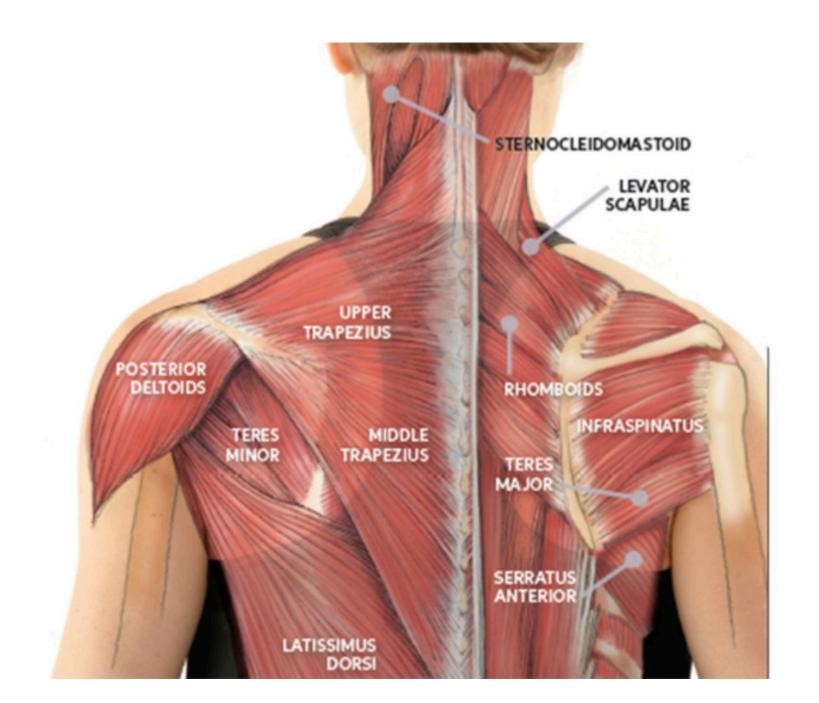
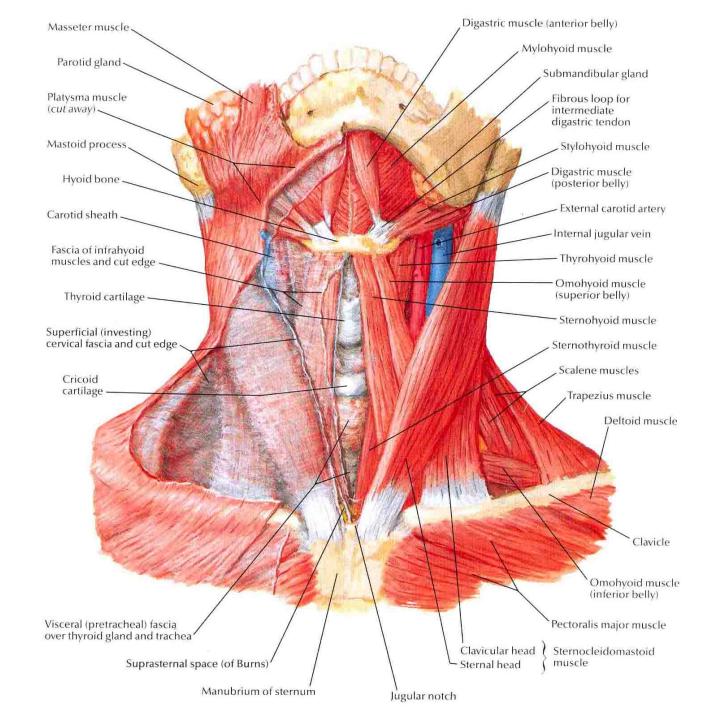
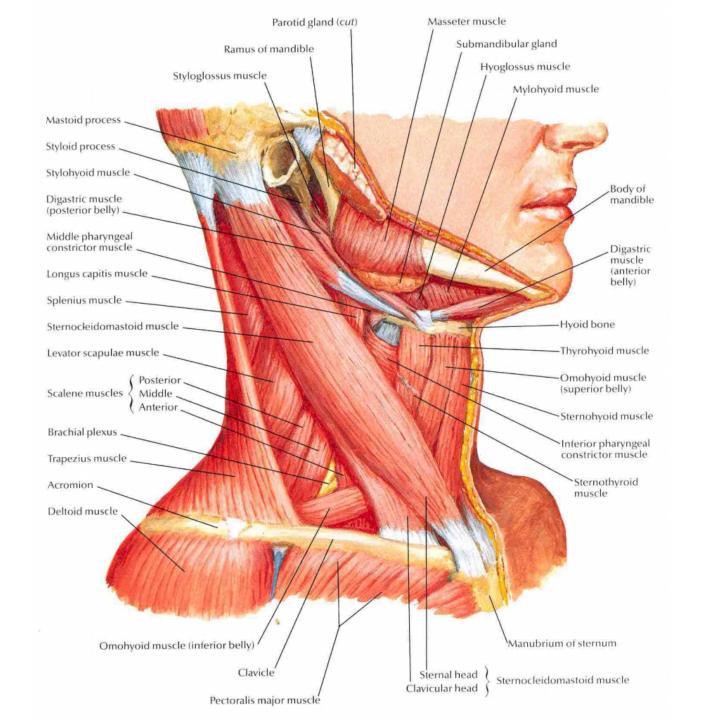


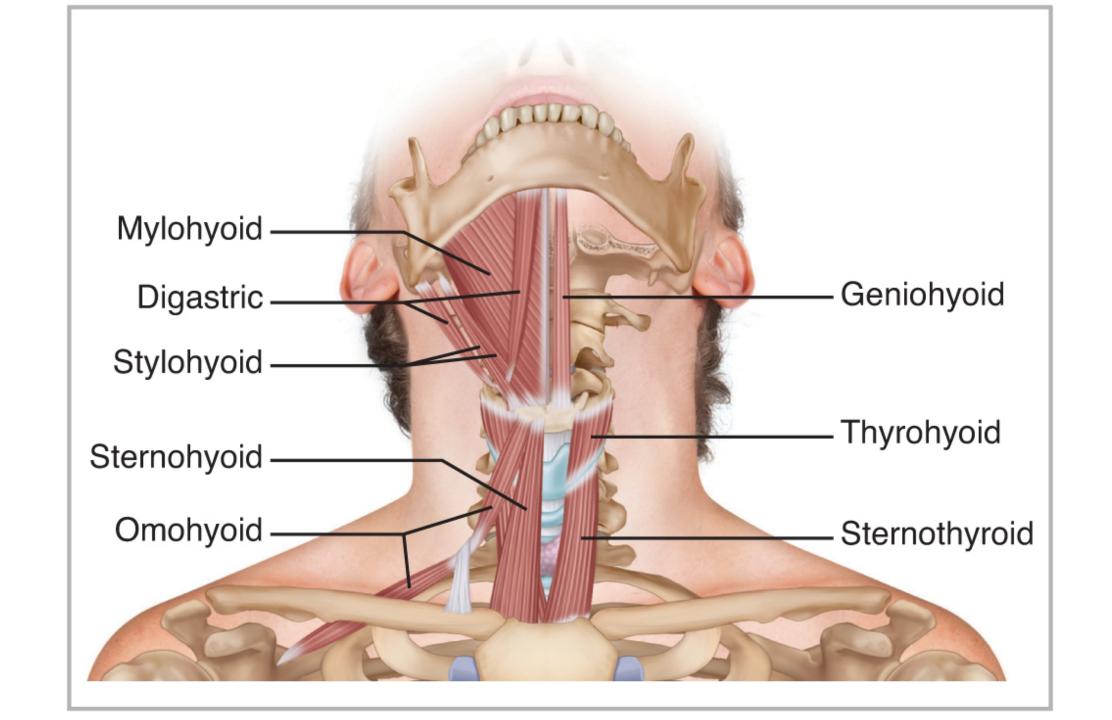
Figure 6-18 The Atlas and Axis.

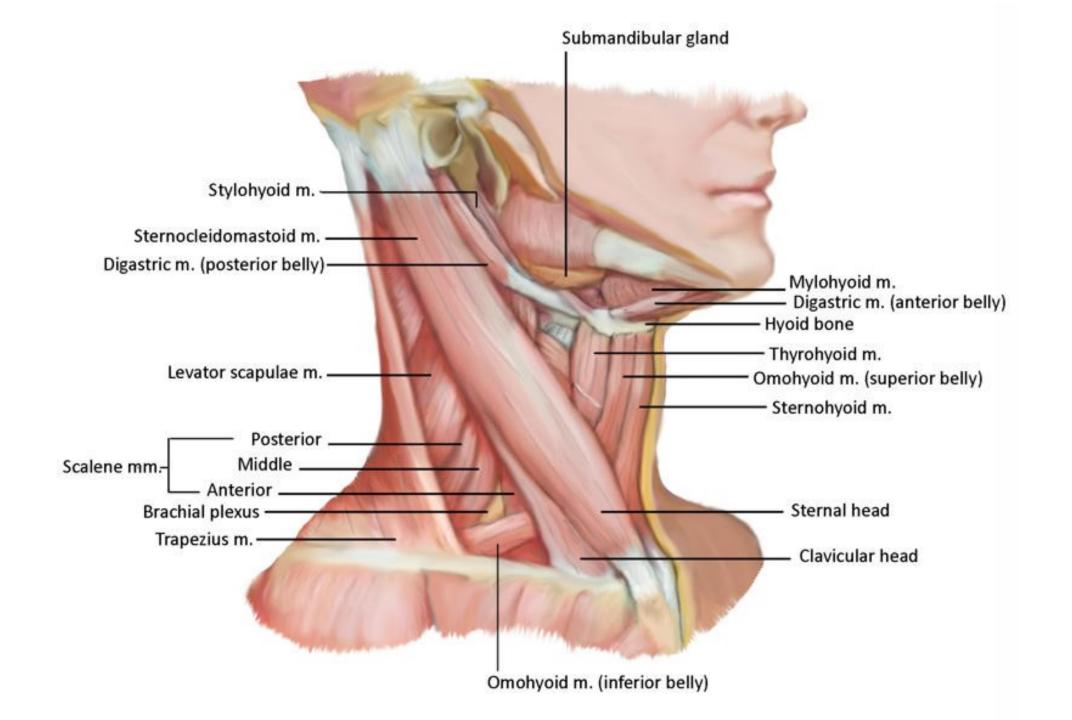


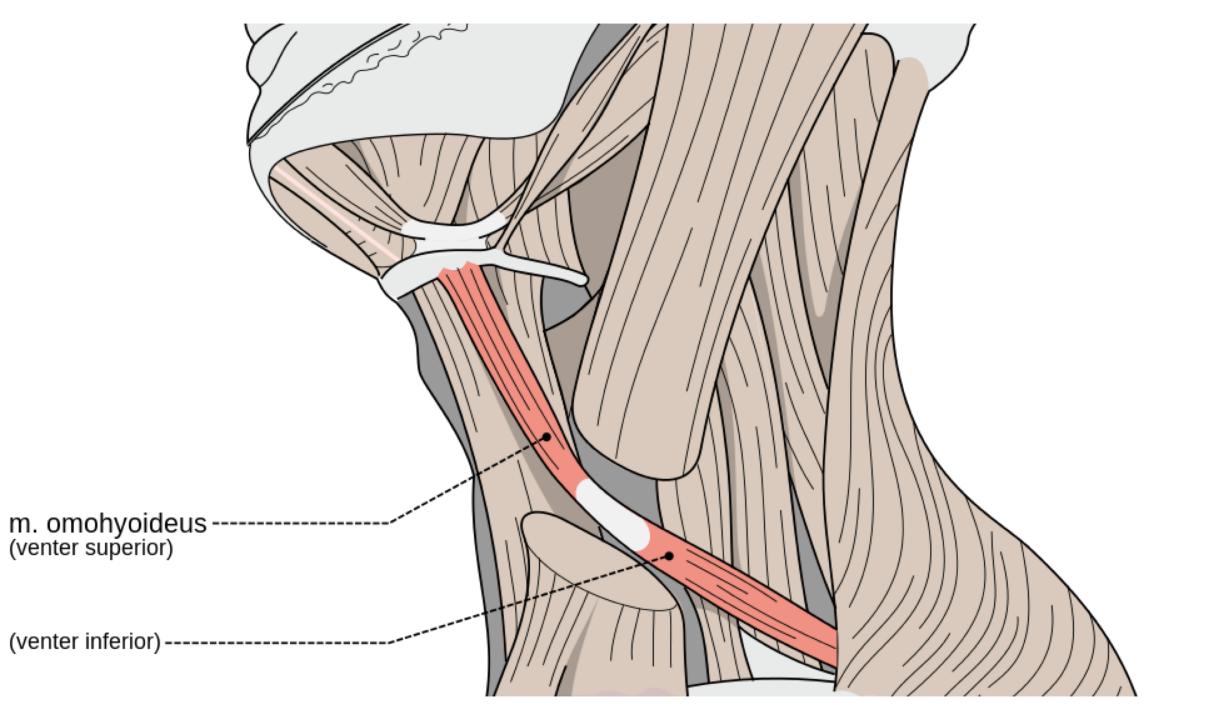


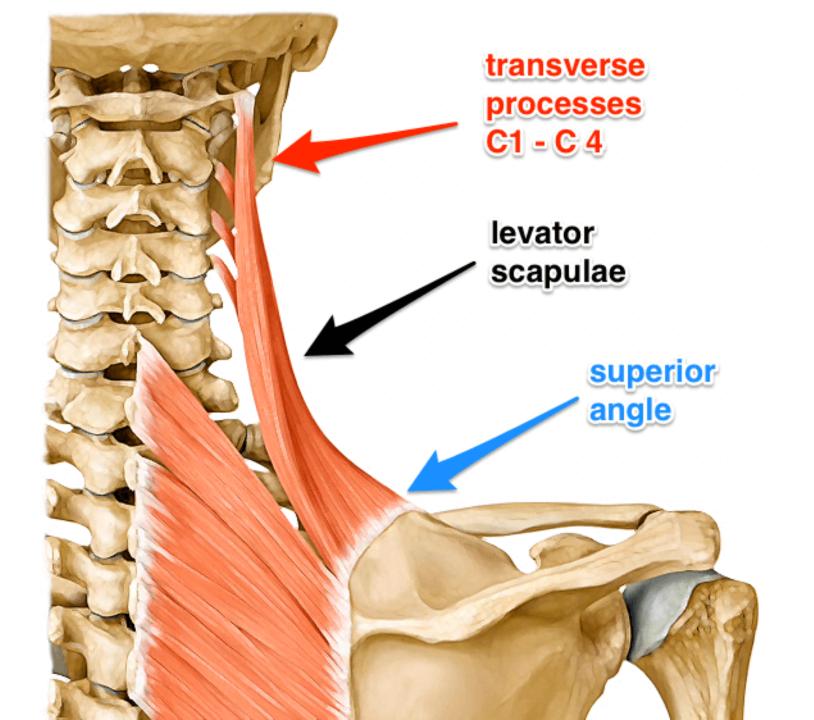














In the starting position, place your hand behind you diagonally and rotate your head 45 degrees. Bring your head down toward your left knee without hunching over.

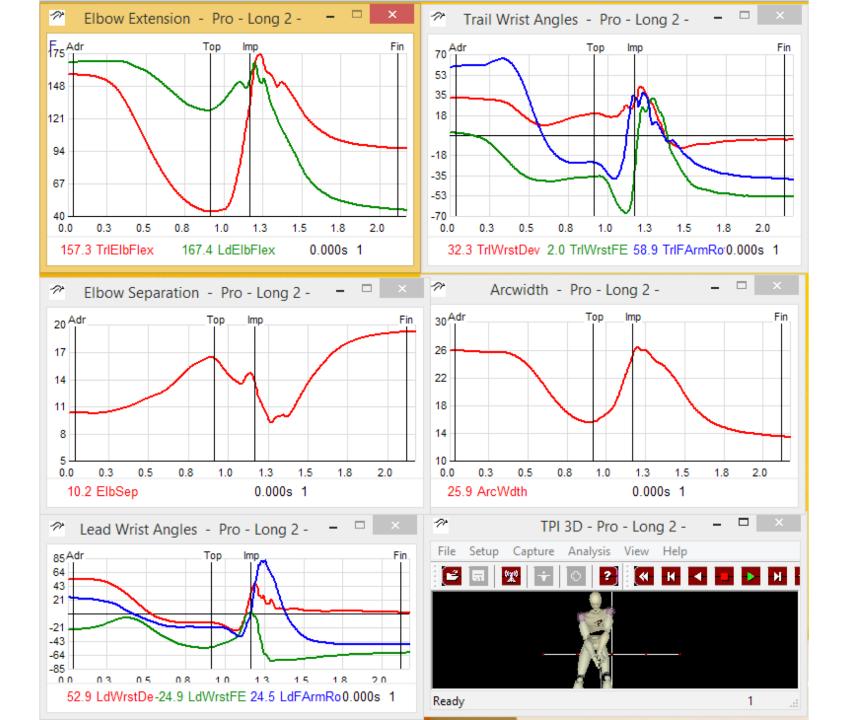


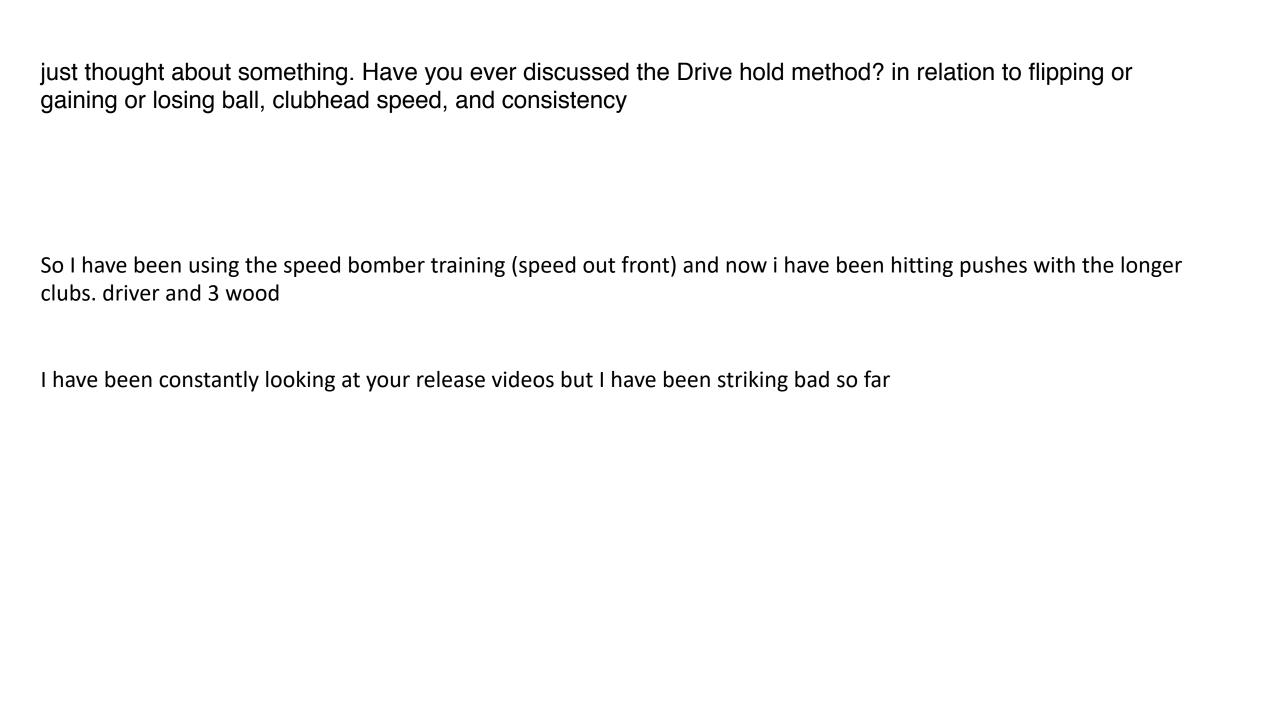
Resist by pressing your head into your hand.



Coaches Questions and Swings

Fred: 3D:
Can we examine the relationship between pelvic movements for long distance players vs shorter hitters?
Also can we examine the relationship between thoracic spine extension at p4 for distance hitters and shorter hitters?
Bracing combos for ball strikers and distance players highlighted on the graphs
Questions:
From your webinar on the wipe, can you highlight the most important areas to focus for the 3-4 wipe related graphs? During your previous presentation the cursor was missing but it seems like the area is quite small.
Swing Analysis:
As spoken before I'm still inconsistent in my wedge swings due to thin, fat shots and sometimes shanks. Can you analyze both my distance and finesse wedge swings please? Thanks.





Question for you. Is it a natural progression for over the top golfers to start hitting off the heel when they start dropping the club on plane? Seeing a lot of that with new golfers.

Larry is a 1 handicap. Early is the year, he had a bad case of the shanks. We were able to eliminate the shanks by working to keep his trail arm bent through impact. He tends to get steep on the downswing and then shallows with his body by backing up and has a shoulder shrug. We have worked on several shallowing drills from the website along with brushing the grass drill.

I sent video last month of Julia. I have sent a face on and down the line videos as a follow up. In addition to Tyler's suggestions, she had a hip sway in the backswing when she showed up. We worked on eliminating the sway, a knee bump forward rather than out to start the downswing and then a brace. The suggestions worked great.