



## **Parental Consent Form For Graston Technique® Application**

Hello Parents of Shorewood High School Athletes,

My name is Lucas Rickert and I am the full time Licensed Athletic Trainer here at Shorewood High School.

**Graston Technique** is a form of IASTM (instrument assisted soft tissue mobilization) that involves specific manual therapy applications utilizing appropriate instruments combined with exercise therapy. **Graston Technique** was developed over 20 years ago and has evolved by adapting to the latest industry best practices and latest credible research. **Graston Technique** is the leading soft tissue therapy used by two-thirds of NFL, NBA and MLB teams.

**Graston Technique** can be used to treat many kinds of soft tissue injuries whether they are chronic, acute or post-surgical.

- Ankle pain (sprain, strain, tendinitis/osis)
- Wrist pain
- Muscle strains (such as hamstring or calf, among others)
- Back pain
- Neck Pain (cervical strain, tension headaches, etc)
- Hip Pain
- Knee pain (muscular or tendon, such as patellar tendon related injuries)
- Tennis Elbow and Golfer's Elbow
- Shoulder pain (such as a rotator cuff injury)
- Heel/foot pain (such as plantar fasciitis)
- Scar tissue mobilization (improvement of surgical outcomes)

**Graston Technique** is proven to promote faster recovery from injury while allowing the patient to continue activity. **Graston Technique** has resolved issues for patients that have caused them to live with pain for years.

Because **Graston Technique** is considered a form of deep tissue massage/mobilization, there is the possibility of redness of the skin where treatment was administered and, although very rare, the possibility of bruising where treatment was administered

For more information regarding **Graston Technique**, please visit <https://grastontechnique.com/> and utilize the Benefits and FAQ sections under Patients and the Resources section under Clinicians.

**All materials and instruments utilized during treatment are properly cleaned after and before each patient.**

**No patient health information is shared with the Graston Technique company or any affiliates when treatment is performed.**

I hereby give consent to Lucas Rickert, Licensed Athletic Trainer for Ascension Healthcare and Shorewood High School to utilize the application of Graston Technique® in conjunction with proper therapeutic modalities and exercise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_