

## ***Diagnostics and Mechanism/Technical Remediation\****

Diagnostics and mechanism/technical remediation is part skill, part experience, and a healthy dose of art. There is a certain amount of juju involved, as well.

The first part of the juju is recognizing the problem indicators.

The audible indicators are hesitations, buzzed notes, missing notes, wrong notes, wrong rhythms, un-damped strings, inappropriately applied style conventions, unfocused tone, and distracting timbre overuse, to name just a few.

The visible indicators are too many to name, but include inappropriate wrist bend, collapsed tip (distal interphalangeal or DIP), or mid (proximal interphalangeal, or PIP) joints, right-hand bicycling fingers, insecure right elbow placement, incorrect left-hand **presentations**, extended pinky invoking the **Quadridge Phenomenon**, and posture.

The covert indicators (invisible and inaudible types) are the hardest to discover. They include dysfunctional tension, inattentive rehearsal, general insecurity, distracting internal dialogue, memory, private medical matters, and even romantic interest in their teacher (it happens, my friend). There is often great hesitancy on the part of the student to discuss some of these issues, but, nevertheless, we must instruct the entire student, not just their hands. You should not probe and make the lesson uncomfortable, though. Simply ask if there are outside issues impacting their practice, and that you care and understand, but you don't need to know what they are (unless it's pain in the hands). Leave it at that. You *really don't* need to know what they are. Given time, the student will most likely open up, and you can address the issue at that time. If the problem is pain in the hands, it is incumbent upon the teacher to discover why and immediately prescribe corrections to their posture and hand positions, and proscribe the damaging activity, whether guitar related or not (think computers and hand held video games). Never play therapist and never play doctor, but never hesitate to recommend a visit to a physician.

The second part of the juju is diagnosing the problem. If the student is a beginner, the problem is usually a single mechanic, such as a lifted **pivot finger** indicated by a hesitation, a baseball bat grip indicated by the left-thumb-over-the-top-of-the-neck, or a permanent **pronation** indicated by a collapsed joint (or all of these things at once!). For the novice instructor, these will become easy to spot in a few months. The intermediate or advanced student is collecting mechanics into techniques. Mistakes at these levels are often much harder to correctly diagnose. For example, the student is hesitating in the left-hand on a shift from a common B7th chord to an E major barre chord on the 4<sup>th</sup> fret (a "C" form). The student may be misapplying one or several of the following mechanics in the composite technique:

1. Improper left-hand finger exchange.
2. Not adjusting the weight of the arm in preparation of the shift.
3. Not executing the finger exchange before the shift.
4. Not rotating the hand from a pronated position to a default position.
5. Not barring correctly.

For the intermediate to advanced student working on the shift above, you will need to eliminate each correct mechanic to find the insecurity. The "go-to diagnostic" in this situation is to eliminate the shift and execute the "finger set" change on the first fret and see if this is doable. If there is still hesitation after a few attempts, then try it again without the barre. If this doesn't help, eliminate the third finger and concentrate on the

“four-two” finger exchange. For discussion purposes below, let’s agree that we discovered that student could not execute the finger exchange.

The third part of the juju is devising the remediation. Simple awareness of the problem by the student is sometimes all the remediation that is necessary, such as reminding the beginning student of the pivot finger. But if a week should go by and there is no progress, active intervention on your part is required.

For example, the correction of the “thumb-over-the-neck-death-grip” can be encouraged by careful placement of a piece of 2-sided adhesive cellophane tape on the back of the neck, and an instruction to “put your thumb there for a few weeks”. The collapsed joint indicating a permanent **pronated presentation** will need a customized exercise that pivots the offending finger on a higher sounding string while the other fingers play a pattern on progressively lower sounding strings, forcing the left-hand into the **default parallel presentation**.

For our intermediate to advanced student working on the shift above, each insecure mechanic will need rehearsal. In our example, we discovered that the student had finger exchange issues between the 4<sup>th</sup> and 2<sup>nd</sup> fingers. A finger exchange exercise with pivots, like those found in *Pumping Nylon* (pg. 53) would be a great first choice for remediation, with additional work without pivots to more accurately reflect the problem. After remediating this mechanic, we would slowly add the other mechanics back into the technique and observe the effects of their recombination, watching for indicators, doing additional diagnostics, and recommending appropriate remedial work if necessary. This can and should be done within the lesson time.

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