

Greetings respected colleague,

Advancement of new thinking lays fundamental in the roots of America. I have been a practicing emergency physician for the past 15 years, being witness to the growing epidemic of violence in our culture. To combat its intrusion, law enforcement must evolve its tactics in a manner palatable to society. As a lifelong student of martial arts, coupled with medical practice and SWAT training, my concise medical summation of GST follows active first hand classroom participation.

This system is comprised of 23 techniques. The 23 techniques described can be characterized into four distinct medical classes. They would be: Vascular restraints, Grounding methods, Joint and limb immobilizations, and Directing and positioning techniques. They are each described below.

Vascular restraints invoke the greatest concern among law enforcement. With regards to Police defensive tactics, there exists a research gap. Thus, clear pathophysiology involving vascular neck restraints remains at a consensus state. To date, adverse outcomes related to these techniques have not been seen by this author. Conversely, I have spent many nights dealing with the repercussions of traditional police tactics especially when dealing with a highly motivated or altered sensorium person, vascular restraints offer a lower injury potential along the force continuum. While select patient populations present an increased medical risk, the risk for long term injury is likely to be lower than other methods.

Grounding methods have the greatest potential for unpredictability. Examples here would include the leg hook takedown and double leg takedown. Traumatic neurological injuries rise to the forefront of concern. While no system can account for all variables, the techniques contained within the GST include specific concern for these issues. Attempting to minimize the potential of injury to both parties is a singular distinction of this methodology.

Joint and limb immobilizations using leverage to obtain voluntary compliance is the third division. Hyperextension of a joint during extreme resistance is of greatest concern. However, for the vast majority of cases, compliance would be obtained well before injury occurred. Techniques included in this group would be the Americana, Kimura, and hidden arm handcuff.

The final group, representing the largest portion of the syllabus, falls under re/directing and positioning techniques. These have a lower potential for injury than others and include the shrimp, mount, and punch block series. Primarily involving movement gaining positional advantage, lesser musculoskeletal injuries could be seen with these techniques. They are unlikely to cause serious, long term injury.

While risk of injury is inherent during any altercation, the GST system places significant emphasis on mitigating injuries. Representing a significant advancement in officer safety for both training and street application while concurrently protecting the rights of the accused, the GST system has earned a place on today's duty belt.

Fraternally submitted,



Dr. Glenn Hardesty
Emergency Medicine