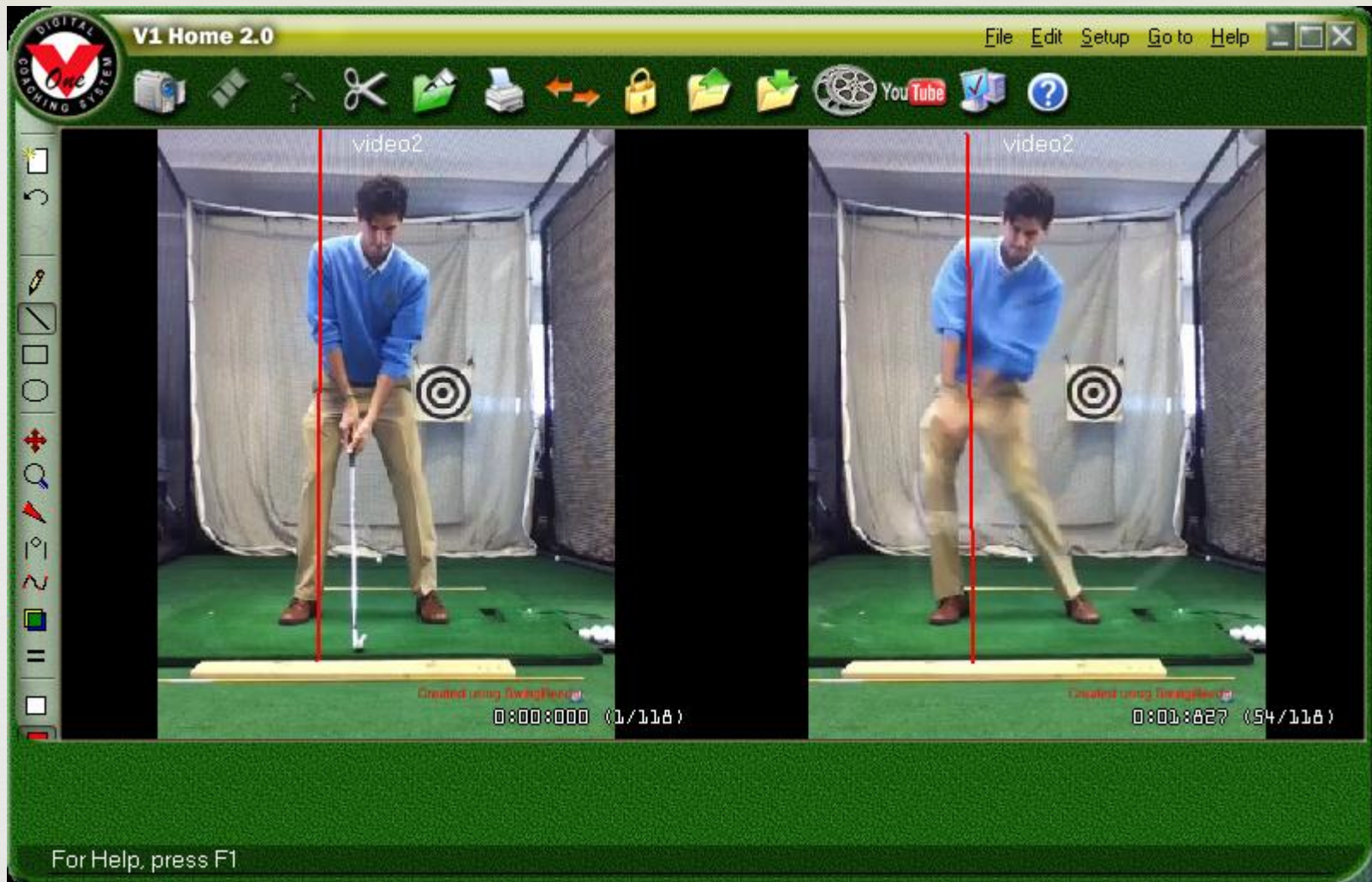


# Anthony Ursino Biomechanical Golf Swing Analysis

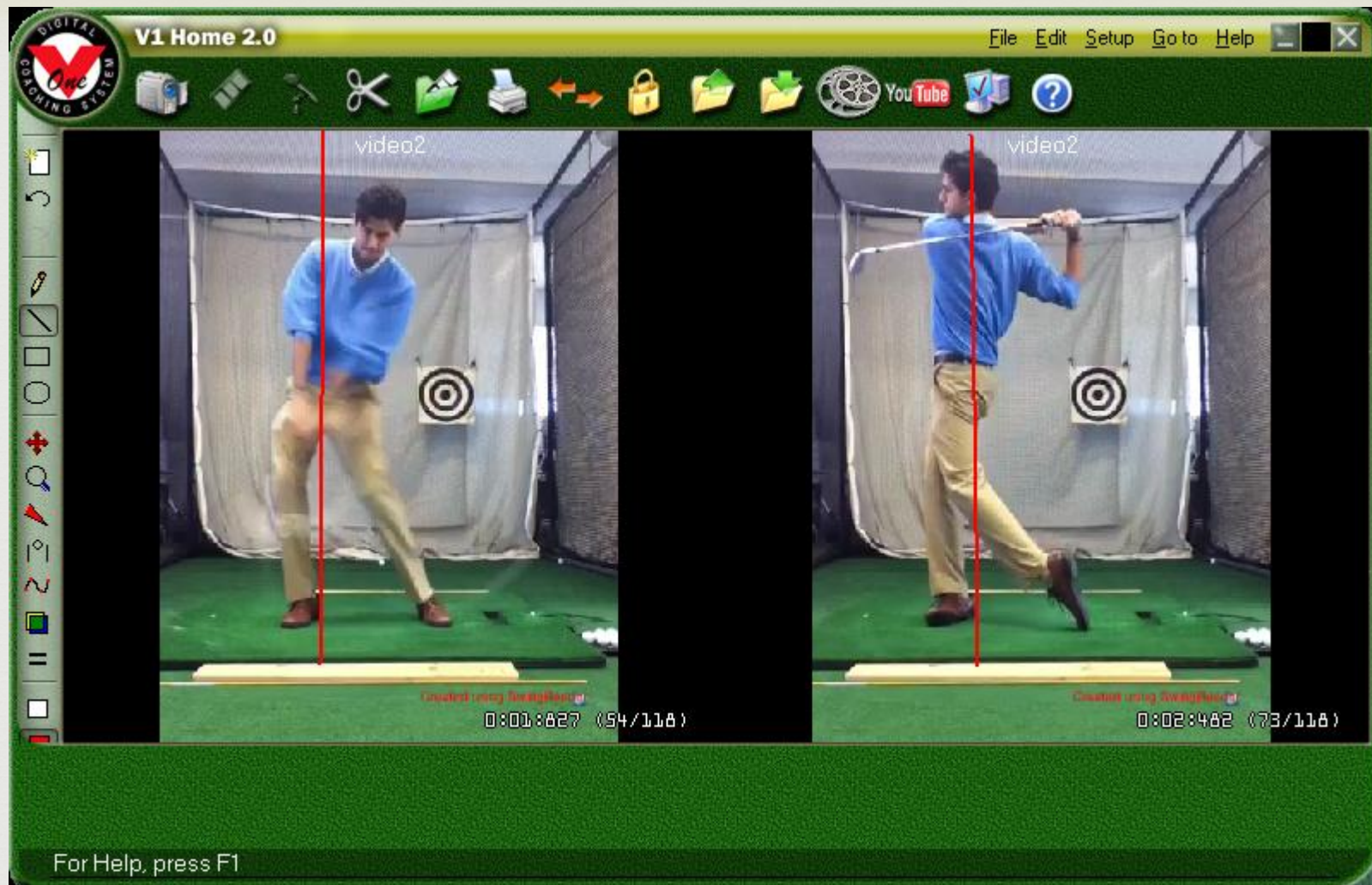


David Bertone, PT, DPT, OCS

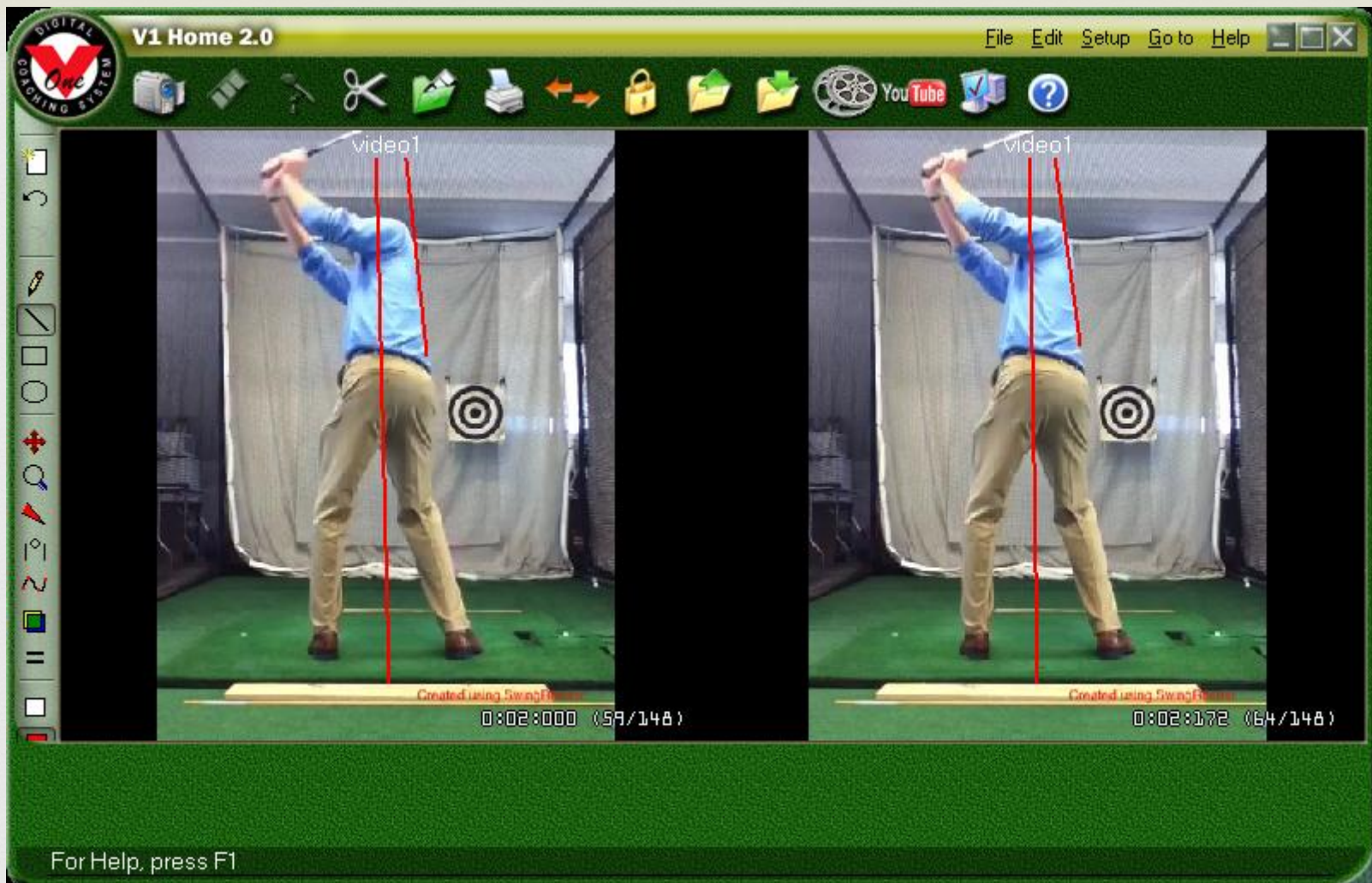
Feb 2011



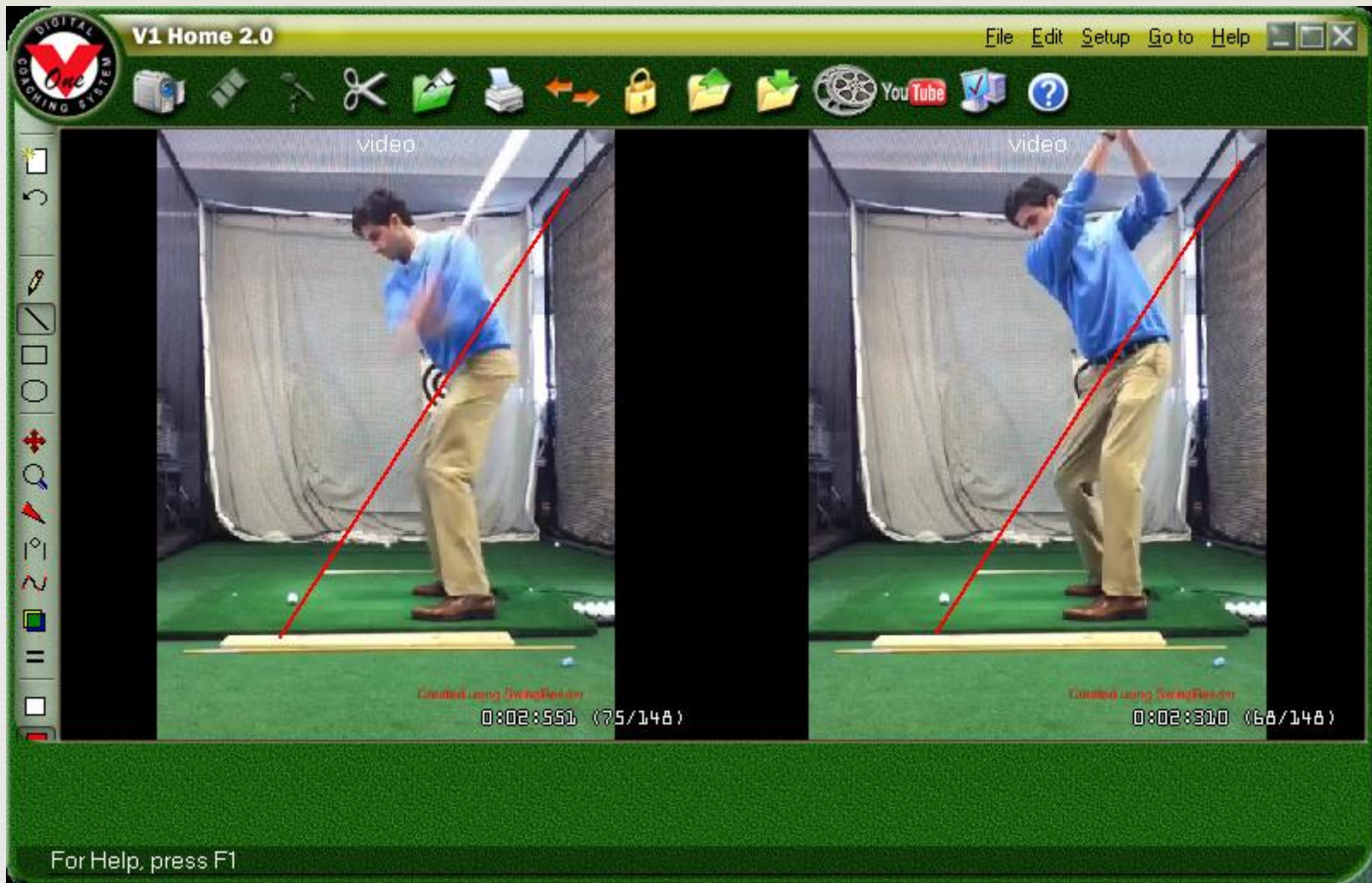
Excessive sway at impact is usually caused by failure to fully extend knee, which is due to a tight Iliotibial Band which runs down the outside of the thigh, and limited hip internal rotation mobility. Right quadricep strength may be a factor as well.



Right knee remains flexed at finish with instep coming off ground again due to limited Iliotibial band flexibility and tight hip external rotator muscles limiting internal rotation mobility. Hamstring tightness is also a factor at the finish position



Left screen shows maximum shoulder and midback mobility but right screen shows spine tilt to get hands further to the top of swing before downswing is initiated. This may be the cause of right sided low back pain because of the joint compression during the spine tilt. Thoracic spine joint mobility and posterior shoulder capsule mobility must be assessed to determine if limitation is causing this spine tilt to get to top.



Left screen shows swing in plane until get toward top on right. This shows upright position during last 1/3 of backswing confirming tightness of the right posterior shoulder capsule.

# Action Plan

- Stretch right Iliotibial band and hamstring
- Joint mobilization to right hip capsule to increase internal rotation mobility



- Assess mid back joint mobility and right shoulder posterior capsule restriction
- Strengthen right quadricep to help terminal extension at impact and follow through.
- Treat limitations and then video swing for comparison