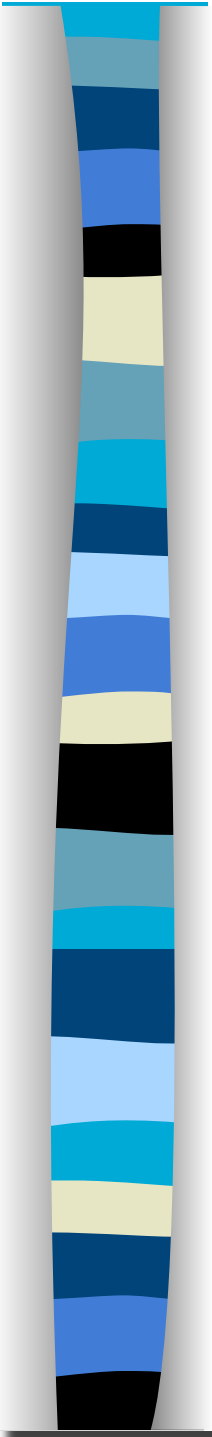


14b Swedish:
Technique Review and Practice
Feet, Anterior Lower Body, and Abs

14b Swedish:

Technique Review & Practice - Feet, Anterior Lower Body, and Abs Class Outline



5 minutes	Attendance, Breath of Arrival, and Reminders
15 minutes	Pep talk SOAP notes
70 minutes	1st massage
20 minutes	20-minute break
70 minutes	2nd massage
10 minutes	Closing circle
3 hours, 15 minutes	Total



14b Swedish:

Technique Review & Practice - Feet, Anterior Lower Body, and Abs Reminders

In Class:

- Partial SOAP notes with first and last names, date, Subjective, and Assessment. Signatures and dates on intake form.

Assignments:

- 17a Review Questions (A: 131-138)

Quizzes and Written Exams:

- 17b Kinesiology Quiz
- 18a Written Exam Prep Quiz
- 19a Written Exam Prep Quiz

- 21a Written Exam

Preparation for upcoming classes:

- 15a A&P: Skeletal System - Bony Landmark Palpation
 - Trail Guide: sternocleidomastoid and levator scapula
 - Salvo: Pages 419-420 and 452-479
 - Packet E-19-20
 - Packet A-136

- 15b Swedish: Technique Demo and Practice - Chest and Arms
 - Packet F: 47-50



Classroom Rules

Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.

Client Intake Form

Date: _____

Name _____ Preferred Phone: _____ m/h/w

Address _____ Alternate Phone: _____ m/h/w

City _____ State _____ Zip _____ DOB _____ Gender _____

Email _____ Occupation _____

Emergency Contact: _____ Relationship: _____ Phone: _____

What types of healthcare are you receiving? (Physician, Chiropractor, Acupuncture, Homeopath, etc.)

Do you currently have, or recently had, any of the following conditions:
 (This information is confidential and may be important to your therapy.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Numbness or Tingling | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Headaches _____ | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Cancer (history) | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Allergies _____ | <input type="checkbox"/> Autoimmune Disease _____ | |

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

Please list any medications or supplements you are currently taking for any of the above conditions:

Are you pregnant or trying to become pregnant? No Yes: Due Date _____

Clients are asked to keep the clinic informed on any changes to the above information.

Previous massage/bodywork experience Never Occasionally Often type(s) _____

.....
 I understand that: Massage therapy (Which include styles of: Swedish, Sports, Deep Tissue or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. This is a full-body massage unless otherwise requested. Neither breasts nor genitalia will be massaged. I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

If I am uncomfortable for any reason I may request to end the session and it will end promptly.

If client is under the age of 17, written consent from client's guardian or parent is required.

I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: _____ Therapist Signature: _____

Treatment Record

Client Name _____

Date _____

Student Therapist _____

S: Subjective or what the client reports about their status
(client goals, functional limitations, and diagnosis/clearance from a physician)

O: Objective or findings made by the therapist
(client posture, client movement, palpation of client during interview, details of focus area treatment)

Prone:

Supine:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A: Assessment or how the client rates the pain or discomfort of a focus area
(0-10, 0 = no pain, 5 = moderate pain, 10 = worst possible pain, recorded before and after treatment)

Before treatment:

After treatment:

_____	_____
_____	_____
_____	_____

P: Plan or a strategy for further care

(client education, self care such as movement or stretches, future massage session ideas, referrals)

Personal reflection or meaningful insights made by the therapist about the therapist



Treatment Records SOAP Notes

- Remember that you and the client must sign the intake form BEFORE the massage happens! This is an indicator that you read your client's intake form and have considered the indications and contraindications, including areas to avoid.
- Always make sure your documents are dated and have first and last names.
- Protect these papers as they contain sensitive information such as personal info (birth date, address, email), medical conditions, medications, and more. Keep them for 2 years, update the intake whenever information changes or at least every 2 years.



S = Subjective (what the client reports to you about their status)

- Client goals, expectations, and preferences
- Client functional limitations
- Physician's diagnosis or clearance

These are notes taken during the client interview and apply to *today's* session.

Interview example

- What brings you in, What is the focus
- Where do I avoid, any injuries, ROM
- Lubricant
- Pressure
- Anything else- speed, BMTs, likes and dislikes

Repeat it all back to the client (same page)



S = Subjective Example
(what the client reports to you about their status)

For now, let's check only ask about What, focus (whatever you're learning that day), avoid (in the areas you're working in class), and lubricant (specifically allergies or preferences)

What: Relaxing massage, to have less stress

Focus: Upper back, shoulders and neck

Avoid: Stubbed right big toe 2 days ago

Lubricant: Ok with oil, no allergies

Pressure: Medium to firm, deep as needed.

Ticklish behind knees

Allergies, stretches, BMTs: Told them about

BMTs for shoulders and neck

Other: Loves scalp massage but doesn't want oil in hair

Why is important to write down specific details?



A = Assessment

(OR how the client rates the 'feeling' of a focus area)

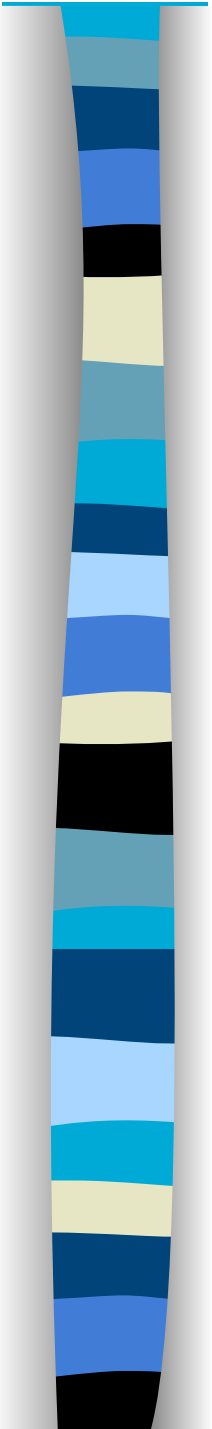
- Assessment- When your client walked in and sat down, did you ask them how they are doing? Their response is their assessment. We interview them to get more details.
- What brings you in today? What is your focus area?
- What if they aren't in pain, don't have any tension and feel fantastic?
- Can I leave this blank? Writing NA (not applicable) is NA (not acceptable)
- When they get off of the table, you ask them, how are you feeling? This is your after assessment!
- Recorded first during the interview for each area of focus
- Recorded again after the treatment for each area of focus



A = Assessment

(OR how the client rates the 'feeling' of a focus area)

- Rating Scale of 0-10
 - 0 is no pain/tension/anxiety, 'feeling'
 - 5 is moderate pain/tension/anxiety, 'feeling'
 - 10 is the worst possible pain/tension/anxiety, 'feeling'
- We should be looking for 3 things when 'rating' the 'feeling'
 - Where is being affected
 - By What/'feeling'
 - Rating
- Recorded first during the interview for each area of focus
- Recorded again after the treatment for each area of focus



A = Assessment Examples

(OR how the client rates the 'feeling' of a focus area)

(For our current client, they mentioned they are stressed)

Before: _____ **After:** _____
Client is very stressed, Client is very relaxed
Just wants to relax could take a nap now

-or-

Before: _____ **After:** _____
Stress in head, neck Stress in head, neck,
And back is a 6 and back is a 3

-or-

Before: _____ **After:** _____
Tension 6 in head, Tension 3 in head,
neck and back neck, and back

First half of the message trade

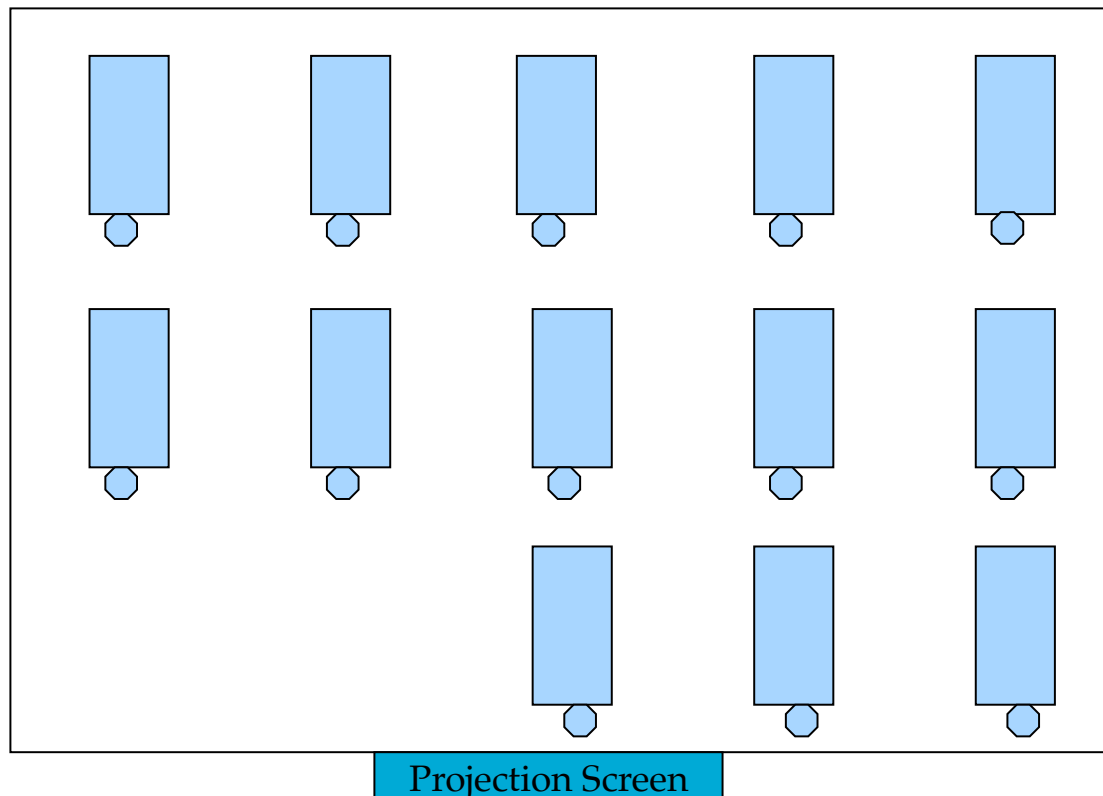
Table setup

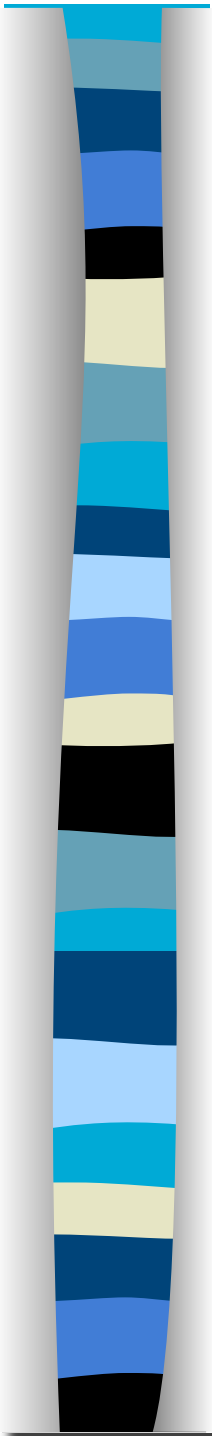
Set up the tables in the configuration below

Get out your supplies and dress your table

Adjust the table height and get 1 chair per table

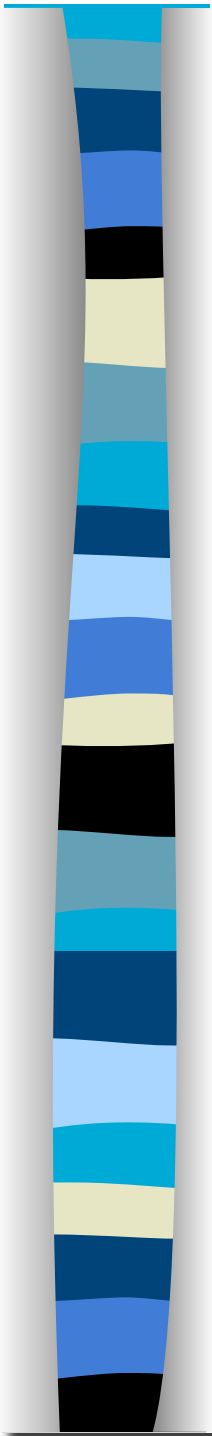
Put all your stuff in the "basement"





Prone Position

1. Squeeze the foot
2. Circular thumb friction from calcaneus to toes in 5 lines
3. Pinch the heel
4. Tapotement and effleurage of hip, leg, and foot
5. Repeat steps 1-4 on other leg



Supine Position – First Leg

6. Full leg effleurage

7. Thigh

Effleurage

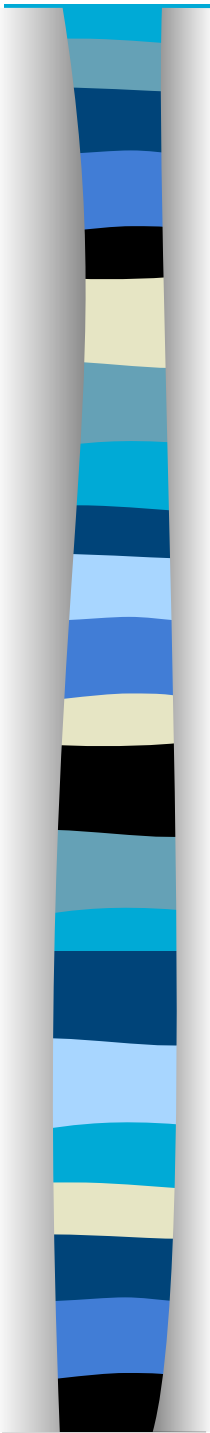
Full

Wring

Knead

Effleurage

8. Full gently around the patella



Supine Position, continued – First Leg

9. Lower leg

Effleurage

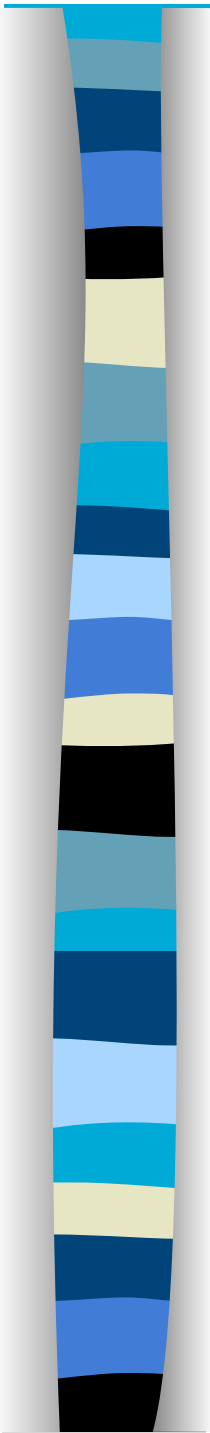
Full

10. Tibialis anterior and fibularis longus/brevis

Thumb circles

Thumb tip compressions

11. Lower leg effleurage



Supine Position, continued – First Leg

12. Palmar effleurage to dorsum of ankle while holding foot
13. Fingertip friction around malleoli
14. Fingertip friction the medial and lateral side of Achilles tendon
15. Thumb friction across the retinacula
16. Full dorsum of foot
17. Squeeze the foot
18. Wring from heel to toes and back



Supine Position, continued – First Leg

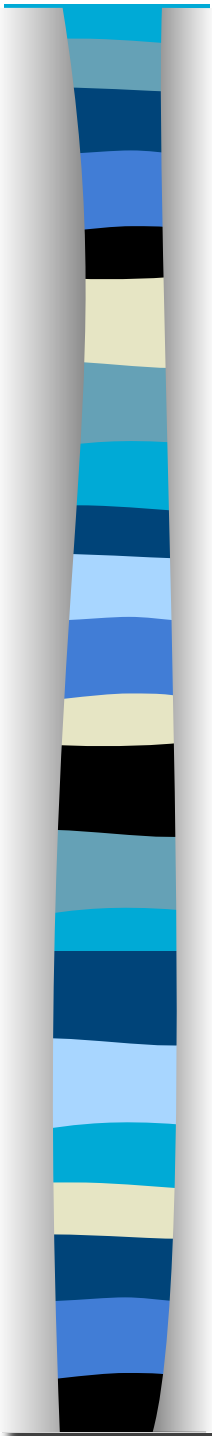
19. For each metatarsal and its toe:

- Strip between metatarsals from toes to ankle
- Mobilize by scissoring metatarsals
- Slide index finger or side of a thumb in between toes
- Petrissage toes
- Rotate, flex, hyperextend, and traction each toe

20. Thumb compressions to the arches of the feet

21. Foot wringing

22. Two-handed vibration at ball and ankle



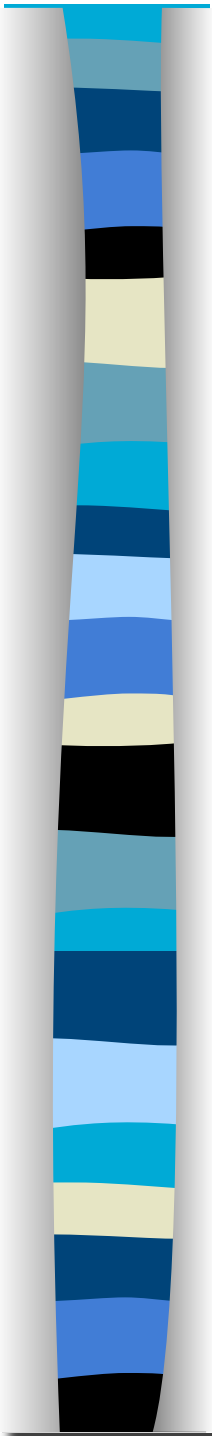
Supine Position, continued – First Leg

23. Tapotement to IT band, quadriceps, lower leg, top of foot

24. Full leg effleurage

25. Nerve strokes down the leg to finish

26. Repeat steps 6-25 on other leg



Supine Position – Second Leg

6. Full leg effleurage

7. Thigh

Effleurage

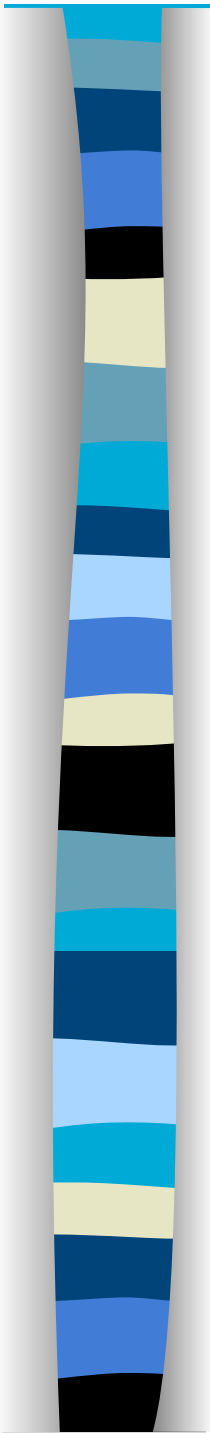
Full

Wring

Knead

Effleurage

8. Full gently around the patella



Supine Position, continued – Second Leg

9. Lower leg

Effleurage

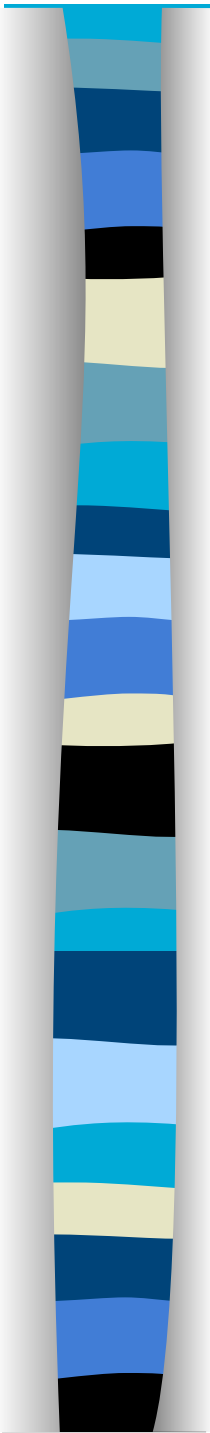
Full

10. Tibialis anterior and fibularis longus/brevis

Thumb circles

Thumb tip compressions

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Supine Position, continued – Second Leg

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Supine Position, continued – Second Leg

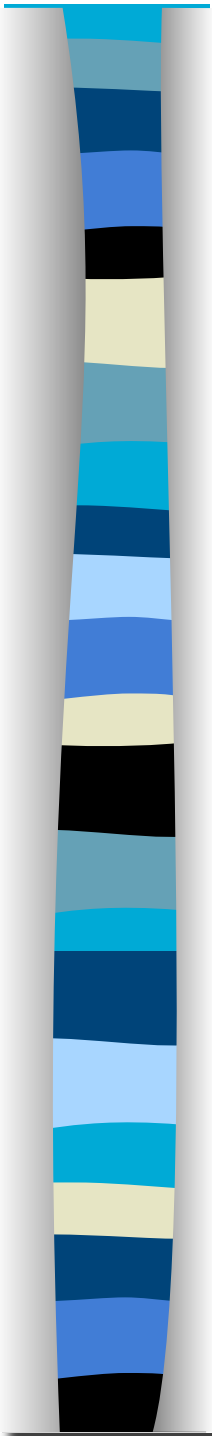
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21. Foot wringing

22. Two-handed vibration at ball and ankle



Supine Position, continued – Second Leg

23. Tapotement to IT band, quadriceps, lower leg, top of foot

24. Full leg effleurage

25. Nerve strokes down the leg to finish



Supine Position, continued

27. With appropriate draping, expose the abdomen

28. Engage your client with soft hands or words to prepare them for initial abdominal contact

29. Abs:

- Circular effleurage
- Pulling
- Thumb slide along the costal border

30. Repeat step 29 on the other side



Supine Position, continued

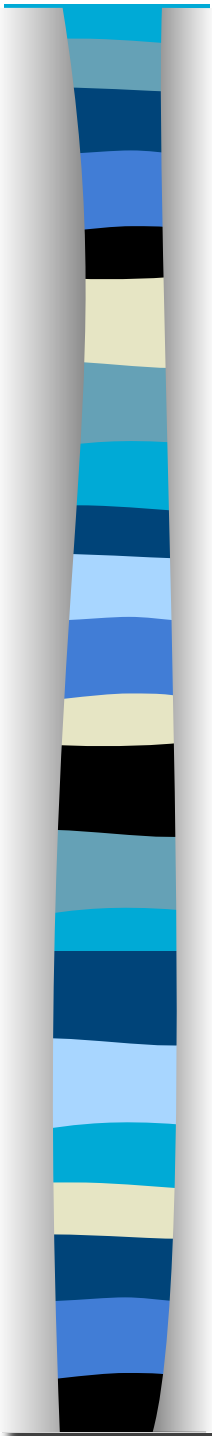
31. Effleurage up abdomen to sternum (on rectus abdominis), out and around to sides, sweep down the sides to the waist, dip under to iliac crest and pull up, following the iliac crest back to the starting point.

32. Circular effleurage abs

33. Cover torso and remove breast drape if applicable

34. Use circular friction/melting to gently contact the origins of pectoralis major

- Superiorly along the lateral edges of the sternum
- Laterally, just inferior to the clavicles



14b Swedish:
Technique Review and Practice
Feet, Anterior Lower Body, and Abs