

ROCKNROLLERTM
Patent-Pending



**MOVEMENT
MANIFESTO**

TABLE OF CONTENTS

01	Intro
02	RockTape® Movement Pyramid
04	What is Fascia?
05	How Does Foam Rolling Work
06	Fascia Visualized with Ultrasound
07	How the RockNRoller Works
08	How To Get Started
10	Am I Right For Foam Rolling?
11	Our Other Mobility Products
21	References
25	FMT Training
26	PMT training

MOVEMENT IS LIFE... LIFE IS MOVEMENT.

At RockTape, we manufacture and distribute products that help people move better. When people move better, they tend to move more.

MORE HUMAN MOVEMENT IS OUR GOAL.

Whether tending to our crops or hunting for our next meal, we have lived most of our time as humans on our feet. Unfortunately, as a society we are tending to move less and less, and as a result

we are getting sicker and sicker. With the advent of the desk job, smart phone, TV, and computer, we're sitting down more than ever before. It is estimated that **Americans sit 9.3 hours a day**, which is **even more time than we spend sleeping (7.7 hours)**. Our bodies weren't built for that, and it is starting to take its toll. Sitting 6 or more hours per day makes you up to **40% likelier to die within 15 years than someone who sits less than three**. Even if you exercise for 1 hour a day, your risk is still higher if you sit for long periods in the day.

In addition to reducing the amount of time sitting, we believe people need to exercise more. It has been well documented that exercise training promotes good body composition^{3,4} and improves the cardiovascular^{3,5} and metabolic systems.^{3,4,6,7,8} Many of these beneficial effects occur after an acute bout of exercise or after a very short-term training period. For example, Arciero⁹ demonstrated body weight and fat mass decrease and insulin action significantly increases with as little as 10 days of exercise training in obese men and women.¹⁰ In addition, a single acute bout of endurance exercise significantly increases insulin sensitivity in healthy young men and women.¹¹

MOVE OR DIE

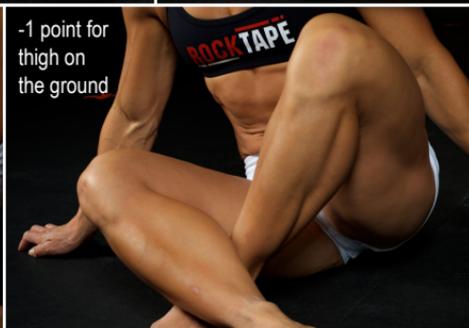
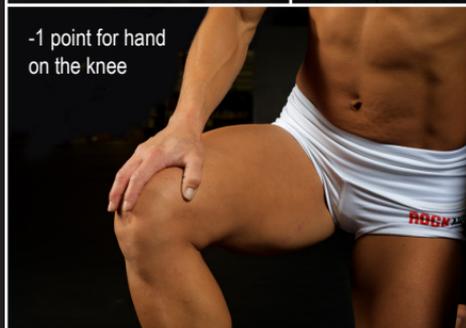
How important is movement? If you can't move, you will die. Don't believe it?

In a study published in the European Journal of Cardiology and Discover magazine, a Brazilian researcher had more than 2,000 patients ages 51 to 80, take the "Sitting-Rising" test. People who scored fewer than eight points on the test, he found, were twice as likely to die within the next six years compared with those who scored higher; those who scored three or fewer points were more than five times as likely to die within the same period compared with those who scored more than eight points.

TRY IT

1. Stand in comfortable clothes in your bare feet, with clear space around you.
2. Without leaning on anything, lower yourself to a sitting position on the floor.
3. Now stand back up, trying not to use your hands, knees, forearms or sides of your legs.





SCORING

The two basic movements in the sitting-rising test — lowering to the floor and standing back up — are each scored on a 1-to-5 scale, with one point subtracted each time a hand or knee is used for support and 0.5 points subtracted for loss of balance; this yields a single 10-point scale. A perfect score is 10.

ROCKTAPE[®] MOVEMENT PYRAMID

CORRECTIVE EXERCISE

Used to normalize human movement before increasing training or exercise demands.

ROCKTAPE

Unique kinesiology/sports tape that provides support while allowing full range of motion. It's used to decrease pain, decompress tissue, and provide stimulus that improves body awareness.

IASTM

Instrument-Assisted Soft Tissue Massage – A manual therapy technique designed to provide direct, mechanical manipulation of irregular tissue.

ROLLING/BALLS/BANDS

A collection of tools used by athletes for manipulation of the myofascial system to normalize muscle tone.

ASSESSMENT

The act of making a judgment about the quality of human movement.

SCREENING

The act of examining people to decide if they are suitable for a particular movement or exercise.

Unfortunately, as we exercise we also tend to get injuries to the muscles, joints, and tendons. Normally when we see our health care provider while injured, the recommendation includes rest. **Too much rest**, in our opinion. The abrupt cessation of physical training abolishes any previous muscle strength gains in both older^{7,12,13} and younger individuals.^{7,14} In addition, Arciero³ and Vukovich¹⁵ have previously shown that 6–10 days of inactivity are associated with reduced glucose tolerance, insulin action, and GLUT-4 transporter levels. Others have reported reductions in total aerobic capacity,^{16,17} deltoid muscle respiratory capacity and muscle glycogen content compared with levels during peak season training.⁶ Still others have reported significant increases in body weight (4.8 kg) and body fat (BF; 4.3 kg) after two months of detraining.¹⁸

In order to avoid this detraining effect due to forced rest from injuries, RockTape suggests doing activities that help prevent and overcome injuries to the soft tissue. One of those activities is **foam rolling**. Foam rolling is a form of self-myofascial release that is commonly used by fitness and medical professionals. A myofascial release technique is intended to address localized tightness in the fascia. This localized tightness may be impairing proper movement by causing pain or limiting range of motion, or both.

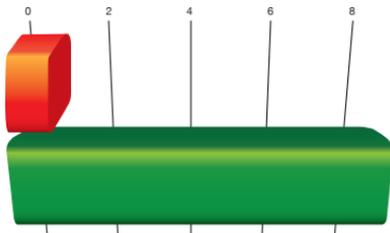
CHANGE IN RANGE OF MOTION

NOT ROLLING (TOP)

vs

FOAM ROLLING (BOTTOM)

8° increase after 2 minutes of rolling



FASCIA VISUALIZED WITH ULTRASOUND

Fascial release is one of the primary benefits of foam rolling. With our RockNRoller, you can be confident in effective release of restricted tissues.

The ultrasound images below clearly show fascial release after just 1-minute of rolling with our RockNRoller. Our patented Fascial Fingers™ not only work, they work better than traditional foam rollers.

**PRIOR TO USING
THE ROCK'N'ROLLER SYSTEM**



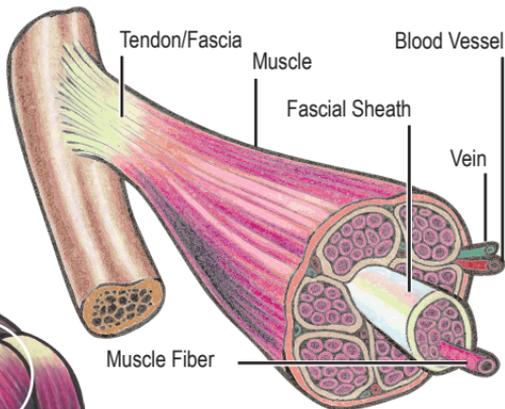
**AFTER ONLY 1-MINUTE USING THE
ROCK'N'ROLLER SYSTEM with**



WHAT IS FASCIA?

Fascia is a layer of connective tissue that surrounds muscles, vessels, nerves and organs, binding them together both mechanically and neurologically.

On the surface, fascia connects our skin to our muscles, and our muscles to each other, forming kinetic chains that help to redistribute stress throughout the body.



Fascia even binds individual muscle cells together completing the connection from the skin, topically, to the cellular level.

Fascia is everywhere.

HOW DOES FOAM ROLLING WORK?

There are numerous theories about why foam rolling has been shown to increase range of motion and decrease pain.^{25,26,27} Some of these theories are older and based on changing the dynamics of the tissue. At RockTape, we believe in neurophysiological models, which are now becoming more widely accepted than the older, mechanical models. Foam rolling is thought to send information to the brain which enhanced muscle preparedness (activation). It can also help muscles relax.

In this way, myofascial release sends signals to the brain through nerves, which then signals to the muscle to turn on or relax, almost like a switch. This model assumes that muscle tissue is responsible for the tightness and that it is muscle tissue that is being changed by treatment. This is also why using RockTape kinesiology tape with foam rolling is incredibly effective, they both activate the neuromuscular system.

Researchers have suggested that self-myofascial release techniques may improve issues such as: pain² and poor circulation¹ that may be caused by inflamed fascia.



HOW THE ROCK'N'ROLLER SYSTEM WORKS

The RockTape Rock'N'Roller is designed to address movement problems.

3 SIMPLE STEPS

Step 1 – Identify the problem area or target tissue

Choose an area of the body and roll until you find an area of tightness or pain. We call this the **target tissue**.

Step 2 – Roll over the target tissue

Once the **target tissue** is identified, roll over that area for **15 seconds quickly (pre-activity)** or **30 seconds slowly (post-activity)**. In addition to rolling over the target area of pain or tightness, we recommend going to the area of the body above the next joint and below the next joint (e.g., pain in knee, go to thigh and shin). We call this **upstream** and **downstream rolling**.

Step 3 – Maintain good posture and breathe

While rolling, **breathe in through your nose** (inhalation) for four seconds and **breathe out through your nose** (exhalation) for six seconds. Exhaling longer than your inhaling allows your body to relax and promotes better oxygenation of the air you breathe.

HELPFUL HINTS

The length of time spent rolling an area should be about **1-2 minutes**. The "More is Better" paradigm doesn't work here. So in general, **keep it short and sweet!**

GETTING STARTED

Prior to Activity – foam rolling can serve as an important component of the warm-up process by preparing the tissue and nervous system for the upcoming demand.

Benefits of using a foam roller prior to activity include:

1. Increased blood flow
2. Optimized length-tension relationship of a muscle/tissue
3. Improved movement efficiency
4. Psychological ramp up for activity

Post Activity – Foam rolling can serve as a **cool down method** both physically and psychologically. Total body flushing can be accomplished, which **promotes circulation and metabolic wastes**. Take this process slow and systematic, **breathe deep, and drink water**.

Benefits of foam rolling post activity include:

1. Flush tissue
2. Create elasticity of tissue
3. Begin recovery process
4. Slow heart rate
5. Psychological relaxation

BREATHING AND PROPER ALIGNMENT

Breathing is an important aspect of everyday life. It is important to emphasize here that when experiencing discomfort from foam rolling, the tendency is to hold one's breath. If you are holding your breath, the pressure is too great. Decrease the pressure from the foam roller immediately. We recommend keeping your body upright as much as possible to allow for good oxygen intake. Take a deep breath through the nose for four seconds and exhale through the nose for six seconds.

Foam rolling can play an important part in your overall **preparation and recovery from activity**. Time invested in injury prevention and recovery today, is time well-spent avoiding injury that may take weeks to recover from, and that may force extended rest...and we know the detrimental, physiological affects of too much rest.

ROCK N ROLLER
Patent Pending



AM I RIGHT FOR FOAM ROLLING?

The system can be used by almost anyone, anywhere, and at anytime.

Be aware that some people should not use a foam roller. Seek guidance from your health care provider prior to using any soft tissue technique, especially if you have any of the following:

- Osteoporosis
- Taking Anticoagulant therapy
- Diabetes
- High blood pressure
- Varicose veins
- Pregnancy
- Uncertainty of a condition

DIFFERENTIATING PAIN FROM DISCOMFORT

Pain is defined as an unpleasant feeling often caused by intense or damaging stimuli interpreted by the brain. One can expect mild to moderate discomfort when using the foam roller, but experiencing actual pain could indicate something is wrong. **If you feel shooting or piercing pain, stop rolling immediately** and adjust the placement of the roller to decrease pressure on the muscle or tissue. If after adjusting the roller the pain is not relieved, discontinue use of the roller and seek the advice of a licensed healthcare professional for further evaluation and advice.

PLEASE NOTE

No information of any kind in this brochure is meant to act as or replace medical advice.



**WE'RE MORE THAN
JUST A TAPE COMPANY.
WE ARE A
MOVEMENT
COMPANY.**

ROCKTAPE®

Go stronger, longer



See instructional videos at
rocktape.com/videos

can be used to treat

- Achilles tendonitis
- Plantar fasciitis
- ACL/MCL/jumpers knee
- Rotator cuff/shoulder
- Groin and hamstring pulls
- Lower back problems
- Shin splints
- Tennis and golf elbow
- Posture issues

RockTape can also be used to improve performance when you compete or engage in your sport. RockTape helps athletes maintain proper form and increases blood flow to decrease fatigue and build endurance.

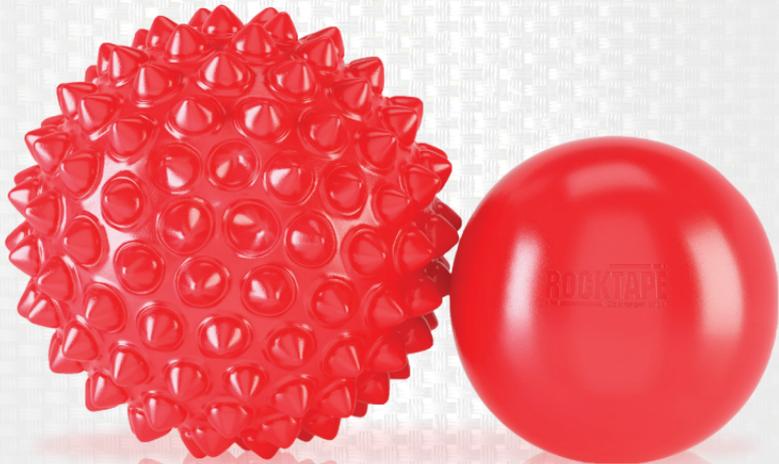
JUST **SOME** OF
OUR COLORS
AND DESIGNS



← Customize
RockTape
with your
own logo!

ROCKBALLS™

are a great addition to the RockNRoller system. RockBalls are able to provide pin-point accuracy for those stubborn areas. RockBalls come in pairs. The textured 3.5" ball and the smooth 2.5" ball are both designed to provide direct, manipulation of the myofascial system to normalize muscle tone.



ROCKBAND™

is **ideal for** corrective movements. RockBand can not only be used to stretch before and after workouts, but can be used in Frontal, Sagittal, and Transverse planes to create a base for flexibility, stability, and strength.

- Corrective Movements
- Mobility
- Jumping/Plyometrics
- General Conditioning
- Pre-workout/Post-workout



ROCKSAUCE®

RockSauce is the first and only warm topical pain cream designed for use with RockTape. When applied directly to the surface of RockTape, RockSauce soaks into and through RockTape to provide cooling and warmth sensations for up to an hour. When used by itself, RockSauce provides both cooling and warmth making it the perfect all-in-one treatment.



ROCKGUARDS®

Climbs, rope climbs, rocks and roots can be hard on your shins. Protect your shins and move stronger, longer with RockGuards.

- Impact resistant neoprene fused to a compressive lycra sleeve for protection and performance.
- Rear, comfort-engineered zipper for easy on/off without irritation.
- Foot strap and silicon bead prevents slipping and keeps mud out.



Black



Manifesto

XS, S, M, L, XL



Manifesto Black Pink Camo

KNEECAPS™

keep your knees stabilized, and that is essential when it comes to lifting. KneeCaps neoprene sleeves are specifically designed to provide compression, warmth and lateral stability when performing functional movements such as deadlifts, pistols, and squats.

Unlike other supports, KneeCaps are "extra tall" and designed to compress the VMO* at its insertion point above the patella* to help ensure proper stability and tracking. KneeCaps also provide compression and warmth to promote blood flow.

Choose between 5mm and 7mm thickness. 7mm offers extra compression and stiffness for even more support.

XS, S, M, L, XL

The Vastus Medialis muscle is one of four quadricep muscles, and is located on the inner part of the front of the thigh. The lowest part, the Vastus Medialis, called the Vastus Medialis Oblique (VMO) helps stabilize the patella (knee cap) and allows it to track properly.

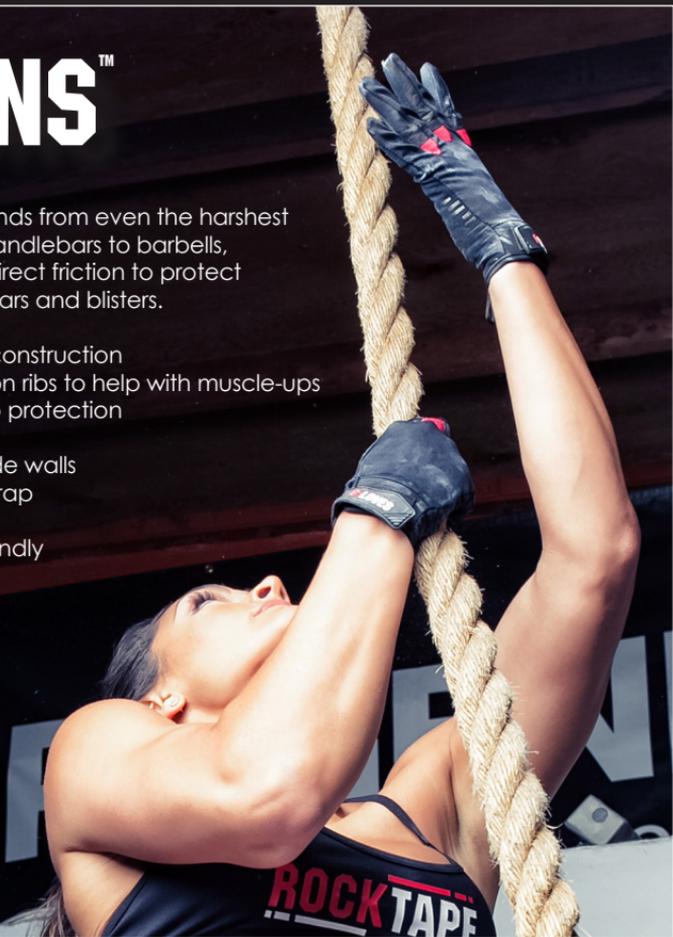
TALONS™

are engineered to

safeguard your hands from even the harshest conditions. From handlebars to barbells, G-LOVES reduce direct friction to protect your hands from tears and blisters.

- Seamless palm construction
- "False-grip" silicon ribs to help with muscle-ups
- Hook grip thumb protection
- Sweat wipe
- Vented finger side walls
- Para-cord pull strap
- Works with chalk
- Touchscreen friendly

XS, S, M, L, XL



REFERENCES

1. Walton A. Efficacy of myofascial release techniques in the treatment of primary Raynaud's phenomenon. *J Bodyw Mov Ther.* 2008 Jul;12(3):274-80.
2. Miernik M1, Wieckiewicz M, Paradowska A, Wieckiewicz W. Massage therapy in myofascial TMD pain management. *Adv Clin Exp Med.* 2012 Sep-Oct;21(5):681-5.
3. Arciero, PJ, Gentile, CL, Martin-Pressman, R, Ormsbee, MJ, Everett, M, Zwicky, L, and Steele, CA. Increased dietary protein and combined high-intensity aerobic and resistance exercise improves body fat distribution and cardiovascular risk factors. *Int J Sport Nutr Exerc Metab* 16: 373–392, 2006.
4. Arciero, PJ, Gentile, CL, Pressman, R, Everett, M, Ormsbee, MJ, Martin, J, Santamore, J, Gorman, L, Fehling, PC, Vukovich, MD, and Nindl, BC. Moderate protein intake improves total and regional body composition and insulin sensitivity in overweight adults. *Metabolism* 57: 757–765, 2008.
5. Volaklis, KA, Douda, HT, Kokkinos, PF, and Tokmakidis, SP. Physiological alterations to detraining following prolonged combined strength and aerobic training in cardiac patients. *Eur J Cardiovasc Prev Rehabil* 13: 375–380, 2006.
6. Costill, DL, Fink, WJ, Hargreaves, M, King, DS, Thomas, R, and Fielding, R. Metabolic characteristics of skeletal muscle during detraining from competitive swimming. Les caractéristiques métaboliques du muscle squelettique lors du desentrainement de la natation de compétition. *Med Sci Sports Exerc* 17: 339–343, 1985.
7. Giada, F, Vigna, GB, Vitale, E, Baldo-Enzi, G, Bertaglia, M, Crecca, R, and Fellin, R. Effect of age on the response of blood lipids, body composition, and aerobic power to physical conditioning and deconditioning. *Metabolism* 44: 161–165, 1995.
8. Ormsbee, MJ, Thyfault, JP, Johnson, EA, Kraus, RM, Myung, DC, and Hickner, RC. Fat metabolism and acute resistance exercise in trained men. *J Appl Physiol* 102: 1767–1772, 2007.
9. Arciero, PJ, Smith, DL, and Calles-Escandon, J. Effects of short-term inactivity on glucose tolerance, energy expenditure, and blood flow in trained subjects. *J Appl Physiol* 84: 1365–1373, 1998.
10. Arciero, PJ, Vukovich, MD, Holloszy, JO, Racette, SB, and Kohrt, WM. Comparison of short-term diet and exercise on insulin action in individuals with abnormal glucose tolerance. *J Appl Physiol* 86: 1930–1935, 1999.

- 11.** Brestoff, JR, Clippinger, B, Spinella, T, von Duvillard, SP, Nindl, BC, and Arciero, PJ. An acute bout of endurance exercise but not sprint interval exercise enhances insulin sensitivity. *Appl Physiol Nutr Metab* 34: 25–32, 2009.
- 12.** Fatouros, IG, Kambas, A, Katrabasas, I, Nikolaidis, K, Chatz Nikolaou, A, Leontsini, D, and Taxildaris, K. Strength training and detraining effects on muscular strength, anaerobic power, and mobility of inactive older men are intensity dependent. *Br J Sports Med* 39: 776–780, 2005.
- 13.** Harris, C, DeBeliso, M, Adams, KJ, Irmischer, BS, and Gibson, TAS. Detraining in the older adult: Effects of prior training intensity on strength retention. *J Strength Cond Res* 21: 813–818, 2007.
- 14.** Izquierdo, M, Ibañez, J, González-Badillo, JJ, Ratamess, NA, Kraemer, WJ, Häkkinen, K, Bonnabau, H, Granados, C, French, DN, and Gorostiaga, EM. Detraining and tapering effects on hormonal responses and strength performance. *J Strength Cond Res* 21: 768–775, 2007.
- 15.** Vukovich, MD, Arciero, PJ, Kohrt, WM, Racette, SB, Hansen, PA, and Holloszy, JO. Changes in insulin action and GLUT-4 with 6 days of inactivity in endurance runners. *J Appl Physiol* 80: 240–244, 1996.
- 16.** Coyle, EF, Martin, WH, Sinacore, DR, Joyner, MJ, Hagberg, JM, and Holloszy, JO. Time course of loss of adaptations after stopping prolonged intense endurance exercise. *J Appl Physiol* 57: 1857–1864, 1984.
- 17.** García-Pallarés, J, Sánchez-Medina, L, Pérez, CE, Izquierdo- Gabarren, M, and Izquierdo, M. Physiological effects of tapering and detraining in world-class kayakers. *Med Sci Sports Exerc* 42: 1209–1214, 2010.
- 18.** Almeras, N, Lemieux, S, Bouchard, C, and Tremblay, A. Fat gain in female swimmers. *Physiol Behav* 61: 811–817, 1997.
- 19.** Bilateral myofascial trigger points and pressure pain thresholds in the shoulder muscles in patients with unilateral shoulder impingement syndrome: A blinded, controlled study. *SportEX Dynamics*. 2013(36):5-5.
- 20.** Hidalgo-Lozano A, Fernández-de-las-Peñas C, Díaz-Rodríguez L, González-Iglesias J, Palacios-Ceña D, Arroyo-Morales M. Changes in pain and pressure pain sensitivity after manual treatment of active trigger points in patients with unilateral shoulder impingement: A case series. *Journal of Bodywork & Movement Therapies*. 2011;15(4):399-404.

- 21.** Kiesel K, Plisky P, Butler R. Functional movement test scores improve following a standardized off-season intervention program in professional football players. *Scand J Med Sci Sports*. 2011;21(2):287-292.
- 22.** Perez-Palomares S, Olivan-Blazquez B, Arnal-Burro AM, et al. Contributions of myofascial pain in diagnosis and treatment of shoulder pain. A randomized control trial. *BMC Musculoskelet Disord*. 2009;10:92-2474-10-92.
- 23.** Srbely JZ, Dickey JP. Randomized controlled study of the antinociceptive effect of ultrasound on trigger point sensitivity: Novel applications in myofascial therapy? *Clin Rehabil*. 2007;21(5):411-417.
- 24.** Healey KC, Hatfield DL, Blanpied P, Dorfman LR, Riebe D. The effects of myofascial release with foam rolling on performance. *J Strength Cond Res*. 2013.
- 25.** Lucas KR, Rich PA, Polus BI. Muscle activation patterns in the scapular positioning muscles during loaded scapular plane elevation: The effects of latent myofascial trigger points. *Clin Biomech (Bristol, Avon)*. 2010;25(8):765-770.
- 26.** MacDonald GZ, Penney MD, Mullaney ME, et al. An acute bout of self-myofascial release increases range of motion without a subsequent decrease in muscle activation or force. *J Strength Cond Res*. 2013;27(3):812-821.
- 27.** Sullivan KM, Silvey DB, Button DC, Behm DG. Roller-massager application to the hamstrings increases sit-and-reach range of motion within five to ten seconds without performance impairments. *Int J Sports Phys Ther*. 2013;8(3):228-236.

ROCK N ROLLER TM

Patent-Pending

FASCIAL MOVEMENT TAPING

A hands-on course integrating the best treatments with kinesiology taping to deliver the best possible patient outcomes.



HELP YOUR PATIENTS

- Master functional taping and understand its role in rehabilitation, neuropathic pain and posture improvement
- Corrective exercise strategies for movement mobility and stability dysfunctions.
- Introduce a myofascial sequencing model of “taping movements, not muscles.”

PERFORMANCE MOVEMENT TECHNIQUES

A hands-on course that will teach you how to use movement-based concepts to achieve **MOBILITY, STABILITY and BALANCE.**



HELP YOUR CLIENTS

- Cue form and correct posture
- Reinforce core-to-extremity movements
- Help prevent injuries
- Aid recovery



From the makers of   @

ROCKTAPE

Go stronger, longer

RockTape.com 408.912.ROCK

facebook.com/rocktape 

@rocktape 

twitter.com/rocktape 

