



## ONE NEWLY TRAINED PRACTITIONER'S EXPERIENCE

I had never heard of ConnectX before seeing one of the videos with Dr. Mollin demonstrating a technique for hamstring issues. I treat many long-distance runners with lower extremity soft-tissue injuries and wondered if this might be a good technique for them. The training was fantastic! Dr. Mollin is a wonderful, knowledgeable instructor who spent the majority of the time working with us hands-on during the weekend training. It was easy to learn with his invaluable instruction and then allocating lots of time for practicing on each other throughout the weekend. The group was very small, which allowed much individual training, which was perfect for someone like myself who was new to the concept and technique.

I decided to take the training because I read the Anatomy Trains information and realized the brilliance behind this approach. I was missing something in my practice that addresses the myofascial complaints patients come in with, and this was it.

The thing I learned that I use the most is that the entire body is connected through the myofascial train and pain or dysfunction found in one area may be di-

rectly related to dysfunction somewhere else. This has been a tremendous help for my upper back and neck patients who also have Achilles tendon issues. I treat one area now with ConnectX and the second complaint improves dramatically.

I have a degenerative thumb, so Dr. Mollin took the time to show me a modified instrument hold, and a hold with a palm of the hand assist, to protect my injured joint. This was perfect for me.

There is a learning curve to time allotment for this technique. Now we have the patient warm up the area before seeing me, and I use the first five to six minutes of their appointment time to use ConnectX on whatever area it is that I need to address. They know what to wear and what to do before I see them, and then we get right down to the treatment and stay within our 15 minute time allotment.

My success story is that I am treating a young woman who is an Olympic-caliber, middle-distance runner. She had a hamstring injury and was postsurgical when she came to see me. I have been using ConnectX on this athlete and she



Dr. Donna Coty

is making tremendous gains toward returning to her pre-injured self. That has been fantastic and so satisfying to actually make a dramatic change in such a highly-trained athlete with such potential. Hopefully we will see her at the next Olympic trials in 2020.

I would highly recommend this technique to any practitioner who wants to elevate themselves to the next level clinically and really understand functional anatomy and the myofascial connection to dysfunction and recovery. It has changed my approach to every patient, and has improved our success in treating the fascial component in so many difficult chronic pain patients who have not gotten relief anywhere else.



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# DR. JON HAMM INCORPORATES CONNECTX INTO HIS PRACTICE



**Dr. Jon Hamm**  
**Life is Motion Chiropractic**

mediate results, which have caused a good amount of inquiry from physical therapists, orthopedists, and integrative medicine medical doctors.

**Q: Which Syracuse University (SU) teams do you work with?**

**A:** I am currently not working with SU, but have worked with their athletes in the past. I worked with the track team, taking one athlete who ranked in the low 200s nationally to just under the top 20 in only six treatments. ConnectX, along with proper diagnosis, assessment, Nimmo, adjustments, functional movement taping, and an informed rehab program, took the athlete from being in the athletic trainer's (AT) office four-to-five days a week for four years in constant pain, to pain free in two weeks. It was using this instrument that aided in getting instant results.

**Q: Do you employ ConnectX when working with the athletes?**

**A:** I've used the instrument on other collegiate athletes from Cornell University; Harvard; University of California, Berkley; and other Ivy League teams—also professional dancers, acrobats, and performers. It's a part of my traveling toolbox whenever I walk out of the office, as well as one of the first instruments I consider to determine the benefit of using.

**Q: What common complaints do you use ConnectX for?**

**A:** Typically it's joint restriction and pain found in the extremities—ankles, knees, hips, shoulders, and wrists. Occasionally I have used it on the upper traps and teres minor/major, but those are usually associated with trauma. Recently I had several patients with Guillain-Barre Syndrome and myofascial pain syndromes that it worked wonders on. It has helped with the proprioception of the patients, as well as reduced some of the overall

sensitivity while increasing the active range of motion and balance.

**Q: How have your patients responded to the treatment? Have they experienced improved performance or been able to return to play sooner as a result of its use?**

**A:** The response has been great. The original athlete from SU was able to go from four-to-five days of chronic pain, and being treated in the AT's office, to pain free in two weeks with a jump in the national standings from the low 200s to below 20 in six weeks of treatment. My other patients have noted increased dexterity, flexibility, and stamina during performances and events. My non-athlete patients have noticed a huge increase in ability to carry out activities of daily living. One patient went from not being able to stand for more than 10 minutes without pain to playing 18 holes of golf in two treatments (alongside Nimmo and adjustive manual therapy).

**Q: Would you recommend ConnectX to other chiropractors? Why?**

**A:** Yes. It is a systematic approach to soft-tissue therapy allowing for more information and assessment than using just your bare hands with treatment being right during the assessment. It is quick, easy, and very effective.

**Q: Is there anything further you would like to add?**

**A:** It's a great instrument and the training helps you understand assessment and mechanisms of injury, along with great therapy protocols. Don't let yourself see this as only a trauma instrument for scars and adhesion, it's a great instrument for all soft-tissue needs.

**Q: Have you incorporated ConnectX into your own practice? If so, how...especially in the given appointment time?**

**A:** I use it almost daily with certain patients. Currently I use it to address most soft-tissue issues I have noticed with adhesions, weakness, and hypertonicity. Recently I've used it for proprioceptive and neuromuscular re-education with a few of my neurological degenerative patients. I always use it at the end of my treatments so it fits very easily into my appointment times.

**Q: Do you find it effective and efficient?**

**A:** Very much so. I am a NimmoCare® provider and treat soft-tissue issues with every patient I see. Typically I treat with my hands only, but the instrument allows me to not only treat the tissue for adhesion and collagen restructuring, but also for assessment, as the instrument allows for a greater sensitivity to certain tissue changes while scanning. Although I don't use it on every patient, the ones I do use it on have noticed im-

# WHAT IS GUA SHA, ANYWAY?

Arya Nielsen PhD, LAc, considered to be the Western authority on Gua sha, defines the traditional East Asian technique as, “instrument-assisted unidirectional press-stroking of a lubricated area of the body surface to intentionally create transitory therapeutic petechiae called ‘sha’ representing extravasation of blood in the subcutis.” She notes that its application, “...produces an anti-inflammatory and immune-protective effect that persists for days following a single Gua sha treatment. This accounts for its effect on pain, stiffness, fever, chill, cough, wheeze, nausea and vomiting, etc., and why Gua sha is effective in acute and chronic internal organ disorders including liver inflammation in hepatitis.” She extensively discusses the relationship of Gua sha to connective tissue and its use in treating musculoskeletal problems and trauma.

Writing in the *Journal of Chiropractic Medicine*, Jeanmarie R. Burke, PhD, notes that, “Instrument-assisted soft tissue mobilization (IASTM) may enhance the ability of clinicians to effectively break down scar tissue and fascial restrictions. Preliminary data suggested that IASTM treatments may effectively alleviate the clinical symptoms of various cumulative trauma disorders.”

ConnectX sat down with New York Chiropractic College faculty members, Drs. Kevin Ergil and Hunter Mollin to learn more. Ergil, a professor in the College’s Finger Lakes School of Acupuncture and Oriental Medicine sees IASTM as having evolved from Gua sha. That’s not to say that one is more valuable than the other.

Molin, an associate professor in the Doctor of Chiropractic Program has taught IASTM for a number of years. He describes how the instrument provides tactile feedback, allowing the

practitioner to better assess the tissue being addressed. A skilled user can feel “fuzz” a term used to describe wrinkling of the fascia, often associated soft-tissue injuries. Treatment re-inflames the tissue, increases blood flow, and brings fibroblasts to the area, promoting healing.

According to Ergil, the chiropractor’s “fuzz” is referred to as “grit” or “sand” (the literal translation of sha) by the acupuncturist, and is equally important in assessing the area. For Gua sha, the primary targets for evaluation and treatment are capillary beds and the sinews, a term used to describe the longitudinal bundles of muscle tissue, tendons, fascial aponeurosis, and fascial sheaths. Treatment doesn’t always require deep pressure and shallow scraping may be sufficient. In patients presenting with painful musculoskeletal conditions, targeted scraping with the Gua sha tool may be used to damage adhesions and reprogram the tissue. In these cases, deep pressure is often used.

The use of IASTM often involves accessing deeper tissues combining motion with the application of the instrument. Similarly, with Gua sha and an acupuncturist would likely employ tui na, a type of massage done by hand, to enhance the effect of the tool.

Gua sha is applied consistent with the structure of acupuncture channels. As a consequence, every acupuncture point and channel structure is a potential target. In Japan, a related approach known as Shonishin or pediatric skin scraping, is commonly used to address conditions such as muscle spasm, headache, coughs, allergies, fevers, asthma, and digestive disorders, much like the uses Dr. Nielsen describes for Gua sha.

Both techniques use instruments to effect tissues in ways originally done by



hand, refining various massage and bodywork approaches which have been applied for thousands of years and are still used effectively today. Ergil notes that, “Everybody in China knows Gua sha and those most expert in it are often the bonesetters.”

Clearly these approaches overlap, both in technical application and in the conditions they may be used to treat. There are differences of course, with IASTM being focused on musculoskeletal conditions while Gua sha is traditionally used to address a wide range of systemic conditions. As with so many of the instruments and techniques that we all use in treating the human body, the value and applicability of each depends in large part on the expertise of the clinician. By gaining an understanding of both, we are better equipped to select the appropriate approach and refer when indicated.

<sup>1</sup> Retrieved at <http://guasha.com>. 17 November 2016

<sup>2</sup> Feasibility of Using the Patient-Reported Outcomes Measurement Information System in Academic Health Centers: Case Series Design on Pain Reduction After Chiropractic Care  
Burke, Jeanmarie R. *Journal of Chiropractic Medicine*, Volume 13, Issue 3, 168 – 177.



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