

THE SWING COLLAPSE BLUEPRINT

Diagnose the Dip. Fix the Collapse.

6 warning signs that tell you exactly why your hitter is collapsing — and the specific fix for each one.

THE CORE PRINCIPLE

Not all dipping is bad. Healthy dipping = spinal engine side bend (front shoulder drops → flips up → back down at finish). Unhealthy dipping = a collapsing backside caused by one of 6 upstream breakdowns.

Healthy Dip vs. Collapsing Backside — What to Look For

✓ Healthy Spinal Engine Dip

- **Front shoulder starts low** (downhill shoulder side bend at load)
- **Shoulders teeter-totter** — front pops up as turn begins
- **Front shoulder back down at finish** — classic Mantle/Williams/Ruth position
- **Head stays stable** throughout rotation — no chin drop, no rear-ear roll
- **Back knee stays bent** — hamstring loaded, not quad-dominant

✗ Collapsing Backside Dip

- **Whole body drops or tilts** toward the back hip at contact
- **Loss of posture** — spine angle changes dramatically during rotation
- **Back knee straightens** — leg pushes away instead of driving through
- **Head rolls or dips** — chin to chest or rear ear to rear shoulder
- **Upper or lower half over-rotates** — contact zone slides into foul territory

The 6 Warning Signs — Diagnose + Fix

1 Head Instability

Look for: Chin drops to chest at contact — OR rear ear rolls to rear shoulder — OR head pops up (bill of cap rises). McCutchen (chin-to-chest), Harper/Fielder (rear-ear roll).

Fix: Neck brace drill (soft cloth brace — feedback only, not immobilizing). Wherever the head goes, the body follows — this is a CNS threat response.

2 Arching the Low Back

Look for: Lumbar curve exaggerates during rotation — hitter looks like they're "bowing" backward at contact. Often co-occurs with Sign #1 and Sign #3.

Fix: Hollow hold practice. Lying on back, push lower back INTO the ground (posterior pelvic tilt). This takes the curve out of the lumbar before rotation begins. Search "hollow hold gymnastics" on YouTube.

3 Straightening the Back Leg

Look for: Back knee locks out at or before contact. Quad and glute dominate — hamstring goes quiet. Back leg pushes away from the plate instead of staying loaded.

Fix: Fix Signs #1 and #2 first. The back leg locks out to stabilize a compromised lower back — solve the root, the knee follows. Then cue: "bend the back knee, use your hamstring."

4 Over-rotating the Upper Half

Look for: Sternum is past the contact zone at contact — hitter is making contact almost behind themselves. Chest points toward left field (RHH) or right field (LHH) at impact.

Fix: Deep tee drill — set tee in line with belly button. Get hitter to "hook it" or pull it. Feels like swinging arms across the body. Slows the sternum back to the correct contact position.

5 Over-rotating the Lower Half

Look for: Hips rotate past 90° of fair territory at contact. Back foot pulls fully forward before contact. Pelvis points toward the dugout instead of toward the ball.

Fix: VeloPro resistance band on back hip and ankle. Cue: "keep the back heel down like George Springer, back foot sideways." Keeps hip rotation inside 90° of fair territory.

Core Instability

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Look for: Hitter "falls apart" during rotation — no stable base to rotate from. Signs 1–5 may all be present because the core can't hold posture under rotational load.

Fix: Hollow holds, plank slides, reverse planks, twisting side planks, arch-rock & hollow-body rock, suitcase carries. Work with a trainer certified in FMS or TPI.