

# The Brookbush Institute Publishes 'Instrument Assisted Soft Tissue Mobilization (IASTM): Comprehensive Research Review'

*This is the most comprehensive systematic review investigating IASTM to date; demonstrating the relative efficacy of this commonly recommended technique.*

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This is the most comprehensive systematic research review ever performed on instrument-assisted soft tissue mobilizations (IASTM). Is IASTM really better than massage, joint mobs, or foam rolling?"

*Dr. Brent Brookbush, CEO of Brookbush Institute*

leads the industry in pursuit of a model of the "best possible approach" as determined by the effect size and reliability of improvements in clinical outcome measures. This review demonstrates the relative efficacy of Instrument-Assisted Soft Tissue Mobilization (IASTM), aiding in developing an evidence-based recommendation for best-use and prioritization within a treatment session.

The following is a snippet from the Brookbush Institute Course:

- [IASTM: Comprehensive Systematic Research Review](#)

Common Questions:

- What is Instrument Assisted Soft Tissue Mobilization (IASTM)? Instrument-assisted soft tissue mobilization (IASTM) is a technique that generally includes the application of shear force (scraping) to skin and superficial fascia using a tool with a rounded, but relatively acute edge. IASTM could be viewed as a Western approach to a Traditional Chinese Medicine (TCM) technique called Gua Sha. While the application of IASTM is most commonly based on orthopedic assessment with stainless steel tools, the application of Gua Sha is based on TCM-specific assessments with jade or stone tools.

- What is IASTM used for? Research suggests that IASTM is best used for improving range of motion (ROM) when a loss of mobility has been assessed. However, research also suggests that IASTM is effective for improving pain, pain pressure threshold, disability, function, balance, exercise recovery, and altering fascial mobility.

- Is Graston and IASTM the same thing? Graston is the most well-known brand of IASTM stainless steel tools. Historically the origin of IASTM is undoubtedly Gua Sha, which is perhaps 1000s of years old, Graston popularized IASTM in the Western world with a western orthopedic medicine

approach, and this course, and related courses (listed below), have refined this approach with the most comprehensive research reviews to date.

- Does IASTM actually break up scar tissue? "Break up" is likely too simple of a term to describe the effect that IASTM has on scar tissue, fascial tissue, and the neuromuscular system. Research has demonstrated that IASTM affects fascial mobility, as well as resulting in changes in neuromuscular reflex, serum concentrations of inflammatory markers, and tissue remodeling.
- Is IASTM better than massage? Studies suggest that IASTM will result in less improvement in range of motion (ROM) than specific manual techniques (e.g. static manual release techniques, dry needling, and joint mobilizations/manipulations), similar improvements as massage and tissue flossing, and larger improvements than self-administered mobility techniques and most modalities (self-myofascial release, stretching, kinesiology tape, vibration, TENS, shockwave, and heat). Most studies also demonstrate that IASTM is as effective or more effective than other techniques for improving pain, pain pressure threshold, disability, and function.

Brookbush Institute Research-based Summary Statement:

- Studies suggest that IASTM will result in less improvement in range of motion (ROM) than specific manual techniques (e.g. static manual release techniques, dry needling, and joint mobilizations/manipulations), similar improvements as massage and tissue flossing, and larger improvements than self-administered mobility techniques and most modalities (self-myofascial release, stretching, kinesiology tape, vibration, TENS, shockwave, and heat). Most studies also demonstrate that IASTM is as effective or more effective than other techniques for improving pain, pain pressure threshold, disability, and function. The addition of IASTM to exercise, stretching, manual soft tissue techniques, joint mobilizations, and/or conventional therapy results in significant improvements in ROM, pain, and function. IASTM may also significantly improve strength and performance when used to address an assessed mobility restriction, and may significantly improve recovery from exercise, mitigate performance declines during a sporting season, and contribute to larger strength gains from a weight training program. The Brookbush Institute recommends that IASTM be used as an additional manual mobility technique following release techniques and joint mobilizations to address assessed ROM restrictions.

Primary Benefit: Increase Range of Motion (ROM)

- Less effective than manual release techniques, dry needling, and joint mobilizations/manipulations.

Similarly effective as massage and tissue flossing.

- More effective than self-myofascial release, stretching, kinesiology tape, vibration, TENS, shockwave, and heat
- Additional Benefits: Improvements in pain, pain pressure threshold, disability, function, balance, exercise recovery, and changes in fascial mobility.

Recommended Use:

- The Brookbush Institute recommends that IASTM be used as an additional manual mobility technique following release techniques and joint mobilizations to address assessed ROM

restrictions.

What to expect from this course:

- This course is a comprehensive systematic review of all peer-reviewed and published original research investigating IASTM.

Topics Covered in this Course

- Comparisons when performed independently
- Comparisons when performed in combination
- Comparisons with and without IASTM
- IASTM and Fascial mobility
- Effect of IASTM on exercise performance and recovery

This Course Includes:

- Webinar
- Summary Statement
- Summary of Research Findings
- Systematic Research Research Review
- Instructions for Performing IASTM
- Case Study and Sample Routine
- Bibliography

Additional IASTM Courses

- [Cervical and Thoracic Spine Fascia IASTM](#)
- Upper Extremity Fascia IASTM
- Thoracolumbar Fascia IASTM
- Fascia Lata IASTM
- [Plantar and Crural Fascia IASTM](#)

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