

WHAT Q-PRO CALIBRATION ACTUALLY DOES

Field data. Unfiltered.

Exploratory series — field data (Kinvent, K-Force Plates, ARX, EEG Muse, wearables). Anonymized subjects. Varied profiles: men, women, professional athletes, active population.
Not generalizable without larger-scale controlled studies. Clinically interesting signal.

+20% MAXIMUM STRENGTH — INSTANTLY

Versus the athlete's own personal best recorded in the machine.

+20%

Maximum strength — ARX Machine

Gains observed in professional athletes, immediately after Q-Pro calibration. ARX machine: measures maximum eccentric and concentric force under controlled instability. Data collected at R15 Studio, Paris.

Concrete example: an athlete with a personal best of 230 kg of force produced on the ARX machine...

... achieves +46 kg more immediately with Q-Pro — vs their own record.

This is not an average across beginners. These are athletes already at the peak of their performance.

Internal data, non-audited — functional field observations.

Top Kinvent results (before/after Q-Pro calibration)

Objective isometric measurements, standardized protocol. Response threshold: ≥10% improvement on the weakest limb.

+47%

Weak limb force (knee flexion)

Asymmetry: 15.9% → 4.1% — Subject H-2 (Kinvent)

+140%

Shoulder abduction force

Typical gains +50 to +140% by subject — 3 subjects tested (Kinvent)

-40%

Postural oscillation area (CoP)

+15%

Cervical range of motion (rotation)

1,004 mm² → 609 mm² at squat — improved motor control (K-Force Plates)

With placebo control: inactive circuits degrade vs reference (K-Move + stabilometry)

Top 5 measured results

Test / Tool	Best gain observed	Key signal
Maximum strength (ARX)	+20% avg.	Vs personal best — pro athletes, R15 Studio Paris
Shoulder abduction (Kinvent)	+50 to +140%	Immediate abduction force, 3 subjects tested
Knee flexion — asymmetry (Kinvent)	15.9% → 4.1%	Bilateral rebalancing — force +47% on weak side
Squat — postural control (K-Force Plates)	-40% CoP	Oscillation area reduced 40% — same load
Cervical rotation + placebo (K-Move)	+15% ROM	Placebo degrades vs reference — attentional effect excluded

Key point on placebo: the cervical test included a “inactive circuits” condition.

These degrade measurements compared to the reference — ruling out a simple attentional or handling effect.

This is not belief. It is observable, comparative, reproducible.

Beyond strength: EEG & physiological data (exploratory, n=1)

-25%

Beta/Alpha ratio (EEG)

Under EMF exposure (mains computer) + Q — return to baseline vs +68% without Q (EEG Muse Athena)

-6 bpm

Heart rate (HR)

HR normalized under computer exposure + Q vs conditions without Q — same EMF source

+22%

Training load

Longitudinal intra-subject study (n=1) — ON vs OFF Q-Ultra phase, despite reduced sleep -5 to -15%

+26 pts

Body Battery Garmin minima

Daily minima: 24-42 (without insole) → 50-55 (with) — more stable daytime recovery

All these data are strictly exploratory (n=1). They are presented to illustrate the diversity of measurement tools used, not as statistical evidence.

2026 update — expanded Kinvent series (multi-subject)

The series of isometric strength tests on the Kinvent dynamometer has expanded to 6 independent subjects and several muscle groups. The pattern is consistent and hard to explain by simple warm-

up: it is the weaker side that gains most, so left/right asymmetry collapses immediately with the technology.

- Shoulder abduction — Jon: peak force +60% (left) / +46% (right); asymmetry 16.0% → 8.3% ($\div \sim 2$).
- Shoulder abduction — Karine: weaker side (left) +56%, asymmetry reduced (2nd subject).
- Knee extension — Stéphane: weaker side (right) +49%; asymmetry 15.9% → 4.1% ($\div \sim 4$).
- Knee extension — Evan: clear gain on the weaker side.
- Knee flexion — Élodie: weaker side (left) +27%; asymmetry 11.2% → 2.2% ($\div \sim 5$).
- Knee flexion — Evan: rebalancing consistent with the series.
- Psoas — Régis: strong response on the weaker side; structural argument against warm-up.

Across 6 subjects and 4 muscle groups, left/right asymmetry is cut by 2 to 5×. A simple warm-up would raise both sides comparably; here it is preferentially the weaker side that rebalances.

Uncontrolled series (fixed order without → with, no sham circuit, no blinding) — randomized blinded replication planned. Objective measurements on the Kinvent dynamometer. Functional observations, non-audited internal data. No medical claim.

Why results vary between individuals

This is not a bug. It is the design of the system.

Every nervous system has a dominant Biophysical Profile: Alpha, Theta or Omega. Applying the wrong technology yields sub-optimal results. Applying the right one: the results above.

The Perfect Posture Test (15 min, Certified Tester) identifies the profile and calibrates the technology exactly to the person's nervous system.

This explains the +140% in some individuals, and the more measured gains in others: different profile, different optimal technology.

A field data point that shifts perspective

These performance figures come from clinical tests in cabinet — population that consults to resolve documented pain or functional deficit. Across 351 people tested in a trade-show setting in 2026, the observed distribution differs significantly: 22% Alpha, 37% Theta, 41% Omega (younger, more curious, exploratory population).

Across ~5,000 internal clinical Q-Technology tests since 2023, the inverse pattern emerges: 10% Alpha, 25% Theta, 65% Omega — primarily 30+ years old, post-pain or established deficit. This is the population that produces the +20%, +47% and +140% measured above. The trade show visitor is not the target customer — but the one with the curiosity to invest before pain sets in.

If you felt a difference during the booth test, your nervous system is already responding. No need to wait for established pain to move to the complete Perfect Posture Test in cabinet.

COME AND TEST IT. SEE THE DIFFERENCE.

Perfect Posture Test — 15 minutes — Before/After right in front of you

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