This is the form of instrument assisted soft tissue mobilization. These instruments resonate better than any other product in the market!
Our Philosophy:

It is our belief that working together each of the healing professions has a role to play in the patient achieving optimal health. Each excels in a unique way.

S.A.S.T.M. WILL ENHANCE YOUR SPECIALTY. THE RESEARCH PROVES IT
CARPAL THERAPY INC. WOULD LIKE TO EXPRESS OUR GRATITUDE TO BALL STATE UNIVERSITY, THE BALL FAMILY, DOCTORS OF CENTRAL INDIANA SPORTS MEDICINE, THERAPISTS AND STAFF OF BALL MEMORIAL HOSPITAL, AND ALL WHO WERE AND ARE INVOLVED IN THE RESEARCH THAT HAS VALIDATED THE MODALITY OF I.A.S.T.M., AND HELPED EASE THE PAIN OF SO MANY.
Personal Clientele:

- Toyota
- BMW
- Ford
- Isuzu
- NFL (National Football League)
- NBA (National Basketball Association)
- MLB (Major League Baseball)
- USA Track & Field
- 2005 Summer Olympics
- For individual professional names visit sastm.com
- University athletic training programs
SECTION ONE

HISTORY AND RESEARCH OF INSTRUMENT ASSISTED SOFT TISSUE MOBILIZATION
1988 - History of I.A.S.T.M

- David sustained a total dislocation of the right knee while training for a skiing competition. Surgery was needed to repair the medial and lateral ligaments. David received an ACL replacement, was left without a PCL, and the leg was casted. When the cast was removed, David had 0 range of motion in his knee.

- David learned through therapy how to perform soft tissue mobilization and deep friction massage using his hands. After 6 months of treating himself, David was diagnosed with Bi-Lateral Carpal Tunnel and Trigger Finger resulting in surgery to his right hand.

Roller Concepts

1st Wooden
2nd Aluminum

Different size rollers were used for various pressures and various soft tissue being treated. David used the roller concept initially when treating his right hand after surgery. He continued to treat his left hand to prevent surgery.
1990 - One on One Fitness

- David specialized in training injured athletes as a Personal Trainer using the Roller Concept and then developed the Instruments that fit body parts with handles and Weak-Link Training Concept.

- Dr. Tom Seiver saw the results first hand from one of his patients. The patient had a left frozen ankle. After 6 weeks of treatment with the instruments, an 80% range of motion was achieved.

- Case Study – Kevin Pugh, Canadian Ballet Dancer Study was performed by David Graston, Andre Hall and Central Indiana Sports Medicine under the direction of Dr. Tom Seiver.

- The roller concept evolved into curvilinear instruments with beveled edges acting as a roller for maximum coverage. The instruments also possessed a bladed edge for separation and splaying of soft tissue. The instruments were designed using aluminum as the material.

Note: After David’s first treatment on his knee using these instruments, he gained a 30 degree range of motion.
1991 - Early Development of I.A.S.T.M.
Instrument Assisted Soft Tissue Mobilization

- Aluminum material was replaced with stainless steel.
3 Patents – Original Technique

- **2 Step Method** - Set of curvilinear instruments designed to fit the body parts being treated. Instruments possess 2 treatment edges (beveled & bladed).

- **Beveled Edge** was developed from the roller concept and was designed to locate and break up adhesions.

- **Bladed Edge** was developed to separate and splay the soft tissue after being located and broken up by the beveled edge.
• The success of a case study resulted in David being recruited by Central Indiana Sport Medicine to open a clinic in Muncie, Indiana.

• Under the Direction of Dr. Tom Seiver, David and collected outcomes to validate the Original Technique and Weak-Link Training.
1993 - Ball Memorial Hospital

- David went on to work with Ball Memorial Hospital where they entered into a licensing and consulting agreement.

- They worked for a year doing IASTM research, developing training and therapy protocols re: the Original Technique using the stainless steel instruments.
1994 - Ball Memorial Hospital Research

• Ball Memorial’s research on the original technique and weak link research on athletes was collected by Ball State University’s Human Performance Lab.
1994 - Ball State University Human Performance Lab - IASTM Research


Ball State University Human Performance Lab - IASTM Research
Ball State University Human Performance Lab - IASTM Research
1994 - Physical Therapy & Training Center Opens

- Free standing Physical Therapy Clinic utilizing the original Technique and tools in therapy.

- The original Technique and tools were used with the Weak-Link Concept to increase performance in athletes of all ages by understanding that bio-mechanical imbalances were scar related.
1995 - Ball Memorial Hospital Opens Performance Dynamics

• The success of the clinic David opened in Indianapolis, and differences in how to teach and market the product resulted in a mutual termination of relationship with Ball Memorial Hospital.

• Ball Memorial Hospital then moved their inpatient physical therapy to an outpatient setting known today as Performance Dynamics.

• Performance Dynamics developed and patented their own curvilinear instruments under the direction of Dr. Tom Sevier.
1995 - Performance Dynamics
1997 - DAVID LEAVES CLINIC

- As a result of differences between the 3 original partners regarding education, marketing and product development, the relationship was dissolved. David honored a 3 year non compete. During this period, extensive research and development took place to develop a new method and instruments, and better teaching and treatment protocols.
1998 – GUA SHA

GUA SHA
A Traditional Technique for Modern Practice

Arya Nielsen
Foreword by Ted Kaptchuk

CHURCHILL LIVINGSTONE

[Image of gua sha tools]
1998 – GUA SHA

• GUA - means to scrape & SHA means ‘Sha-syndrome, or ‘reddish, elevated, millet-like skin rashes’ The technique of Gua Sha intentionally brings the Sha rash to the surface.
1998 – GUA SHA
2000 - Carpal Therapy - SASTM.com

- 3 Years after David left (to fulfill a noncompete agreement), Carpal Therapy, Inc. was opened in Sept. of 2000

- Carpal Therapy conducts research and development, manufactures and quality controls all products and seminars via SASTM.com.
Design

- Each SASTM Instrument has been designed with a unique treatment edge based on a square surface concept.
- The instruments serve as levers thus increasing the mechanical advantage and reducing the effort and pressure needed from the clinician.
- Ceramic Polymer
- Straight Flat Treatment Edge
How Does S.A.S.T.M. Work?

• Instruments aid in the location of restrictions via sound waves and conform to the size of adhesion.

• Ergonomic design = Easily handled without excessive gripping.

• Square Surface Design = Minimal pressure needed from clinician to initiate controlled microtrauma in affected tissues without damaging healthy soft tissue.

• Microtrauma initiates reabsorption of excess scar tissue.
Inflammation

Inflammation is a necessary and important part of the treatment process. It is a natural response of the body that enables it to reabsorb and remodel scar tissue. However, uncontrolled inflammation allows fibrosis to thicken, restrict motion and create pain.

We don’t treat areas that are painful, because we don’t want to inflame already inflamed tissue.

We do want to create controlled inflammation. For that reason ice is an important last step.

Ice decreases patient discomfort and recovery time.
Do symptoms accurately indicate the location of the cause of the problem?

i.e.: Should we treat the lateral epicondyle for Tennis Elbow?

Inflammation creates a buildup of fibrosis.
Symptoms are not an accurate reflection of the location of the cause. They are the effect of a long standing, chronic problem.


Symptoms seldom occur at the start of a problem, unless trauma related.
The deep thumb and forefinger extensors and flexors are usually the cause of lateral and medial epicondylitis!
Sound Assisted Soft Tissue Mobilization

This is the form of instrument assisted soft tissue mobilization. These instruments resonate better than any other product in the market!
SECTION THREE:

HAND HOLDS OF INSTRUMENTS

AND

EVALUATION AND TREATMENT STROKES
S.A.S.T.M. Hand Holds

- Instruments #1-#3
  Pencil Grip

- Instruments #4-#6
  Single Hand Hold
  Double Hand Hold
S.A.S.T.M. – Instrument Strokes

• Sweeping = Scanning (Lighter Pressure than Treatment Pressure)

• Strumming = Treatment

• J Stroke = Treatment

Note: Any increase in treatment pressure should correspond with a decrease in treatment rate. To increase treatment pressure use a smaller instruments which has a smaller square surface rather than using more pressure.
Evaluation vs. Treatment

While using the S.A.S.T.M. instruments for soft tissue mobilization, there is a constant interchange between evaluation pressure and treatment pressure.

**Note:** Evaluation or scanning pressure is less than treatment pressure.
1. LOCATE AN ADHESION BY SCANNING IN 4 DIRECTIONS.

2. WHICH OF THE 4 DIRECTIONS CREATES THE MAXIMUM VIBRATION / SOUND WAVE. THIS = THE BARRIER, WHICH IS THE HIGH SIDE OF THE ADHESION.

THE BARRIER DIRECTION MAY CHANGE AS YOU TREAT DEEPER LAYERS.

RESCAN YOUR PALM
FIND AN ADHESION
DETERMINE THE DIRECTION OF ITS BARRIER
WHY DO WE TREAT?

SCARS ARE LIKE ONIONS. ONCE WE LOCATE THEM THROUGH SCANNING, WE CAN BREAK THEM DOWN, ONE LAYER AT A TIME.

SOME OF THE TREATED TISSUE IS REABSORBED AND EXCRETED THROUGH THE KIDNEYS, AND SOME IS REMODELED.

THE RESULT: WE HAVE TISSUE WITH LESS FIBROSIS, THAT IS MORE FUNCTIONAL.

WE CONTINUE TO TREAT / REMODEL SCAR LAYERS UNTIL:
A. THE PAIN IS ELIMINATED OR CONTROLLED.
B. FUNCTION IS IMPROVED

USUALLY 4-6 TREATMENTS YIELDS SIGNIFICANT IMPROVEMENT
4 WAYS TO INCREASE PRESSURE:

1. **DOWNSIZE THE BLADE SIZE**
   - EACH TIME YOU DOWNSIZE THE BLADE, SLOW DOWN

2. **CHANGE THE BLADE ANGLE:**
   - FROM 45 DEGREES TO 90 DEGREES

3. **INCREASE THE STRETCH / CONTRACTION**

4. **ONLY PRESS HARDER AFTER YOU TRY THE FIRST 3.**

TRY EACH OF THESE
CROSS FIBER STROKES

AFTER TREATING THE HIGHEST BARRIER, DO SEVERAL CROSS FIBER STROKES TO SEPARATE THE FIBERS OF THE INVOLVED MUSCLE, TENDON OR LIGAMENT.

1.) BARRIERS OF SCARS IN THE TENDONS ARE USUALLY IN THE DIRECTION OF THE FIBERS OF THE TENDONS.

2.) BARRIERS OF SCARS IN THE MUSCLES CAN BE IN ANY DIRECTION.

NOTE:
IF THE DIRECTION OF YOUR BARRIER STROKES AND CROSS FIBER STROKES ARE THE SAME, YOU CAN SKIP THE CROSS FIBER STROKES, BECAUSE YOU ACCOMPLISH BOTH AT THE SAME TIME.
TREATING LAYER DEPTH

SUPERFICIAL LAYERS:
STRETCH OR CONTRACTED THE TISSUE.

INTERMEDIATE LAYERS:
SLIGHTLY RELAX THE TISSUE TO TREAT THIS NEXT LAYER.

DEEP LAYERS:
COMPLETELY RELAX THE TISSUE TO ALLOW THE INSTRUMENT TO SINK DEEP.
SASTM BASIC CONCEPT

1. SCAN 4 DIRECTIONS
2. TREAT IN DIRECTION OF BARRIER DIRECTION
3. FINISH CROSS FIBER IF NEEDED
4. WORK PROGRESSIVELY DEEPER
5. COMPLETE MOBILIZATION
BASIC USE OF S.A.S.T.M.

1.) WARM UP TISSUE TO TREAT:
   - MOIST HEAT, STRETCH, U/S, CARDIO

2.) TREAT

3.) MOBE / ADJUST

4.) EXERCISE / STRETCH

5.) YOU CAN INCLUDE ANY OTHER MODALITIES AT THIS POINT – THESE WON’T BREAK UP FIBROSIS HOWEVER.
   - LASER ETC

6. ICE TO AREAS OF TREATMENT.
Patella Tendonitis
Step 1: Patellar Ligament & Quad Tendon

Superficial Layer
Patella Tendonitis
Step 2: Ilio-Tibial Tract / I.T. Band

Superficial Layer
Patella Tendonitis
Step 3: Sartorius Tendon

Superficial Layer
Patella Tendonitis
Step 4: Gracilis & Medial Hamstrings

Superficial To Intermediate Layer
Patella Tendonitis
Step 5: Lateral Hamstring

Superficial Layer