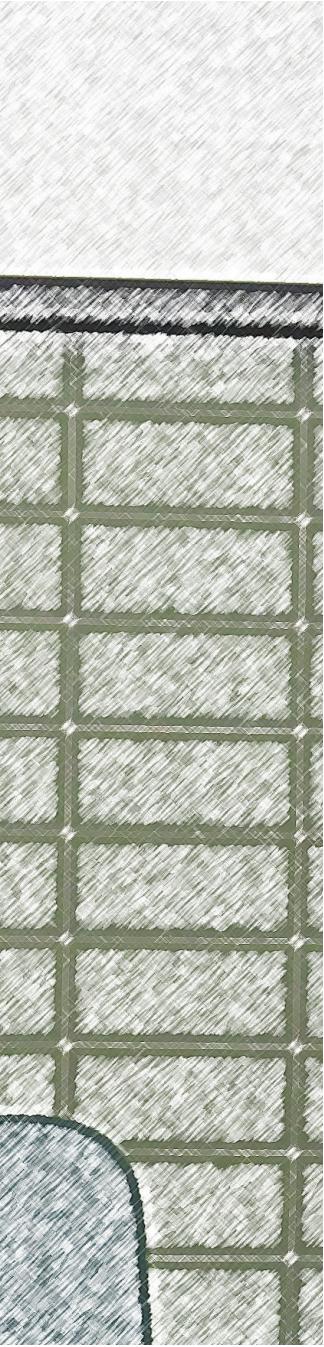


# Aaron Mattes

*This interview celebrates the 70th birthday of Aaron Mattes in October 2012, as well as his contributions to the field of massage and bodywork.*





# Up Front with the founder of Active Isolated Stretching

By Jason Erickson

Active Isolated Stretching (AIS) is a method of muscle lengthening and fascial release practiced by massage therapists, physical therapists, chiropractors, osteopaths, and trainers of all kinds. Olympic and professional athletes have benefited from AIS stretching and strengthening, and the US Olympic sports medicine staff for the 2012 games in London included an AIS practitioner. However, the number of non-athletes who benefit from AIS on a daily basis—from Parkinson's and amyotrophic lateral sclerosis (ALS) patients, to office workers and children with back and neck pain—is truly impressive.

The development of AIS has been led by one man—Aaron Mattes. Top massage educators, such as Ben Benjamin and James Waslaski, recommend and praise Mattes and his work as a clinician. In this interview, Mattes sheds some light on his career, his work, and the profession today.

**Q: You are best known for your development of Active Isolated Stretching (AIS). What inspired you to look for a different way to stretch?**

Aaron Mattes (AM): I was stretching myself and working with others; they would experience irritation when holding a stretch, with very little progress, or lack of consistent progress. Electromyography and electroencephalography showed that things were happening because of the stress—holding a stretch caused irritation, took a lot of time, resulted in very little change, and many people just gave up on it. Things weren't working out very well.

**Q: You have said, "AIS begins in the brain." What happens with the nervous system during regular stretching?**

AM: If you look at people stretch, they hold one repetition for a long time. They set off a stretch reflex, causing an isometric contraction, and it becomes a protective mechanism, and on and on. In that scenario, a lot of things aren't working right in the human body as a result of trying to force things.

**Q: What did you do to develop what later became AIS?**

AM: As I worked with people, the harder I pushed and the longer I held it, the more aggravation I got and the less progress we made. As we started to hold it less, I started having clients use a piece of rope to help the stretch. When lifting the limb hurt, we stopped. As they kept lifting, it kept improving. It was phenomenal to see how something could improve so much with a short duration and less force. Nothing quite like we do now, but clients were getting more flexible and they weren't hurting as much afterward.

**Q: Who did you first use AIS with?**

AM: I had started to use AIS with runners and baseball players at the University of Illinois, and then I started using it with gymnasts. I began using AIS with elite athletes in 1971–72. I probably started calling it Active Isolated Stretching in the early- to mid-1990s.

**Q: Over the years, what are some of the significant changes you have made in AIS?**

AM: I first published a little green book on stretching in 1980. Back then, I was only doing a few things with the shoulders and the legs, and some other things. Then I started discovering how to stretch rotary fibers and it became more encompassing. To this day, I'm still coming up with things. It's an ongoing process, trying to become more perfect and more inclusive.

**Q: When did you first start incorporating strengthening protocols into AIS?**

AM: I've been doing strengthening with stretching all along since 1969. At first, it wasn't very specific. It was more of just a series of presses. I just kept getting more exacting with the strengthening, and I'm still making changes.

**Q: During your 2011 Chicago seminar, you introduced Jeff Haggquist and Roger McNear as master instructors and announced that they were developing a new AIS certification process. Since AIS has never had certification, what led to this?**

AM: It's always been something I've wanted to do, but just saying that you took my course and now you're certified doesn't mean much. We're



## About Aaron Mattes

Aaron Mattes received his bachelor's degree in physical education in 1970 and his master's degree in kinesiology and kinesiotherapy in 1972. He served as pitching coach for the University of Illinois baseball team, then directed kinesiotherapy clinics there and at the University of Toledo. His experience includes more than 200,000 hours in instruction, rehabilitation, athletic training, adapted physical education, sports medicine, training, and preventive programs. He is a registered kinesiotherapist and certified member of the American Kinesiotherapy Association. He is a licensed massage therapist and owns and directs Aaron L. Mattes Therapy in Sarasota, Florida, where he lives with his wife Judy.

working with people who have various types of education: PhDs, medical doctors, osteopaths, chiropractors, massage therapists with 6–7 month training programs, or personal trainers with a few days to a few weeks of education. We have people from so many different types of backgrounds that it's difficult to certify people unless everyone receives the same information and can thoroughly learn to do this work. It's a lot more work than meets the naked eye because it needs to meet the criteria provided by the national certification board. Haggquist and McNear are in charge of the certification development and getting it to the population.

### **Q: How does it feel to see AIS take this next step? What do you hope to see happen?**

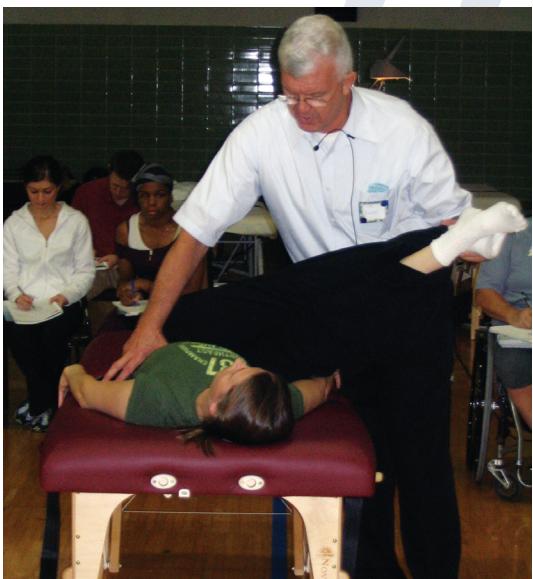
AM: It's been a lifetime. I've basically worked on it for more than 40 years. That's a long time to stay with something, especially as I'm getting older. It's making it more difficult for me to achieve it, so I need to include more people as best as I can. There were opportunities to do major studies on it, but things fell through for various reasons, so I've had some setbacks. We want to get some things proved through research and then give it to the National Institutes of Health or another suitable body. Then AIS will become more of a household name. It's the

recognition of the entire rehabilitation and preventive world that we're interested in, so we need the right kinds of people involved in all aspects of it.

### **Q: The AIS certification path includes two-day seminars using a new, more structured teaching format. How would you compare the longer seminars you have traditionally taught to the new, shorter seminars?**

AM: We cover a lot in the four-day seminars I've done, but I think now students will have a chance to break it down, work in smaller groups, and maybe learn it better. I think this extension will be a step up, obviously. Those who wanted to be really good at this usually took two or three seminars and came in and studied a lot. I won't continue to permit people to keep studying with me much longer. I'm turning 70 and it's difficult to put in the hours I used to—many times I put in more than 100 hours per week. To be really good at something, I've paid a price, and many of those around me have paid a price, too.

In order to become really good at this, you've got to have a desire to change things, develop the skills, and be willing to put in the time and practice ... It's amazing what you can achieve if you put all this together.



**Q: When learning AIS, how can practitioners progress from first learning the methods and protocols to working more efficiently and effectively with clients?**

AM: It takes concentration, it takes a touch, it takes understanding that this work is different from proprioceptive neuromuscular facilitation or any other thing that we like to compare it to. It's more complicated and more exacting. It's very effective, but you've got to learn it, you've got to study it, and you've got to practice it. You've got to do it over and over and you've got to do it with somebody who knows what they're doing.

Seldom do you have exactness unless you get training like we're doing now through Haggquist and McNear. That will give us more "likeness" about teaching and receiving and going out to do the work. We'll have certified that they have had the training and do know the work, and even then it's difficult. You need to study it. You need to look at the anatomy and physiology. When you're talking about AIS, you need to know these things, the intricacies of the shoulder or the knee, the hip, or whatever we're talking about. We need to understand how we can make these changes based on the anatomy and how it works.

**Q: What does it take to get the best results?**

AM: If we can't be thorough, we'll just get a partial result. Athletes don't want to work with you if you don't get results. If you're going to work with the back, and you've only got an hour, you can only do a partial job.

One hour doesn't quite do it most times, especially early on. You've got to attain before you maintain, right? That's a biggie. And that's where I put the onus on the practitioner. The real successful people, you look at their work ethic, you look at their education, and you look at how they went a step beyond everybody else. They were more than lucky. People who work on it get unusual results. It's the ones who put in the time, the dedication, and the effort and keep on doing it. You've got to have soul, too. It must be deep inside you, that you really want to help people. Those are the things we need to emphasize, even in our certification. In order to become really good at this, you've got to have a desire to change things, develop the skills, and be willing to put in the time and practice. So it's time, it's effort, it's money, and it's dedication to doing something that you believe in. It's amazing what you can achieve if you put all this together.

**Q: Do you feel science will eventually change how AIS is taught?**

AM: Oh yes, I think there's a long way to go before we have more definitive answers and everyone wants this kind of work. When it starts appearing in the New England Journal of Medicine and other places like that, I think we'll be on our way.

**Q: What are some challenges you think AIS might face in the future, or that you see it facing right now?**

AM: I think it needs to be researched more. It needs to be adopted more in the chiropractic, physical therapy, and science worlds. It's getting there, but rather slowly. I'd like to see it take two years; it will probably take 20. We need to have it in the hands of more qualified people; not just a few, but many of them throughout the world.

**Q: Can you describe some of the potential for AIS in the next 5–10 years?**

AM: I think AIS could be adopted much more into the hospital scene, into the educational scene at universities, even developing AIS clinics. I'm seeing people who have cancer getting good results, and I look for it to be a lot more involved there. I also see it becoming more of a preventive method. We see how the brain changes with people who have Parkinson's and ALS. Now people can swallow and chew and do things they haven't been able to do. One woman with Parkinson's was supposed to have been dead about four months after I met her. Now, here she is, 12 years later, and if you didn't know, you'd never guess she has Parkinson's.

There are all kinds of things that might be done that I can't imagine. I say, "Here's the ball. Now what are you going to do with it?" Make it something meaningful that is meaningful for everybody. Give it to the family. The school environment has to change. We have to include these things for young children.

**Q: When you say bring AIS into the school environment, do you see it as a physical education curriculum or something similar?**

AM: It would be included in the physical education program and should definitely be part of the sports program. We have far too many negative things happening in sports. Athletes never achieve what they should and there

are too many injuries. Their bodies won't do what they're trying to do. Why be slow when you could be fast? Why jump 12 inches when you could be jumping 30? These are the potentials in the sports world that prevent injuries. I can give you names of people who played entire careers and never had a serious injury, never missed a game. These kinds of things have that potential. We're seeing great results with head trauma, cerebral palsy, and stuff like that.

We've got a 23-year-old girl who hasn't walked in 20 years, and you should see her now—she's starting to walk, her clubfeet are straightened out, her legs are working. It's just amazing how her mind is changing. A doctor said it's amazing how we get to the brain. We can affect IQ with this work. So, the potential, I don't know. We got something started and now it's going to take some people with desire and dedication to take it and run with it.

**Q: You developed training and therapy aids such as stabilizing belts and ice cups. How does it feel to see your ideas used?**

AM: It shows that we are more exacting, that we get better results by doing some of the simple things in life. A seat belt isn't very complicated, but how it's applied helps the exactness because AIS is based on stabilization and isolation. The ice cup is very simple; it's a paper cup or something with frozen water in it. You massage with it, and it never gets below 37 degrees so you can never freeze any tissue. The swelling goes down immediately, and function improves to a degree. You take a sprained ankle and prepare the tissue so it can move better.

**Q: In 2010, Oakworks released the Mattes Chair, and Comfort Craft offers massage tables with an "AIS System" for stretching. Are there any other AIS-related products that you expect to see in the future?**

AM: I get ideas for other things while I'm in the clinic or when I'm teaching—sometime I'll have a chance to think about those things. That's a possibility. Some other people are going to come up with other things, too. This isn't a one-way street. Everybody has a chance to make additional gains. There's potential there, lots of it. It will be interesting to see what AIS is like in 50 years, or if it even exists. That's the other thing: if people don't take the ball and keep running with it, it may die like anything else. m&b



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