HawkGrips®

User Manual

User Manual

3rd Edition

HawkGrips®
United States

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Consult instructions for use

CE

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TRAINING VIDEO

View online at: https://hawkgrips.com/training-video/
Password: HawkGrips

Introduction

To begin, let us go over a brief background on physiology to better understand exactly how Instrument Assisted Soft Tissue Mobilization (IASTM) works. Connective tissue serves to provide mechanical support, exchange metabolites between blood and tissues, protect against infection, and repair damaged tissue (Bloom, 1975). The cells embedded in the connective tissue include fibroblasts, myoblasts, and macrophages, to name just a few. Fibroblasts play a large role in connective tissue repair, as they are the ground substance in collagen synthesis (Bloom, 1975).

When soft tissue injury occurs, collagen may be reassembled in abnormal arrangements or cross-linkages resulting in decreased tensile strength, reactivity, and limited range of motion. This decrease in strength, reactivity, and range of motion can allow the involved tissue to become prone to chronic re-injury and/or pain. Soft tissue injury often involves damage to structural elements of the tissue. This may result in rupture of capillaries and arterioles while initiating an inflammatory response. This inflammation promotes healing by removing injured tissue and promoting growth and repair to restore the tissue to its normal physiological function (Depner et al, 2010; Pyne, 1994).

IASTM is an advanced form of myofascial mobilization primarily used to detect and relieve the symptoms of scar tissue, adhesions, and fascial restrictions within the soft tissue. When coupled with stretching, strengthening, and cryotherapy, IASTM is intended to improve connective tissue function. This technique allows a clinician to locate the area of adhesion in the soft tissue involved through the vibrations or undulations of the instruments in the clinician's hands. The clinician may utilize the instruments to encourage remodeling of the abnormal cross linkages between muscle, tendon, or fascia and return the injured area to its optimal function.

The theory behind IASTM was based on Cyriax's concept of cross-friction massage. Cyriax's goals of this massage are to soften or break up scar tissue by providing movement to the tissue itself and increase tissue temperature (Chamberlain, 1982). Tissue movement encourages realignment and lengthening to ensure proper lying down of new collagen without stretching or tearing the healing fibers. Collagen, being the basic fiber of soft tissues, needs to lay down parallel to each other to provide rigidity and strength in mechanical tension. Cyriax hypothesized that cross-friction massage will not detach fibrils during healing but instead will prevent their adherence at abnormal sites, thus decreasing abnormal adhesions in connective tissue (Chamberlain, 1982).

The exact effects of how IASTM decreases pain and increases ROM are unknown. However, there are numerous theories based on animal models and our working knowledge of cellular physiology. IASTM, like other manual therapies, may decrease pain via the Gate Control theory (Bayliss et al, 2011; Gulick, 2014) and increase ROM via reduction in muscle guarding (Lee, 2016; Jae Lee, 2014; Laudner et al, 2014; Markovic et al, 2015), mechanotransduction (Khan et al, 2015; Thompson et al, 2016), and breaking cross-links (Chungtai et al, 2016; Davies et al, 2010; Wang et al, 2007). For more information on these theories, please see one of our certification continuing education courses and/or the references at the back of this User Manual.

HawkGrips®

- HawkGrips® are ergonomically advanced, professionally engineered instruments specifically designed to detect and treat soft tissue dysfunction in muscle, fascia, tendons, and scar tissue.

- HawkGrips are contoured to facilitate treatment around different body parts.

- HawkGrips were designed to conform to different body soft tissue contours and joint shapes.

- HawkGrips were designed with the practitioner in mind. The instruments are textured to give the clinician a better "grip." This allows the practitioner to use less force while holding the instruments, resulting in a reduction of fatigue in the hands and wrists. The handlebar instruments were designed to be held comfortably, with no stress being placed on the thumbs by the practitioner.

- HawkGrips allow clinical goals to be accomplished more effectively in less time, with less pressure, and less discomfort and strain on the part of the clinician.

*Disclaimer: HawkGrips instruments were designed and are intended for use by trained healthcare professionals. Use of these instruments without proper training and experience could result in injury.

Caring for Your Instruments

- Instrument edges can become damaged with improper use - always inspect instruments for sharp or rough edges before using them on a patient.
    - Avoid dropping instruments.
    - Avoid picking up multiple instruments and allowing them to hit or rub against each other.
    - Store instruments within their carrying case, a foam tray, or other protective container.
- Clean instruments between each patient with disinfectant cleaner (i.e. alcohol-based cleaners) and a soft cloth.

The Instruments

HG1 - “Small Handlebar”

HG2 - “Medium Handlebar”

HG3 - “Large Handlebar”

HG4 - “Small Multi-Curve”

HG5 - “Medium Multi-Curve”

HG6 - “Large Multi-Curve”

HG7 - “Boomerang”

HG8 - “Scanner”

HG9 - “Tongue Depressor”

The “HGPro”

HawkGrips can be used to treat a large range of abnormalities that include:

TENDINOPATHIES
Such as lateral epicondylitis, trigger finger, and Achilles tendinitis.

POSTURAL ABNORMALITIES
Such as upper and lower cross syndrome.

MYOFASCIAL PAIN SYNDROMES
Such as fibromyalgia, ITB syndrome, and plantar fasciitis.

ENTRAPMENT SYNDROMES
Such as carpal tunnel and thoracic outlet syndrome.

LIGAMENT PAIN
Such as chronic and acute ankle sprains.

SCAR TISSUE/ADHESIONS
Such as mature post-surgical scarring.
(Best used in conjunction with creams used to treat the appearance of scars.)

EDEMA REDUCTION
Such as acute swelling and lymphedema.

Contraindications and Precautions for IASTM

Contraindications	Precautions
Patient refusal	Increased symptoms
Localized infection	Anticoagulant drug therapy
Hematoma (directly over site)	Varicose Veins
Myositis ossificans	Diabetes
Over fracture site	Auto-immune disorders
Inflammatory skin conditions	Chronic Regional Pain Syndrome
Osteomyelitis	Surgical incisions that are not fully coapted
Thrombophlebitis	Any condition where the soft tissue is weakened or compromised
Over open wounds	

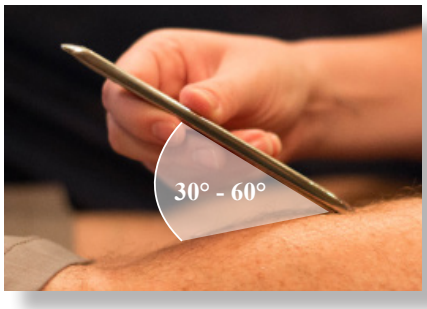
*It is important to be mindful when treating near a joint that is affected by an autoimmune inflammatory disease such as rheumatoid arthritis, as this could cause an unwanted increased inflammatory response.

WARM-UP:

- Ultrasound, diathermy, hot-pack, or active exercise (e.g. stationary bicycle).

INSTRUMENT APPLICATION:

- Apply a small amount of emollient; just enough to make the skin shiny. (Avoid build up of the emollient on the instrument during treatment).
- Identify the treatment edge.
- Keep the angle of the treatment edge on the skin between 30 and 60 degrees.
- Apply light pressure through the instrument, keeping wrists in a neutral position and fingers loose, in a sweeping motion from proximal to distal or distal to proximal. Decrease pressure as you slide the instrument back proximally, never removing the instrument from the patient's skin.
- Basic scan of area to find adhesions.
- Use appropriate instrument(s) and stroke(s) for a more precise, focused treatment.
- Finish with broad strokes in the direction of the heart to control any heightened inflammatory response.



STROKES

Brush - desensitize dermatomes with very light pressure stroke, treated in all directions.

Sweep - scan for adhesions in a unidirectional, distal to proximal or proximal to distal manner.

Fan - scan for adhesions in different planes by fixing one side of the instrument to the skin while pivoting the other side, like opening a fan.

Strum - small strokes on localized adhesions, treated in all directions.

J-Stroke - sweeping stroke ending with a sharp curve, appearing like a "J". Used often to teat around bony prominences.

STRETCHING & REHABILITATIVE EXERCISE:

- High-repetition, low-load exercise.
- Stabilization exercises.
- Proprioceptive training.

NOTES:

Depending on the structures involved in treatment, cryotherapy may be warranted at the end of treatment. If the condition is inflammatory in nature such as acute injury, tendonitis or bursitis, clinician may recommend using ice to control any extra inflammation post treatment.

HawkGrips therapy is best used as a conjunctive therapy. Encourage your patients to perform stretching and high-repetition, low-load exercises that utilize the involved tissue after receiving an IASTM treatment to encourage proper lying down of new collagen.

HawkGrips can be used in conjunction with (and not limited to) kinesiology taping, electrical stimulation, corrective exercise, cupping, nerve glides, joint manipulation, etc.

Patient Progression

FIRST PHASE:

First session: Soft-tissue evaluation and gentle treatment to desensitize dermatomes and gauge patient response with the treatment tissue on slack, in a relaxed position.

SECOND PHASE: Implement HawkGrips therapy with the tissue on a stretch.

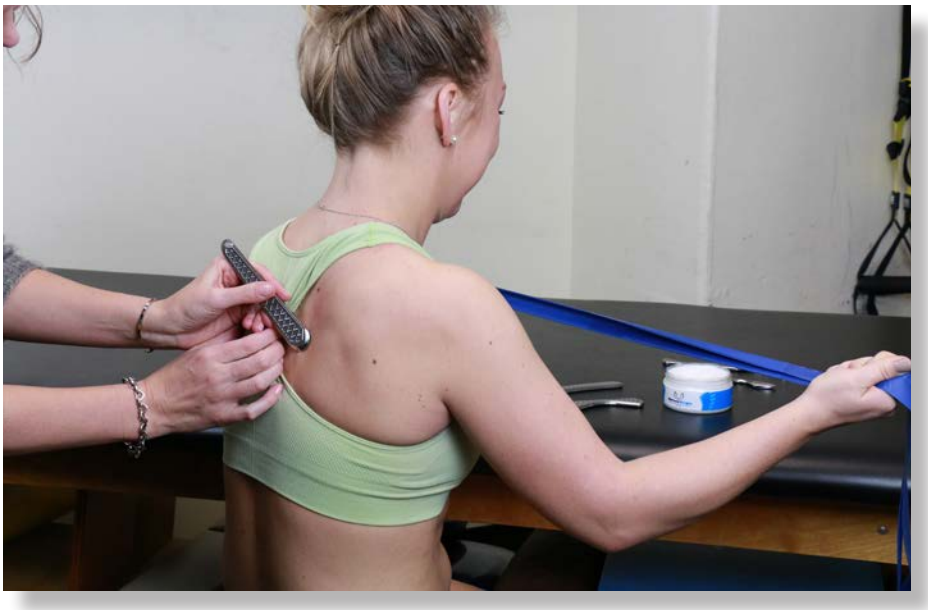
THIRD PHASE: Implement HawkGrips therapy while the patient is doing rehabilitative exercise (high-repetition, low-load; postural positioning; proprioceptive training, etc).

NOTES:

Progression may occur at different times for different patients. A patient may need numerous treatments to desensitize dermatomes before tolerating a deeper treatment.

As a patients' therapy starts to plateau, move them to the next phase of HawkGrips therapy. Treating a tissue on stretch will increase the intensity of the treatment as will treating the tissue while the patient is firing that muscle, as during a rehabilitative exercise. (i.e. treating the patellar tendon while the patient is performing 15-18 body weight squats)

Modify technique to maximize response and improve functional levels. Always use your best clinical judgement during treatment.



Potential Treatment Responses

It is essential that the clinician appropriately coach patients through potential side effects. Some patients may experience the following responses during treatment:

PAIN:

- Be in constant communication with your patient to ensure the amount of pressure is to the patients' tolerance.
- Determine a sign that indicates "stop" that the patient can use if a technique is painful.

PETECHIAE:

- Petechiae are small broken capillaries underneath the skin.
- Caused by friction.
- Serve as a sign that it is time to end treatment in that area, as you may have initiated an uncontrolled inflammatory response that can lead to bruising.

BRUISING:

- Bruising is not a desired outcome, but may occur as a result of over-treating.
- The epithelial walls of capillaries in traumatized areas are weakened due to chronic or acute inflammation and swelling.
- As scar tissue is released from healthy tissue, capillaries that have infiltrated the scar may rupture, resulting in a visible bruise. Forewarn the patient of this possibility, and explain why it may occur.
- Dysfunctional soft tissue is more susceptible to bruising than healthy tissue.
- Clear communication with the patient is important. Above all use your clinical experience to decide the best course of treatment for your patient.

DO NOT OVERTREAT!

Excessive treatment may exacerbate a patients' condition. The goal is to promote realignment of fibers and encouraging healthy use of the involved tissues.

Helpful Hints

- Single-bevel edges penetrate deeper than double-bevel edges.
- Single-bevel treatment strokes are applied in only one direction. When you are ready to treat in the opposite direction, you must turn the instrument around so that the bevel edge remains against the skin.
- Double-bevel strokes can be applied in both directions.
- Always position your patient to ensure practitioner comfort during the entire treatment.
- Treat the entire kinetic chain. Do not concentrate only on area of pain.
- Do not overtreat. This may lead to uncontrolled inflammation and bruising.
- There is no substitute for hands-on experience. The more time you spend utilizing the instruments and practicing IASTM in real-life situations, the more comfortable and effective you will become.

Become a Certified HawkGrips Practitioner

We've provided the framework with this user manual, now give yourself complete knowledge of IASTM! We offer multiple levels of certification courses, which also provide continuing education units.*

Why choose HawkGrips Continuing Education?

- The most current research and information on IASTM techniques
- Hands-on learning: Over 80% of classroom time is lab-based
- Case study-based, with real-life scenarios
- Top-quality instructors (based on attendee feedback)
- Detailed, full-color course manual provided to each attendee to keep
- Certification sets you apart from the crowd!

Target Audience

The target audience is restricted to those who have achieved, or are a student in their junior or senior year (transcripts required) working towards one or more of the following credentials: ATC, CHT, DC, DO, DOM, MD, MT, OT, OTA, PT, PTA.

For other relevant credentials, please contact HawkGrips to verify eligibility.

Course Schedules and Locations

Courses are held at various locations throughout the year, across the United States and internationally. We are constantly adding new classes to our schedule, so be sure to check back frequently!
A full listing can be found online at *hawkgrips.com*.

Call our Education Department,
email education@hawkgrips.com,
or visit our website for more information!

** CEUs vary by location and profession.*

Published Research

2017

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