

Effects of Active Isolated Stretching: The Mattes Method on Low Back Pain and Hyperlordosis

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BACKGROUND: Low back pain (LBP) may be found in those of all ages, and in all walks of life. LBP is probably caused by contracted superficial, intermediate, and deep fascia restricting movement, blood circulation, lymph flow, neural and piezoelectric flow. To test the effects of releasing low back fascia, including the most powerful and profound fascia in the human body, the thoracolumbar aponeurosis, we used an active type of specific stretching exercises.

METHODS: Using Active Isolated Stretching (AIS): the Mattes Method from August 21, 2002 to November 6, 2008, 37 cases reporting LBP were studied. Ages ranged from 16 years to 85, the average being 48.5 years. Patients were victims of a wide variety of trauma, including auto accidents, sports injury, falls, overuse/repetitive injury, Osgood-Schlatter's Disease, failed surgery, physical and emotional abuse. All 37 patients experienced AIS for the first time. All patients were asked to report their pain level before and after treatment. All patients voluntarily reported their pre-treatment pain levels, on a scale ranging from 1-10. Twenty-five patients reported levels of pain using a scale of 0-10 both before and after treatment. Ten patients were screened for and, in fact, all had hyperlordosis. All patients were active in the treatment, which lasted roughly 2 hours. A slight variation of time among patients occurred, due to strength, ability, and speed employed by patient and practitioner in performing specific AIS stretching exercises found in the book, Active Isolated Stretching: the Mattes Method [1], HIP/KNEE Flexibility: Assisted , beginning at page 119.

RESULTS: : Twenty-four patients reported a pain level of 0 after AIS treatment. Only 1 patient, who originally reported a pain level of 7, reported a level of 3 after AIS. Eleven others, who had only reported pain before AIS did not commit to a pain level number, but gave only positive feedback after receiving AIS. No negative feedback was reported. Two patients reported mild soreness after AIS, but the soreness went away the next day. All eight patients who had hyperlordosis observed and expressed a noticeable and many times radical improvement in their posture immediately after AIS. Practitioner observed and expressed the same with all 8 patients. One patient with a radical hyperlordosis was scheduled for surgery to install rods in her back. Her pain level was 7. After AIS, her pain level was 0, and the surgery was cancelled.

CONCLUSION: Using the AIS KNEE/HIP Protocol, lasting about 2 hours, all 37 patients reported either pain of 0 or positive feedback. Using AIS can restore patients to a virtually pain-free condition in only one 2-hour session. Using AIS can restore a hyperlordotic condition to a virtually normal lordotic curve in only one 2-hour session. More and larger studies with follow-up using all of the AIS Protocols are needed. AIS may be an answer to eliminating or greatly reducing pain, and postural remodeling in the entire human body.

REFERENCE [1] Aaron L. Mattes. Active Isolated Stretching: The Mattes Method, .