Dynamic Chiropractic

SPORTS / EXERCISE / FITNESS

Chiropractic and Golf

PART 8: LEG DRIVE - THE DOWNSWING

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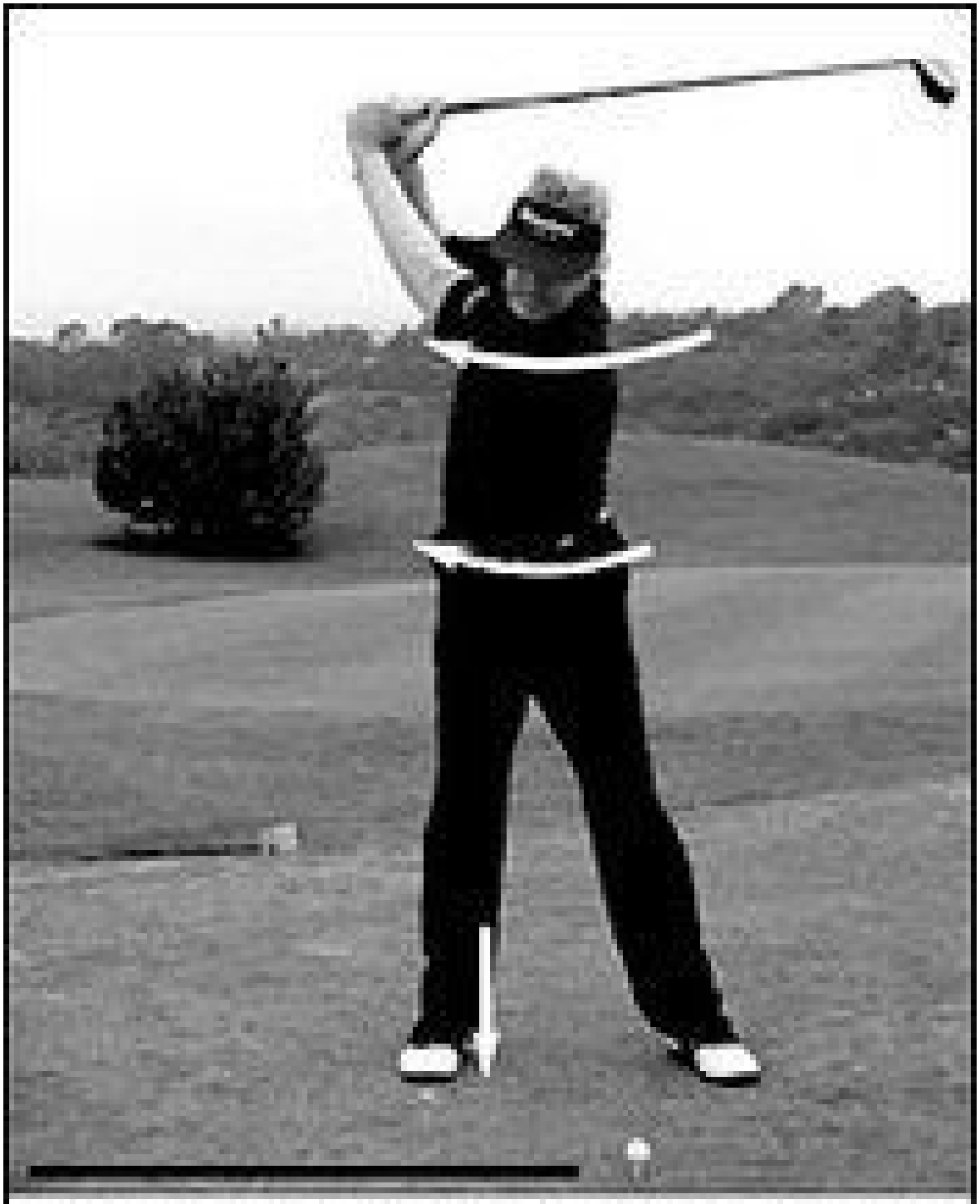
In my previous article in this series, "Leg Drive - The Backswing," I left you at the "set-point": the momentary pause at the top of the backswing, just before you release all that stored kinetic energy toward the target during your downswing.

To review, there are four key points regarding the backswing. (Remember, the "plane line" extends from the ball to 10 feet behind the ball.)



1. The back foot is positioned perpendicular to the plane line.
2. The shoulders rotate to 90 degrees around the stationary back leg.
3. The hips rotate to 45 degrees around the stationary back leg.
4. The weight is coiled inside the right foot.

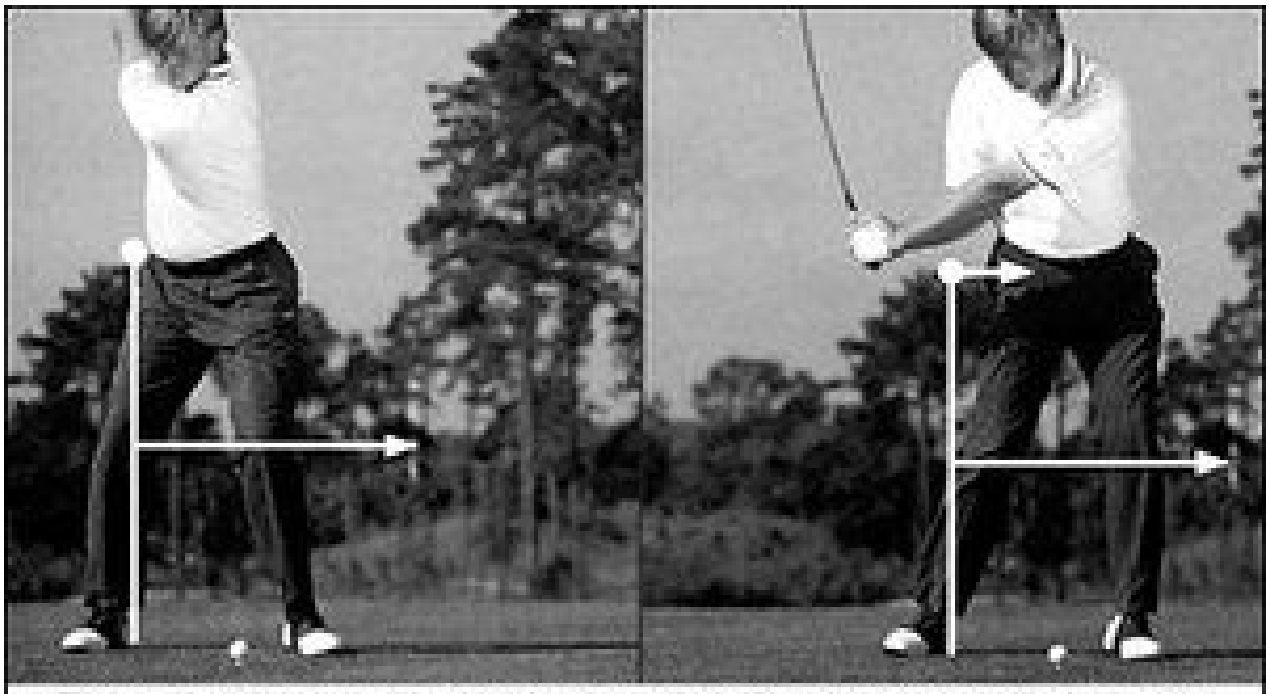
The key to hitting accurate golf shots is releasing the kinetic energy of the downswing parallel to the plane line. Initiation of the downswing begins when the legs drive the coiled kinetic energy directly toward the intended target. It is as if the extended left arm (of the right-handed golfer) is held motionless high above the shoulders, just for a moment, as the legs drive parallel to the plane line, clearing the hips so the left arm can descend the vertical plane and swing parallel to the plane line.

The Adductors

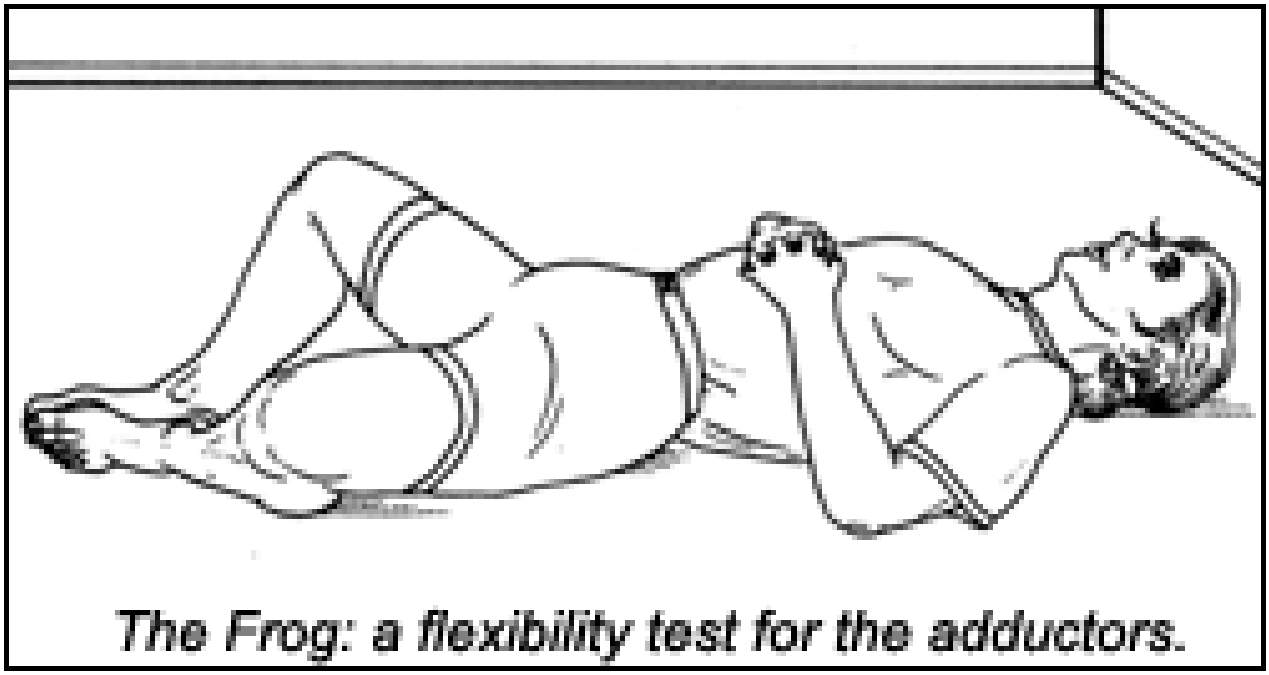
The lateral drive of the legs and pelvis, from the set-point at the top of the backswing to just before impact with the ball, is about 6-8 inches. Proper leg drive puts a tremendous demand on the adductors. At the start of the downswing, there will be a brief lateral slide of the pelvis as the legs drive toward the target. When properly executed, the adductors stretch in response to this mechanical demand. If they are too tight, muscular strain is inevitable. Eventually, your patients will swing around their hips to avoid adductor strain. Swinging around tight adductors results in loss of power, and contributes to an inconsistent golf swing.

Clinical Examination

One way to test the flexibility of the adductors is to have your patient touch the soles of his or her feet while in the supine position, with the knees bent. Within 20-30 seconds, the knees should release to about 12-18 inches from the floor with no adductor discomfort. Observe if one knee comes to rest higher than the other. This abnormal finding indicates chronic unilateral myofascial shortening or subluxation of the pelvic girdle.



The legs drive parallel to the plane line directly toward the intended target, placing mechanical demand on the adductors.



The Frog: a flexibility test for the adductors.

Correction Protocol

If there is subluxation of the pelvis girdle, adjust accordingly. If there is poor adductor flexibility, have your patient rest in the frog position daily for 60 seconds until the adductors release.

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FEBRUARY 2003