

Redefine.

Health Education

HAWKGRIPS Level II: Advanced IASTM

Course Syllabus

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- II. **Financial Disclosures:** During the course, HawkGrips IASTM products are mentioned as means of application only and aren't pitched to the attendees. HawkGrips provides training sets of IASTM tools for attendees to use for the course.
- III. **Post Professional Learning Level:** Advanced
- IV. **Statement of Non-Discrimination:** This course is made available to all physical therapist and physical therapist assistant licensees on a non-discriminatory basis.
- V. **Verification of Attendance:** Prior to the course, all attendees are required to fill in their name on a sign in sheet, as well as signing out of the course when it's over.
- VI. **Mode of Instruction (select all that apply):**

Mode	Check Mark	Contact Hours
In-Person	-	-
Live Webinar	-	-
Online Self-Paced	--	-
Hybrid*	X	Livestream webinar - 8 In-Person - 12

- VII. **Course Description:**
This course, offered in both hybrid in-person and livestream webinar formats builds on the principles covered in the introductory IASTM course. Using a case-study lab-focused teaching format, advanced treatment strokes are introduced and problem solving skills are emphasized. This course includes the utilization of motion with IASTM and multi regional treatment concepts. At the end of the course, attendees will take an exam for a certification in Level II: Advanced IASTM. A passing score of 80% is required to receive credit for this course. Participants may take the exam multiple times.

VIII. **Schedule**

Livestream Webinar Version:

Participants will complete a 2-hr online self-paced pre-course (objective #1) for both In-Person and Livestream Webinar formats. 2 contact hours

Livestream Webinar Course Schedule: 4 contact hours

- 0.25 *Virtual Classroom Setup (does not count)*
- 0.5 Introduction - Review of online component
- 0.25 Elbow – Introductory case study
- 0.75 Shoulder (anterior, posterior, superficial and deep structures)
- 0.75 Cervical and upper thoracic
- 0.25 *Break (does not count)*
- 0.75 Lumbar and post hip/hamstrings
- 0.5 IT band/lateral thigh, adductor and knee
- 0.5 Lower leg, foot & ankle and/or hand & skills integration case study

Post-Course: Self-Paced 2 hour Online Certification Exam - 2 contact hour

Total contact hours Livestream Webinar format: 8

In-Person Version:

Participants will complete a 2-hr online self-paced pre-course (objective #1) for both In-Person and Livestream Webinar formats. 2 contact hours

In-Person Course Schedule: 8 contact hours

- 7:30-8:00 AM *Registration (does not count)*
- 8:00-8:30 AM Review highlights from introductory course
- 8:30-9:00 AM Elbow – Introductory case study
- 9:00-10:30 AM Shoulder (anterior, posterior, superficial and deep structures)
- 10:30-10:45 AM *Break (does not count)*
- 10:45-12:15 PM Cervical and upper thoracic
- 12:15-1:15 PM *Meal Break (does not count)*
- 1:15-2:45 PM Lumbar and post hip/hamstrings
- 2:45-3:00 PM *Break (does not count)*
- 3:00-4:00 PM IT band/lateral thigh, adductor and knee
- 4:00-5:00 PM Lower leg, foot & ankle and/or hand (based on specialty)
- 5:00-5:30 PM Skills integration case study

2 hour Online Certification Exam

Total contact hours In-Person format: 12 contact hours

IX. Contact Hour Award:

In-Person: 10 total contact hours

- 2-hr pre-course
- 8-hr in-person
- 2-hr post-course exam

Livestream Webinar: 8 total contact hours

- 2-hr pre-course
- 4-hr livestream webinar
- 2-hr post-course exam

- X. Required Materials/Resources:** HawkGrips provides all course materials (IASTM Tools, Course Manual, Emollient, towels) to every attendee.
All attendees are provided with a zoom meeting link after purchasing or enrolling the Livestream Webinar (Virtual) version of the course.
- XI. Course Objectives:** Course objectives are the same for in-person and livestream webinar formats. The difference in contact hours is due to the more abbreviated lab time offered in the livestream webinar format. At the completion of this program the participant will be able to:

At the completion of this program the participant will be able to:

- Given the specific case studies presented in class, choose appropriate IASTM treatments for movement dysfunctions resulting from but not limited to hyper or hypo-facilitated muscle tissue, fascia restrictions, joint stiffness, scar adhesions, and pain limited movement loss (live portion)
- Given the specific case studies presented in class, choose appropriate basic treatment IASTM strokes for the body region and nature of the soft tissue restriction (pre-course, live portion)
- Given the specific case studies presented in class, choose appropriate advanced treatment IASTM strokes for the body region and nature of the soft tissue restriction (live portion)
- Differentiate between normal and abnormal soft tissue of the extremities and trunk using IASTM tools with motion based on patient response, tissue feel, and resonance of the IASTM tool through assessment scanning strokes based on 3 models (live portion)
- Given the specific case studies presented in class, integrate IASTM intervention with motion into the overall treatment program (live portion, pre-course)
- Choose the appropriate billing code: either manual therapy or neuromuscular re-education, based on the type or treatment or expected effect of IASTM treatment given the specific case studies presented in class (live portion)

- XII. Competency Demonstration:** At the conclusion of the course, students must demonstrate a minimum of 80% proficiency in the following course assessments to

achieve a passing grade. The assessments will demonstrate that the student has met the objectives listed in Section IX:

Assessment	Description
<i>Level II: Advanced IASTM Pre-Course Quiz</i>	<i>Quiz taken after watching one pre-course video. 16 Questions, and need 75% or above to pass. Unlimited attempts. Quiz is taken on academy.hawkgrips.com.</i>
<i>Participation</i>	<i>All attendees are required to attend the live portion of the course, whether that is in-person or via livestream webinar on a zoom meeting.</i>
<i>Level II: Advanced IASTM Certification Exam</i>	<i>Following the live portion of the course, attendees are required to finish the exam on academy.hawkgrips.com. The exam has 60 questions, and a score of 80% or higher is needed to pass.</i>
<i>Level II: Advanced IASTM Course Evaluation</i>	After passing the exam, attendees are required to complete an evaluation survey on the course and the instructor. This is the last step needed before receiving their certificate.

Pre-Course Level II: Advanced IASTM

1. What does IASTM stand for?
 - a. Instrument augmented scientific therapy modality
 - b. I always sing therapeutic melodies
 - c. Instruments always soften tissues manually
 - d. Instrument assisted soft tissue mobilization
2. What is the primary purpose of fascia?
 - a. Protects and compartmentalizes structures
 - b. Contributes to mechanoreceptor input to the CNS
 - c. Contributes to load distribution
 - d. All the above are functions of fascia
3. Fascia travels throughout the body from the dermis of the skin to the periosteum of the bone.
 - a. True
 - b. False

4. IASTM focuses solely on treating a single muscle and therefore the clinician should only treat between a single muscle's origin and insertion points.
 - a. True
 - b. False
5. IASTM can be effective at treating tendinopathies
 - a. True
 - b. False
6. Your patient presents with limited shoulder internal rotation. You perform 1 min of IASTM treatment to the posterior shoulder muscles and notice an immediate gain in internal rotation ROM. Which of the following most likely describes how this was accomplished?
 - a. Increased tissue oxygenation
 - b. Production of new collagen fibers creating longer tissues
 - c. Decrease muscle guarding due to desensitization of nociceptors
 - d. Lengthening of posterior capsule fibers
7. For IASTM to be effective deep pressure must always be utilized
 - a. True
 - b. False
8. The physiological process where cells sense and respond to mechanical loads can be described as:
 - a. Proliferation
 - b. Mechanotransduction
 - c. Cellular cross talk
 - d. Neurovascular signaling
9. IASTM may have neurophysiological effects through
 - a. Muscle inhibition
 - b. Muscle facilitation
 - c. Gate Theory
 - d. All of the above
10. Which of the following is **not** absolute contraindication for IASTM treatment?
 - a. Over sutures
 - b. Over a deep vein thrombosis
 - c. Osteoporosis
 - d. Over a fracture site
11. Absolute contraindications for IASTM treatment include treatment over:
 - a. Adhesions

- b. Open wounds
 - c. Thrombophlebitis
 - d. B & C
12. Which of the following is a relative contraindication for IASTM treatment?
- a. Directly over fracture
 - b. Chronic regional pain syndrome
 - c. Osteomyelitis
 - d. Patient refusal
13. It is unnecessary to understand the treatment goal since IASTM always involves the same force and same strokes for all injuries
- a. True
 - b. False
14. Before beginning IASTM treatment the clinician should:
- a. Educate the patient on the purpose and expected treatment response
 - b. Obtain verbal consent from the patient
 - c. Apply an emollient over the targeted treatment area to help decrease friction and improve patient comfort during treatment
 - d. All of the above
15. You perform sweeping/scanning strokes and find no restrictions in the superficial layers of the gastrocnemius muscles. Since the superficial layer is mobile you can assume the deeper layer, the soleus, has no restrictions.
- a. True
 - b. False
16. Please answer the following question in order to receive full credit - One thing that I learned from this course or still have a questions(s) about is:

Level II: Advanced IASTM

Post-Test Exam

1. The ideal order of treatment for integration of IASTM into patient care is:
- a. Warm-up, stretching, exercise, IASTM, cool down
 - b. Warm-up, IASTM, stretching, exercise, cool down
 - c. Warm-up, site specific exercise, IASTM, stretching, cool down
 - d. Order of treatment is not important
2. The ideal warm-up would be:
- a. Any activity that increases body temperature, regional blood flow, and/or moves the region of focus – with or without increased discomfort

- b. Any activity that increases body temperature, regional blood flow, and/or moves the region of focus – without increased discomfort
 - c. A deep heating modality such as ultrasound
 - d. A superficial heating modality + pain relieving modality such as moist heat and TENS
- 3. To enhance the patient's response to IASTM:
 - a. Position the patient for optimal comfort and explain how IASTM works on a cellular level to promote tissue healing
 - b. Allow the patient to position themselves where they want prior to starting treatment
 - c. Focus on your body mechanics while delivering treatment
 - d. Position the patient for comfort and correct posture while minding your body mechanics
- 4. For IASTM to be effective, the tool must be in direct contact with the skin and cannot be used through clothing
 - a. True
 - b. False
- 5. All surfaces of any tool can be used for treatment
 - a. True
 - b. False

Questions 6-9 are regarding the following case scenario:

Your patient is a 73 y.o female who is 10 weeks s/p total knee replacement. Her passive knee ROM is: 10 – 70 degrees, active knee ROM is: 20 – 65 degrees. Her case was complicated by a superficial surgical wound infection treated with IV antibiotics which she completed 2 weeks ago. The incision was weeping up to 2 weeks ago as well, and is now closed with no scabs present. The knee is mildly warm to touch, with no color change compared to the contralateral side. The physician is concerned she may need manipulation under anesthesia and has sent her to you to focus on gaining ROM with no restrictions.

- 6. Early IASTM for this patient would consist of:
 - a. This patient is not a candidate for IASTM due to her past infection and the joint being warm compared to the contralateral knee
 - b. IASTM to the quads, hamstrings, and hip regions only – avoiding the knee
 - c. IASTM, bevel facing down over the periarticular joint tissue, IASTM scanning the quads, hamstrings, and hip tissue

- d. IASTM, bevel facing up over the periarticular joint tissue, IASTM scanning the quads, hamstrings, and hip tissue
7. An ideal IASTM treatment to assist in gaining terminal knee extension would include:
- a. This patient is not a candidate for IASTM due to her past infection and the joint being warm compared to the contralateral knee
 - b. Starting with the patient's knee in flexion and with the flat-crosshatched surface of the tool just proximal to the knee with the bevel facing down, engage the supra patellar tissue and roll the tool to the opposite side while your patient actively moves their knee into extension
 - c. With the patient lying prone and their knee in extension, engage the hamstrings with the flat-crosshatched surface of the tool, bevel facing down and roll the tool to the opposite side as your patient moves their knee into flexion
 - d. Perform strumming and J strokes to the infrapatellar tendon and fat pad to break up joint adhesions
8. To improve this patient's patellar mobility the ideal appropriate IASTM treatment would be:
- a. This patient is not a candidate for IASTM due to her past infection and the joint being warm compared to the contralateral knee
 - b. Gentle brushing to stimulate the cutaneous mechanoreceptors around the patella
 - c. Sweeping strokes to the quads, hamstrings, and proximal gastrocnemius
 - d. Framing strokes focusing on the patellar margins, suprapatellar tissue, and infrapatellar fat pad/infrapatellar tendon
9. IASTM may be better tolerated by this patient than comparable manual techniques without instruments as lower tissue irritation can be achieved through IASTM.
- a. This patient is not a candidate for IASTM due to her past infection and the joint being warm compared to the contralateral knee
 - b. True
 - c. False

Questions 10-15 are regarding the following patient scenario:

Your patient is a bio engineer with chronic rotator cuff thickening & tendinosis as seen on the coronal blade slices of his T1 MRI images.

10. Using the concept of mechanotransduction for tissue healing you provide him the following rationale for using IASTM treatment:

- a. The beveled edge of the tool breaks down the thickened scar tissue and promotes healing
 - b. IASTM wakes up the sleeping leukocytes and macrophages to remodel the damaged rotator cuff tendons
 - c. IASTM clears built-up waste products and fluid from the inflamed rotator cuff tendon so it can heal
 - d. The beveled edge of the tool transfers mechanical stress to the integrins in the fibroblast nuclear membrane to stimulate the production of type I collagen fibers that will be integrated in a more robust rotator cuff tendon for healing

11. To enhance treatment of the supraspinatus insertion on the greater tuberosity you position his shoulder as follows:
 - a. Hand on hip position
 - b. Elbow across midline (towards his navel), shoulder in external rotation
 - c. Hand in lap position
 - d. Shoulder in neutral rotation with the arm against his side

12. To enhance treatment of the infraspinatus and teres minor insertions on the posterior aspect of the greater tuberosity, you should position his shoulder as follows:
 - a. Hand on hip position
 - b. Elbow across midline (towards his navel), shoulder in external rotation
 - c. Hand in lap position
 - d. Shoulder in neutral rotation with the arm against his side

13. The rationale for pre-positioning his shoulder in questions 11 and 12 is to:
 - a. clear the tendinous insertions from underneath the acromion to allow access to the target tissue
 - b. place the rotator cuff on stretch to enhance the treatment effect
 - c. Both a and b
 - d. improve shoulder ROM while providing IASTM treatment

14. The ideal strokes to access the target tissue of the rotator cuff tendons would be:
 - a. Both brushing and strumming strokes
 - b. Filleting strokes
 - c. J strokes
 - d. Deep fascia torsion strokes

15. Before your patient made it to your office, he was given a sling 2 weeks ago to wear as his shoulder pain would increase significantly every time he raised his arm above his head. As a result of constant use of the sling, he is now missing shoulder external

rotation and holds his shoulder in an anterior protracted position. Which of the following IASTM treatments would be appropriate to address these clinical findings?

- a. Rapid brushing strokes over the infraspinatus, lower trapezius fibers and rhomboids to facilitate activation of these muscles
- b. Pin & stretch to the subscapularis with the flat surface of the scanning tool (HG8)
- c. Slow sweeping & fanning strokes over the pectoral fascia and anterior chest/shoulder muscle tissue
- d. All of the above

16. The neuropeptide Substance P has been demonstrated to be associated with tissue healing, inflammatory response and pain. What are the possible mechanisms through which IASTM may influence the effect of Substance P?

- a. Substance P is produced by the fibroblasts, and fibroblasts are mechanosensitive
- b. Substance P is produced by the thinly myelinated C fibers of the nervous system, which are mechanosensitive
- c. Concentration of Substance P in tissue is mechanosensitive
- d. All of the above

Questions 17-23 are regarding the following patient scenario:

You are treating a 23 y.o. triathlete who is experiencing lateral and anterior knee pain that is preventing her from running beyond 5 miles and has brought her training for an upcoming Ironman to a halt. Along with addressing biomechanical concerns, you find significant tenderness along the lateral thigh, IT band region and the lateral knee.

17. One of your goals is to improve the mobility of the iliotibial tract (ITT) along its path as it interacts with the vastus lateralis and biceps femoris. After scanning the lateral thigh for tissue irregularities, you next perform the following strokes to differentiate the ITT from the surrounding musculature:

- a. Framing strokes along the margins of the ITT
- b. Sweeping strokes along the margins of the ITT
- c. J strokes along the margins of the ITT
- d. Both a and c

18. Once you have completed strokes to differentiate the ITT from the interfacing muscles, you begin a static treatment to mobilize the ITT to enhance its ability to move transversely over the underlying muscles using the handlebar tool. Your stroke pattern would be as follows:

- a. Proximal to distal, followed by distal to proximal with the tool held perpendicular to the ITT fibers

- b. Distal to proximal, followed by proximal to distal with the tool held perpendicular to the ITT fibers
 - c. In an "X" pattern, covering both arms of the "X" both proximal to distal and distal to proximal with the tool oriented obliquely for maximal congruency between the lateral thigh and tool contours
 - d. In a transverse pattern, across the ITT fibers using the "shoulder" of the handlebar tool
19. You find your patient is unable to tolerate the treatment as it is too uncomfortable. How can you change the treatment to still achieve your goals to improve the mobility of the ITT and be tolerated by your patient?
- a. Orient the handlebar tool so the soft rounded edge is in contact with the lateral thigh with the tool convex to decrease congruency in relation to the thigh contour
 - b. Orient the handlebar tool so the soft rounded edge is in contact with the lateral thigh with the tool concave to increase congruency in relation to the thigh contour
 - c. Switch to the tongue depressor tool with the bevel up and be careful
 - d. Use the side of the tongue depressor tool over the ITT
20. To perform a dynamic treatment to enhance anterior (ventral) movement of the ITT over the vastus lateralis, you perform the following:
- a. Using the flat cross-hatched tool surface you contact the distal ITT ~ 2" proximal to the knee with the bevel away from the skin, engage the posterior edge of the ITT and pull it anteriorly while your patient simultaneously extends their knee
 - b. Using the flat cross-hatched tool surface you contact the distal ITT ~ 2" proximal to the knee with the bevel towards the skin, engage the anterior edge of the ITT and push it posteriorly while your patient simultaneously extends their knee
 - c. Using the flat cross-hatched tool surface you contact the distal ITT ~ 2" proximal to the knee with the bevel away from the skin, engage the posterior edge of the ITT and pull it anteriorly while your patient simultaneously abducts their thigh
 - d. Using the flat cross-hatched tool surface you contact the distal ITT ~ 2" proximal to the knee with the bevel away from the skin, engage the posterior edge of the ITT and pull it anteriorly while your patient simultaneously extends their hip
21. During your assessment of this patient, you discover her tensor fascia latae (TFL) is hypertonic and full of tender points. Her gluteus maximus & medius also have tender points and are challenging for her to recruit. Your treatment using IASTM of the hip region to address these findings would be:
- a. Sweeping and fanning strokes to the TFL using the Scanner (HG8) and deep J strokes to the tender points in the gluteals

- b. Sweeping and fanning strokes to the TFL, followed by J strokes to the tender points in the TFL. After addressing tender points in the gluteals, you would perform rapid sweeping and fanning strokes over the gluteals
 - c. Sweeping and fanning strokes to the gluteals, followed by J strokes to the tender points in the gluteals. After addressing tender points in the TFL, you would perform rapid sweeping and fanning strokes over the TFL
22. After treating these regions with IASTM, what would be the ideal next step in the treatment?
- a. Have her perform gluteal bridges
 - b. You perform tissue lengthening techniques to the TFL and gluteals
 - c. Have her get back on the bike or elliptical trainer to re-warm the region prior the strengthening exercises
 - d. Ice the region to lower the potential of a pain response from IASTM treatment
23. To enhance carry-over of the IASTM treatment and reduction of tender points in the treated muscles you give your patient the following instructions for home:
- a. Avoid exercise and rest the area
 - b. Ice the area each day
 - c. Return to your running workout and push through the discomfort to remove that barrier
 - d. Use a foam roller and lacrosse ball to the TFL and gluteals on a daily basis

Questions 24-29 are regarding the following patient scenario:

Your 42 y.o. patient is an avid tennis player. He started with Achilles tendon pain 6 months ago, and now notices fusiform swelling a couple of centimeters proximal to the insertion on the calcaneus. On exam, this is tender to palpation and reproduces the pain he experiences during ADL's and exercise. Dorsiflexion ROM is limited on the involved side by 5 degrees compared to the uninvolved side.

24. Your goal initially is to promote analgesia in the area of pathology so you can then stress the thickened tendon tissue. To achieve this goal, an ideal initial treatment using IASTM would be:
- a. Brushing and strumming the Achilles tendon to tendon tissue depth with the tool held near perpendicular to the tissue surface
 - b. Brushing and strumming the Achilles tendon to tendon tissue depth with the tool held at a 45 degree angle to the tissue surface
 - c. Rapid brushing and strumming strokes to cutaneous tissue depth with the tool held near perpendicular to the tissue surface

- d. Rapid brushing and strumming strokes to cutaneous tissue depth with the tool held at a 45 degree angle to the tissue surface
25. To address the diseased tendon tissue the ideal treatment using IASTM would be:
- a. Brushing along the tendon, including the ventral surface with the hook of HG4 (the smallest of the double contour tools) as well as strumming the thickened portion of the tendon with the point of HG4 or the tongue depressor (HG9)
 - b. Fanning strokes along the musculotendinous junction of the gastrocsoleus complex with the boomerang tool (HG7)
 - c. Fascia torsion strokes to the tender points in the gastrocsoleus complex using the scanner (HG8)
 - d. Sweeping strokes along the gastrocsoleus complex using the handlebar tool
26. Your primary objective in performing the treatment in the question above is to:
- a. Calm the inflammatory response in the thickened tendon
 - b. Stimulate large diameter cutaneous sensory nerves to inhibit the pain response
 - c. Stimulate the fibroblasts to improve their quality of collagen fiber output (increased type I collagen fibers)
 - d. Stimulate the fibroblasts to improve their quality of granulation collagen fiber output (increased type III collagen fibers)
27. An ideal IASTM treatment to address deep myofascial tender points in the gastrocsoleus complex would be:
- a. Long sweeping strokes along the gastrocsoleus complex
 - b. Strumming strokes to tender regions of the gastrocsoleus tissue with the tissue under stretch
 - c. Fascia torsion strokes to the tender points in the gastrocsoleus complex using the scanner (HG8)
 - d. Rapid brushing strokes at cutaneous tissue depth over the gastrocsoleus region
28. Your patient is pain free with all activities except while playing tennis – resulting in moderate discomfort. You decide to add a dynamic IASTM treatment to his program. This could include which of the following:
- a. Brushing treatment along the length of the Achilles tendon on all sides, with the stroke direction contrary to the movement of the tendon during eccentric step stretches
 - b. Brushing treatment along the length of the Achilles tendon on all sides, with the stroke direction matching the movement of the tendon during eccentric step stretches
 - c. Strumming the tender portion of the Achilles tendon during eccentric step stretches

d. All of the above

29. To continue dynamic treatment, and to aide in gaining mobility of the gastrocsoleus complex you perform the following IASTM treatment:

- a. Using the appropriate sized double contoured tool (HG5 or HG6) – choosing the double beveled contour – perform multiple pin/stretch rolling strokes along the gastrocsoleus complex contrary to the muscle movement direction while your patient actively plantar and dorsiflexes their ankle
- b. Using the appropriated contoured tool as in the answer above, perform multiple pin/stretch rolling strokes to the anterior tibialis contrary to muscle movement direction while your patient actively plantar and dorsiflexes their ankle
- c. Use rapid sweeping and brushing strokes over the anterior tibialis while actively performing dorsiflexion using the concepts of reciprocal inhibition and muscle facilitation

d. All of the above

Questions 30-33 are regarding the following patient scenario:

You are treating a 44 y.o. owner of a roofing company who slipped while carrying a bundle of shingles and sustained a groin strain 7 weeks ago. He is showing improvement, but still has pain with resisted hip flexion and adduction. His pain is localized to the musculotendinous portions of the pectineus, adductor longus, and the gracilis with insertional tenderness along the pubic bone. His Phelps test is positive further implicating the gracilis. He is eager to return to work without pain and is frustrated over the length of time to recover.

30. To stimulate focused recovery of the injured tendon tissue, you perform the following IASTM treatment:

- a. Strumming of the pectineus, adductor longus, and gracilis at their insertions
- b. Scanning the entire length of the medial thigh
- c. J strokes to the muscle bellies of the pectineus, adductor longus, and gracilis
- d. Fanning strokes to the muscle bellies of the pectineus, adductor longus, and gracilis

31. As there was a slight amount of ecchymosis that showed up 4 days after the initial injury along the medial compartment of the thigh, you hypothesize there may be some scar tissue setting up between the injured muscles and if left intact, may predispose your patient for further injury later on. To address this, you perform the following IASTM treatment:

- a. J strokes along the margins of the pectineus, adductor longus, and gracilis
- b. Sweeping strokes along the medial compartment of the thigh

- c. Filleting strokes working between the muscle bellies of the pectineus, adductor longus, and gracilis
 - d. Both a and c
32. To dynamically treat the injured area, you perform the following at 8 weeks post injury:
- a. Sweeping strokes using the most comfortable edge of the handlebar tool along the medial compartment of your patient's thigh while he performs standing lunges and gentle hip abduction stretches
 - b. Fanning strokes to the adductors while your patient performs butterfly (adductor) stretches
 - c. Both a and b above
 - d. None of the above
33. An ideal order of treatment flow for this patient would be:
- a. Stationary bike for 10 minutes, stabilization exercises of the involved hip, self-adductor stretches, IASTM to the medial thigh, review and update of home exercises
 - b. Self-adductor stretches, stationary bike for 10 min, IASTM to the medial thigh, stabilization exercises of the involved hip, review and update of home exercises
 - c. Review and update of home exercises, IASTM to the medial thigh, stationary bike for 10 minutes, self-adductor stretches, stabilization exercises of the involved hip
 - d. Stationary bike for 10 minutes, IASTM to the medial thigh, self-adductor stretches, stabilization exercises of the involved hip, review and update of home exercises

Questions 34 – 43 are regarding the following patient scenario:

Your patient presents with lateral elbow pain that has persisted for 8 months. On exam, she has full elbow ROM, her grip strength elbow extended/flexed is 10/35 lbs. Grip strength of uninvolved side elbow extended/flexed is 65/60 lbs. Radial nerve tension testing produced increased lateral elbow discomfort and dorsal forearm pain. She reports her pain varies on any given day, and some days she is unable to use her involved hand to pull her jeans on her pain is so intense.

34. As histological studies of this condition have shown little traditional inflammatory tissue, mostly granulation tissue and degenerative changes of the common extensor tendon, the best term for this condition would be:
- a. Lateral epicondylitis
 - b. Lateral elbow tendinopathy
 - c. Lateral elbow tendinosis
 - d. Both b and c above

35. Based on studies, your reasons for treating this condition using IASTM does not include:
- Use of mechanotransduction to stimulate fibroblasts to produce good quality type I collagen
 - Mechanical stress of the collagen fibers to improve fiber alignment and increase tendon strength
 - Reduce pain levels to increase exercise tolerance
 - Inhibit the inflammatory response to break the pain/inflammation cycle
36. An ideal warm-up for this patient would include:
- Use of an upper-body bike with corrected posture in a pain stable ROM
 - Stationary bike with corrected posture while your patient performs gentle elbow ROM exercises
 - Pulsed ultrasound avoiding a thermal effect over the lateral elbow
 - Both a and b
37. In most cases, this is a localized problem, so there would be little need to assess shoulder or wrist function
- True
 - False
38. Which of the following tools would most likely not be used for treating this patient?
- HG5 (the mid-size double contoured tool)
 - HG2 (the handlebars)
 - HG9 (the tongue depressor)
 - HG8 (the scanner)
39. You would expect to find tissue dysfunction of wrist and finger flexor muscles, therefore you would scan and treat these as well.
- True
 - False
40. Filleting strokes would be used both in static and dynamic treatments of this patient
- True
 - False
41. Regions to target for framing strokes would be:
- The lateral supracondylar ridge
 - The lateral epicondyle

- c. The radial head
- d. All of the above

42. Further exam implicates the radiohumeral joint, which could explain the variability of her symptoms. What IASTM intervention could you include to target this area?
- a. There is no target tissue to address, therefore no IASTM treatment is indicated
 - b. Focused small stroke brushing with the edge of the tongue depressor (HG9) in the joint space along the joint line
 - c. Filleting along the neck of the radial head
 - d. Framing around the olecranon
43. Which of the following muscles would not be a primary target tissue for this patient?
- a. Short head of the biceps
 - b. Anconeus
 - c. Extensor carpi radialis brevis
 - d. Extensor digitorum

Questions 44 – 48 are regarding the following patient scenario:

Your patient presents with chronic back pain on/off for the past 8 months. Their pain is localized to the lumbar region. On exam, the pain does not worsen or improve with repeated motion. Your patient experiences increased spasms if she lays prone with sharp midline pain. Her multi-segmental movement exam in flexion demonstrates limited mobility of the posterior thigh tissue, no full reversal of the lumbar lordosis, and hyper-flexion of the upper thoracic spine.

44. You feel IASTM will be a good starting point to see if improving mobility of the middle portion of the anatomy train tissue of the superficial back line (think hamstrings and thoracolumbar erector spinae). To begin treatment, you position your patient in the following manner:
- a. Prone with the thoracic region propped on 2 pillows
 - b. Standing in end range lumbar extension
 - c. Prone with pillow(s) under the hips to achieve spine neutral
 - d. Seated in end range forward flexion
45. If the ideal starting position above is not tolerated by the patient, positioning her in side lying would be a good option.
- a. True
 - b. False

46. To address her sharp midline pain she experiences at end range extension, you perform the following with her in quadruped:
- Brushing strokes of the interspinous tissue using the tongue depressor (HG9)
 - Framing strokes along the sides of the spinous processes
 - J strokes of the erector spinae muscles
 - Fanning strokes of the thoracolumbar fascia
47. While your patient is in the quadruped position, you initiate a dynamic treatment to facilitate improved mobility of the lower thoracic and lumbar soft tissue into flexion. This could be accomplished by:
- Fanning strokes to the thoracolumbar fascia with your patient in end range child's pose (butt resting on ankles) position using the handlebar tool
 - Fanning strokes to the thoracolumbar fascia with your patient in prone-on-elbows position using the handlebar tool
 - Sweeping strokes to the thoracolumbar region while your patient rotates their thoracic region
 - Sweeping and fanning strokes to the thoracolumbar region holding the handlebar tool fairly stationary while your patient moves from quadruped to child's pose and back, keeping the treatment edge oriented properly
48. If your patient is unable to tolerate quadruped, this treatment would best be carried out in a dynamic fashion by making the following adjustment while using the appropriate strokes to the thoracolumbar tissue:
- Have your patient side lying, alternating between knees to chest (fetal position) to neutral spine position
 - Seated with hands resting on a large therapy ball supporting her upper body, have your patient roll into flexion the back to upright spine neutral
 - With your patient in standing in sustained end-range forward flexion
 - None of the above would be acceptable
49. To address the posterior thigh tissue in a dynamic fashion you should:
- Use the handlebar in an oblique orientation to the posterior thigh tissue matching tissue congruency (concave side against the patient), with your patient in supine and her foot on your shoulder, while you concurrently move her hip and knee.
 - Use the handlebar in perpendicular orientation to the posterior thigh tissue matching tissue congruency, with your patient in supine and her foot on your shoulder, while you concurrently move her hip and knee.
 - Use the handlebar in an oblique orientation to the posterior thigh tissue contrary to tissue congruency (convex side against the patient), with your patient in

supine and her foot on your shoulder, while you concurrently move her hip and knee.

d. All the above are acceptable based on treatment goals and patient tolerance

50. To enhance patient comfort, it would be acceptable to use any surface of the handlebar tool to perform the treatment above.

a. True

b. False

51. Which of the following strokes would not be utilized to mobilize the mid-belly of the hamstring group?

a. Strumming

b. Framing

c. Sweeping

d. Fanning

52. Since the HawkGrips tools are stainless steel they do not need to be cleaned between patient treatments.

a. True

b. False

53. Improper handling of tools such as dropping them or allowing multiple tools to hit together when moving them around the clinic can result in damage to the bevel, potentially affecting treatment comfort and efficacy.

a. True

b. False

54. The clinician should always ice after IASTM treatment to minimize bruising.

a. True

b. False

55. IASTM treatment should never be performed over an incision.

a. True

b. False

56. Your patient has completed 6 therapy sessions which incorporated IASTM for shoulder impingement. She now has full ROM, full strength and reports no functional restrictions; with her impingement signs cleared. You continue to note tissue irregularities when perform IASTM to infraspinatus. What would be the most appropriate course of action?

- a. Recommend discharge to an independent home program since motion, strength and function are normal
 - b. Recommend an additional 6 visits of treatment to smooth out tissue irregularities so her pain does not return
 - c. Recommend continued treatment to incorporate deep ultrasound to break up adhesions within the muscle
 - d. Suggest using a topical analgesic over the infraspinatus
57. Benefits of using a water-based emollient for IASTM treatment include:
- a. Provides slight tackiness on the skin when dried to improve adhesion of therapeutic taping
 - b. Limits potential cross contamination often occurring in multi-use emollient jars
 - c. Easy to remove from skin with the wipe of a towel
 - d. All of the above
58. When performing IASTM treatment the clinician should always start treatment stroke direction working proximal to distal then finish working distal to proximal.
- a. True
 - b. False
59. You perform sweeping/scanning strokes and find no restrictions in the superficial layers of the upper trapezius muscles. Since the superficial layer is mobile you can assume the deeper layers have no restrictions.
- a. True
 - b. False
60. IASTM has been shown to be effective as a stand-alone treatment.
- a. True
 - b. False

XIII. Course Evaluation

QUESTIONS

1. First Name, Last Name
2. Email

3. What is your profession?
4. What is your license number? If you are a student, please put n/a.
5. Date of Course
6. City of Course Location
7. State of Course Location
8. What was your primary Instructor's name?
9. What was your lab assistant's name?
10. Knowledge of Speaker?
11. Quality of Presentation?
12. Knowledge of Speaker? (Leave blank if you did not have a second instructor or lab assistant)
13. The program matter was sufficiently covered
14. The program increased knowledge in areas where greater knowledge was desired
15. The subject matter has practical application
16. The activity will improve my patient outcomes
17. Questions I had on today's topic were answered during this activity
18. The visual aids were helpful
19. I would recommend this workshop to a friend or colleague

20. List 4 precautions and contraindications of IASTM
21. Proficiency in applying appropriate IASTM strokes
22. Proficiency in applying appropriate IASTM treatment
23. Proficiency in integrating IASTM intervention into treatment programs
24. Do you feel that the information was based on the best available evidence?
25. If you answered No to the above question, please explain:
26. Do you feel that there was commercial bias or influence in this activity?
27. If you answered Yes to the above question, please explain:
28. What specific aspects of today's activities do you think you will use most to improve your practice?
29. Location
30. Room
31. Accommodations
32. Do you or your company already own a set of IASTM instruments?
33. If no, do you or your company plan on purchasing instrument(s) after attending this course?
34. How did you hear about the course? (i.e. HawkGrips website, Sales Rep, etc)
35. Please utilize the space below for other comments or suggestions.

XIV. Teaching Sample

Video Clip: <https://youtu.be/qxYDyJwIPtY>

XV. Complete Reference List:

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