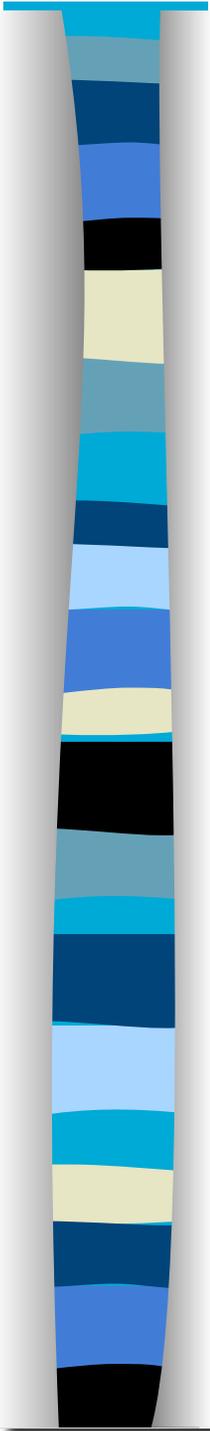
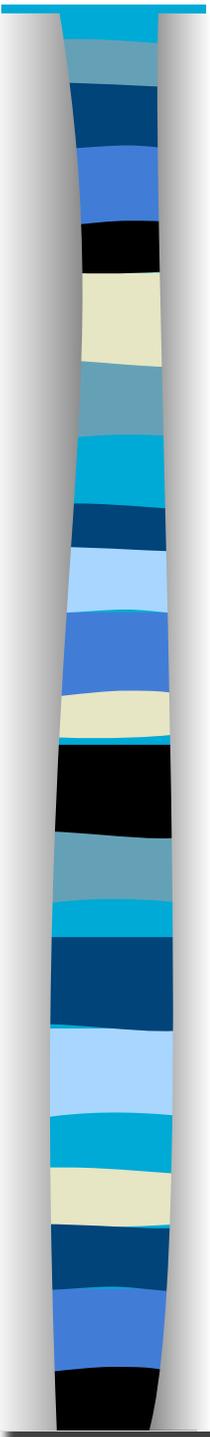


## 72b Orthopedic Massage: Techniques & Effects





# 72b Orthopedic Massage: Techniques & Effects

## Class Outline

15 minutes

Break

5 minutes

Attendance, Breath of Arrival, and Reminders

10 minutes

Lecture

70 minutes

1<sup>st</sup> trade Lecture with technique demo and practice

20 minutes

Break and switch tables

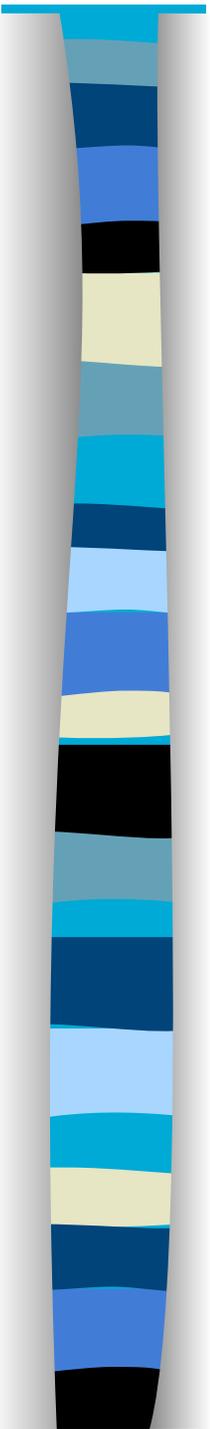
70 minutes

2<sup>nd</sup> trade Lecture with technique demo and practice

20 minutes

Break down, clean up, and discussion

3 hours and 30 minutes total



# 72b Orthopedic Massage: Techniques & Effects

## Class Reminders

### Quizzes:

- 75a Kinesiology Quiz (gluteals, erectors, lats, biceps femoris, quadratus femoris, piriformis)
- 78a Kinesiology Quiz (erectors, lats, quadratus lumborum, multifidi, rotatores)

### Spot Checks:

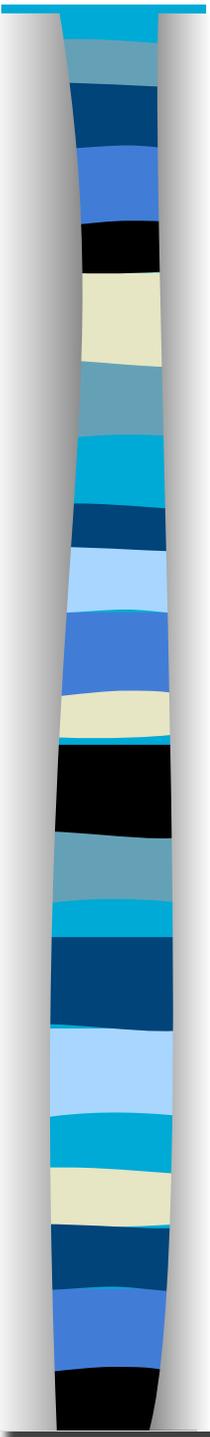
- 75b Orthopedic Massage: Spot Check – Piriformis and Sacroiliac
- 78b Orthopedic Massage: Spot Check – Low Back Pain

### Assignments:

- 85a Orthopedic Massage: Outside Massages (2 due at the start of class)

### Preparation for upcoming classes:

- 73a Orthopedic Massage: Introduction – Piriformis and Sacroiliac
  - Trail Guide (quadratus femoris and piriformis)
  - Packet J: 49-54.
- 73b Orthopedic Massage: Technique Demo and Practice - Piriformis and Sacroiliac
  - Packet J: 55-62.



# Classroom Rules

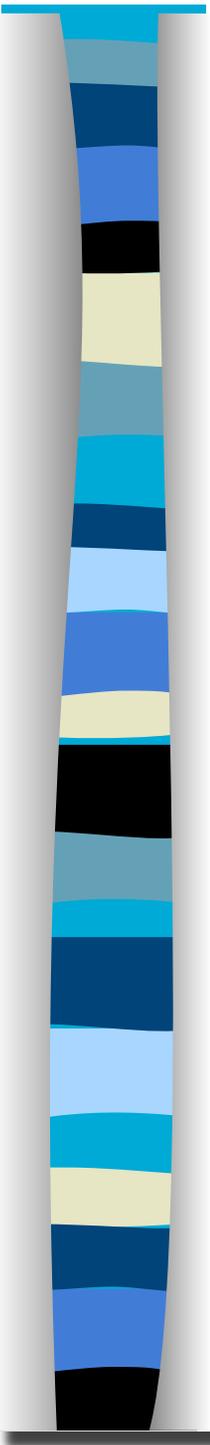
**Punctuality** - everybody's time is precious

- 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:**

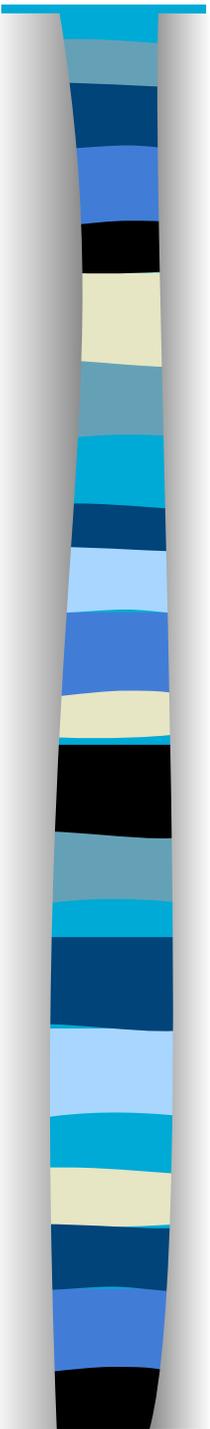
- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

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



# 72b Orthopedic Massage: Techniques & Effects

Packet J - 36

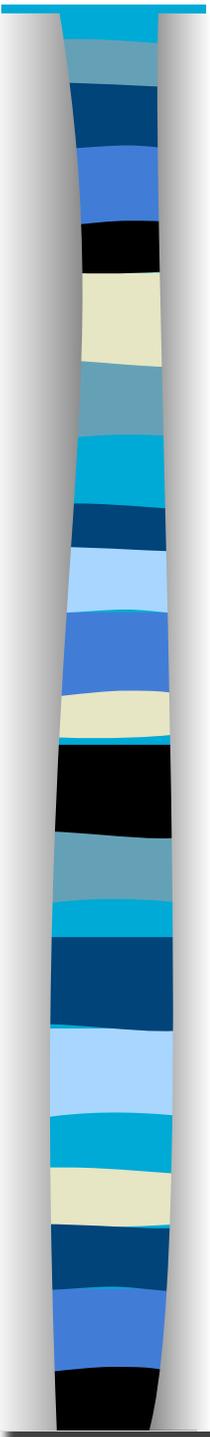


## Massage Techniques

**Effleurage** Lubricate, warm, fluid movement, muscle tension reduction.

**Wringing** Fluid movement, warm, enhance pliability, muscle tension reduction.

**Fulling/Compression Broadening** Reduce adhesions, myofascial elasticity and pliability.

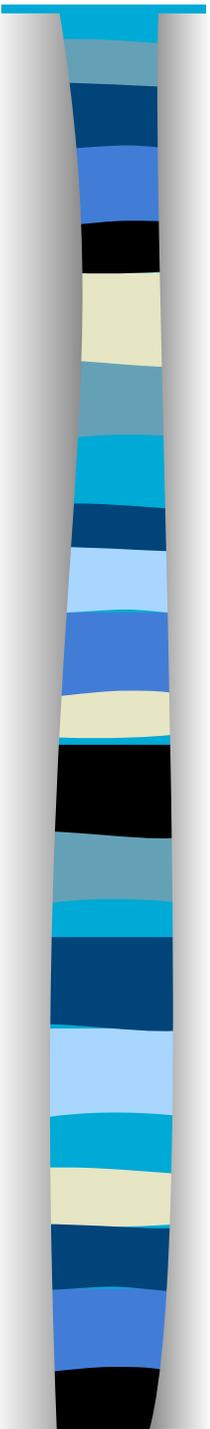


## Massage Techniques, continued

**Deep transverse friction (AKA: deep cross fiber friction)** Break cross-linking bonds of fibrous scar tissue, stimulate fibroblast activity.

**Deep longitudinal stripping** Deactivate trigger points, reduce hypertonicity, assess tissue quality.

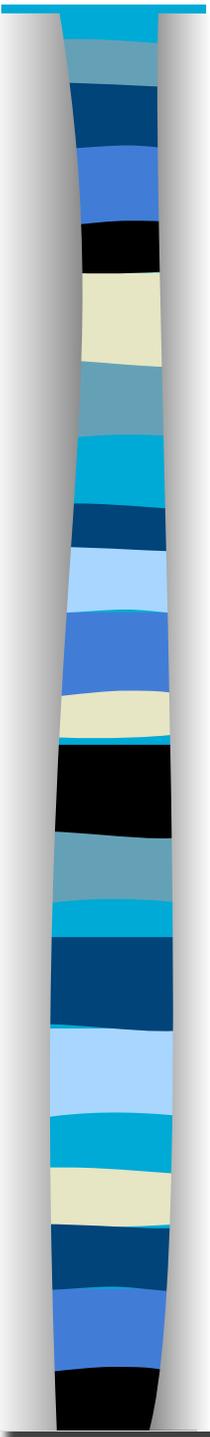
**Melting** Deactivate trigger points, reduce hypertonicity, assess tissue quality.



## Deep transverse friction (AKA: deep cross-fiber friction)

### Example: sacroiliac ligament sprain

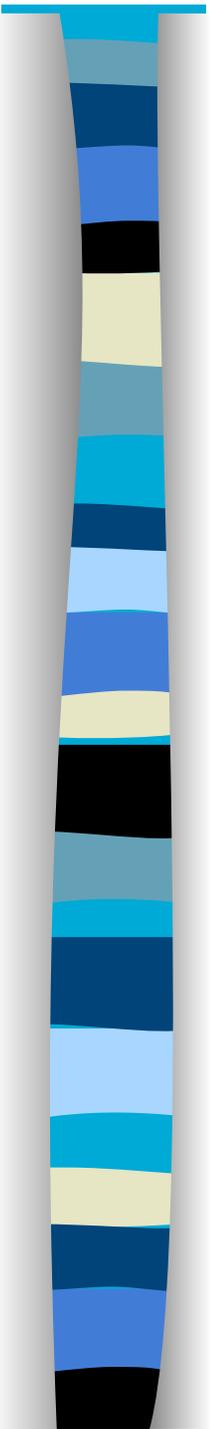
1. Client is in the prone position
2. Locate the sacroiliac ligaments
  - Midway between the sagittal plane passing through the PSIS and the median plane, from S3 to L1
3. Address one side and then the other
  - Use thumbs or finger tips with hands stacked for stability
  - Work in a superior-inferior direction
  - Use moderate pressure for about 1 minute
4. Results
  - Stimulates fibroblasts to produce collagen needed to repair torn ligaments
  - Removes adhesions (breaks cross-linking bonds of fibrous scar tissue)
  - Reweaves and remodels scar tissue to mature and strengthen it



## Massage Techniques, continued

**Myofascial release** Reduce muscle tension, increase pliability.

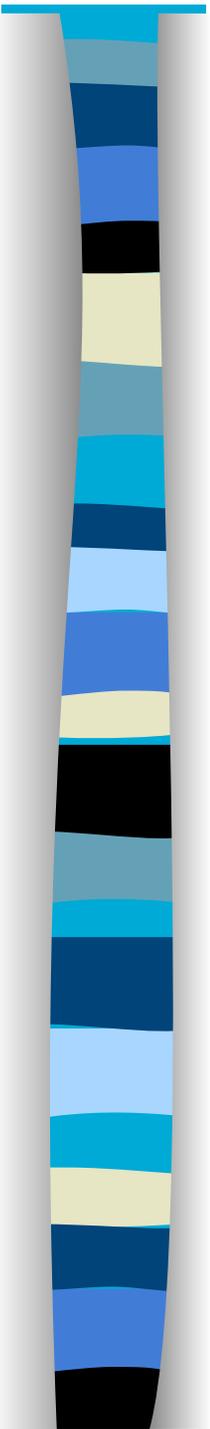
**Stretching** Reset the muscle's resting length.



## Superficial fascia assessment

### **Example: assessing low back superficial fascia**

1. Client is in the prone position with shirt pulled up and pants slightly lowered
2. Locate the target area
  - From S1 to T10, and from side to side.
3. Work without lubricant, address one side and then the other
  - Use your palm and fingers to apply light tangential pulling pressure
  - Place your fingertips flatly on the skin surface
  - Press in just enough to traction the superficial fascia without sliding
  - Slowly traction in all directions taking note of restrictions
  - Use before and after treating superficial fascia to gauge progress
4. Optional: repeat on another area such as the calves



## Myofascial release

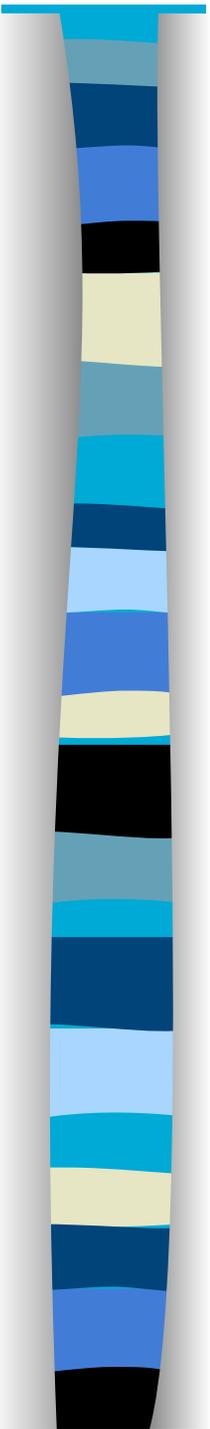
### **Example: releasing restricted low back fascia**

1. Client is in the prone position with shirt pulled up and pants slightly lowered
2. Locate the target area
  - From S1 to T10, and from side to side
3. Work without lubricant, address one side and then the other”
  - Arms crossed: place hands 5 to 10 inches apart on either side of the spine
  - Apply a light degree of pulling force between the hands
  - Hold. Wait for a subtle sensation of tissue release or a working sign
4. Optional: repeat on another area such as the calves, but without crossed arms

Inhale and exhale

Ahhh!

Now shifting to something  
different



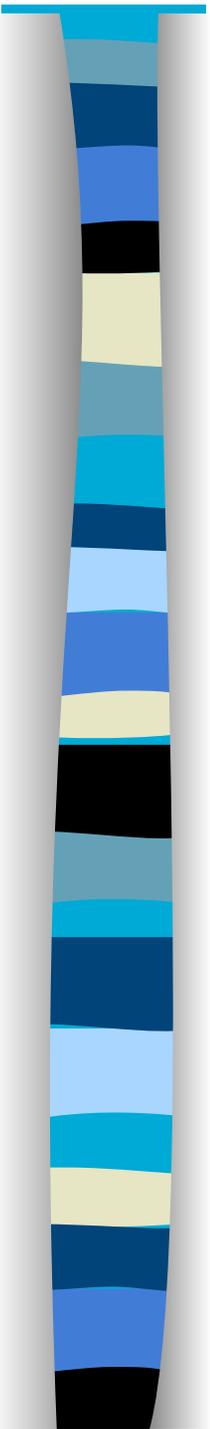
## Active and passive engagement

### Massage with **passive** engagement

- Simultaneous combination
- Massage stroke and **therapist-controlled** (passive) joint movements
- These movements will either shorten or lengthen the target muscle.
- Magnifies the effects of the stroke
- Client is instructed to relax their muscles during the stroke

### Massage with **active** engagement

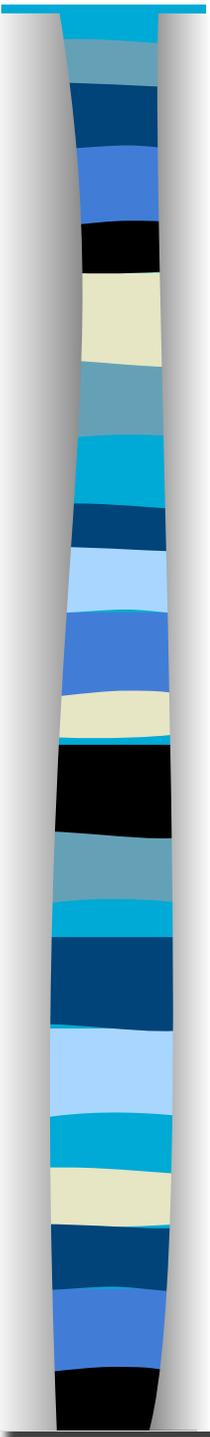
- Simultaneous combination
- Massage stroke and **client-controlled** (active) joint movements
- These movements will either shorten or lengthen the target muscle.
- Magnifies the effects of the stroke
- Only use if the target muscle can contract without pain



## Massage with passive engagement

### Passive engagement with shortening

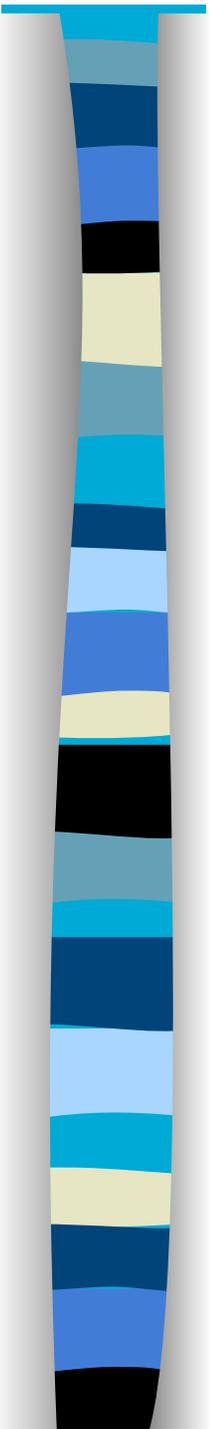
- First the therapist uses passive joint movement to shorten and broaden the target muscle
- Next the therapist applies a stroke to the target muscle for 20 to 90 seconds:
  - Melting
  - Deep longitudinal stripping
  - Fulling/broadening
- Used to treat severe muscle spasm following acute injury
- This technique is very similar to strain/counterstrain and positional release



## Massage with passive engagement shortening

### Example: acute hamstring strain

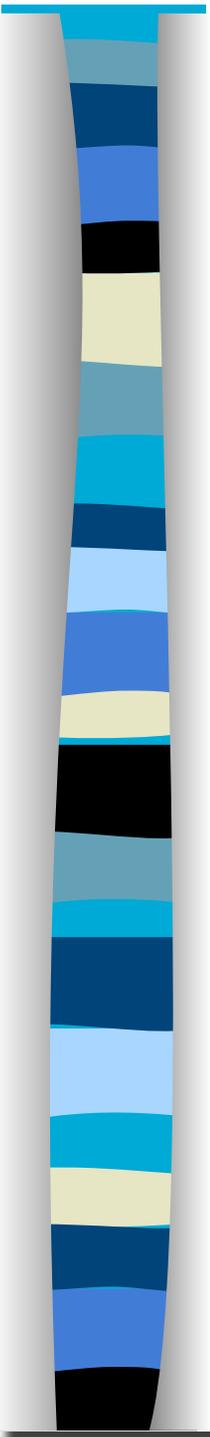
1. Client is in the prone position
2. Therapist uses passive joint movement to shorten and broaden the target muscle
3. Therapist applies a stroke to the target muscle for 20 to 90 seconds:
  - Melting
  - Deep longitudinal stripping
  - Fulling/broadening (not used with this particular example)



## Massage with passive engagement

### Passive engagement with lengthening

- First the therapist uses passive joint movement to shorten the target muscle and then pins it
- Next the therapist pins or strips the target muscle and simultaneously uses passive joint movement to lengthen the target muscle
- Results in:
  - Mobilization of connective tissue
  - Reduction of muscular tension
  - Elongation of myofascia
- Referred to a “Pin and Stretch”



## Massage with passive engagement lengthening

### **Example: fascial restriction and muscle tension of the hamstrings**

1. Client is in the prone position.
2. Therapist uses passive joint movement to shorten and broaden the target muscle
3. Next the therapist pins or strips the target muscle and simultaneously uses passive joint movement to lengthen the target muscle

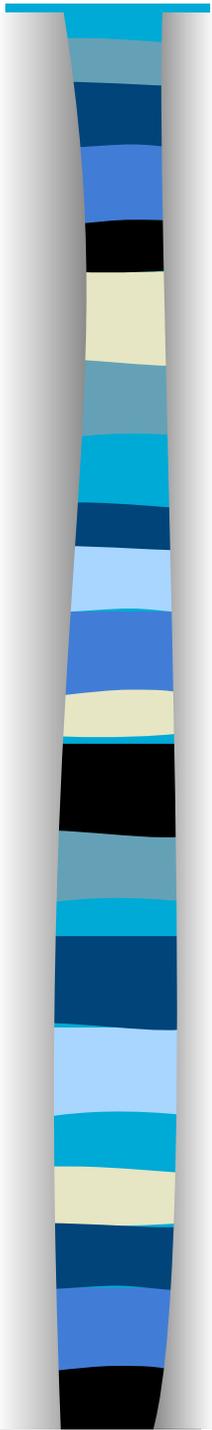
## Side by Side Comparison

### Passive engagement with shortening

- First the therapist uses passive joint movement to shorten and broaden the target muscle
- Next the therapist applies a stroke to the target muscle for 20 to 90 seconds:
  - Melting
  - Deep longitudinal stripping
  - Fulling/broadening
- Used to treat severe muscle spasm following acute injury
- This technique is very similar to strain/counterstrain and positional release

### Passive engagement with lengthening

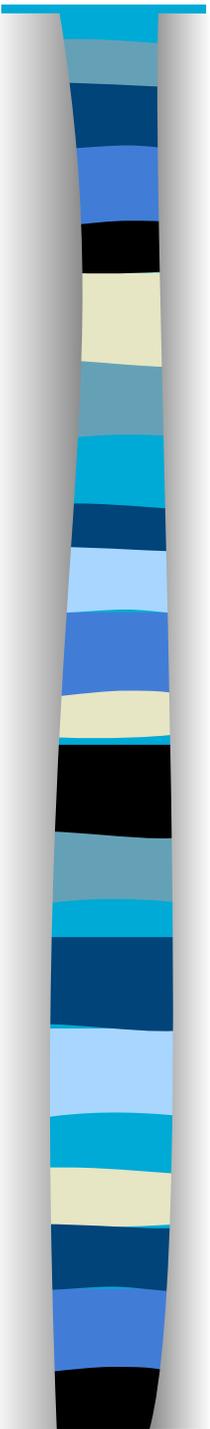
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- Results in:
  - Mobilization of connective tissue
  - Reduction of muscular tension
  - Elongation of myofascia
- Referred to a “Pin and Stretch”



Inhale and exhale

Ahhh!

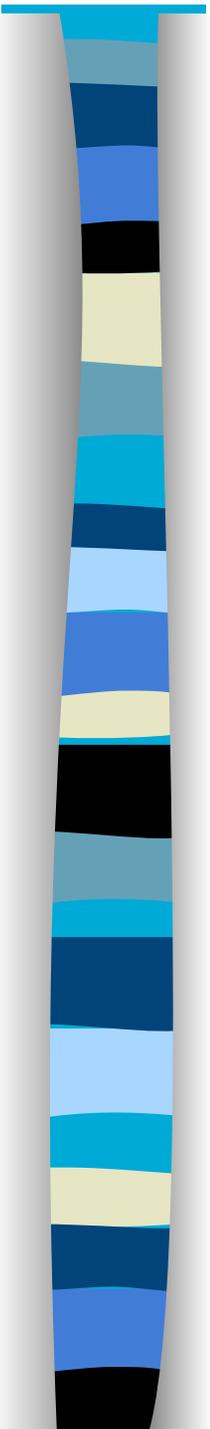
Now shifting to something  
different



## Massage with active engagement

### Active engagement with **shortening**

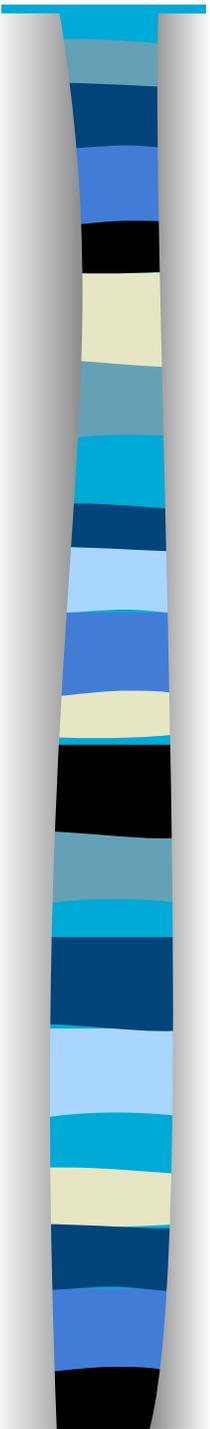
- First the target muscle starts in a fully lengthened position
- Next the therapist melts or falls into the target muscle while the client concentrically contracts the target muscle
- Results in:
  - Enhanced broadening of the muscle during concentric contraction
  - Removal of inter-fiber adhesions



## Massage with active engagement shortening

### **Example: restricted concentric contraction in triceps surae**

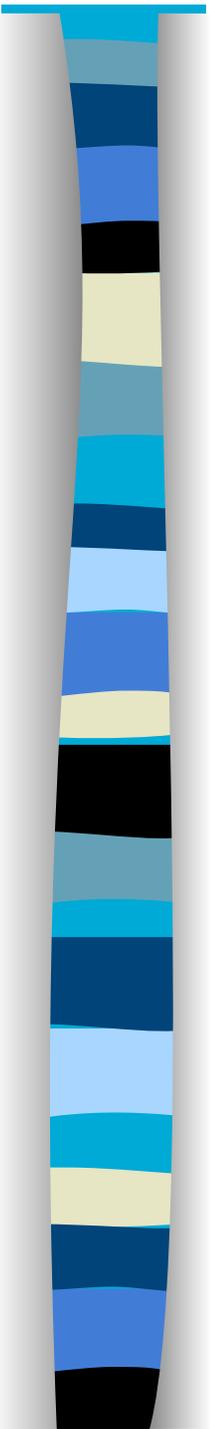
1. Client is prone with feet hanging off the end of the massage table.
2. First the target muscle starts in a fully lengthened position:
  - “I’m going to have you help me with this next technique”
  - “Please pull the top of your foot against the end of the table (dorsiflexion)”
3. Next the therapist melts or falls into the target muscle while the client concentrically contracts the target muscle:
  - Now, slowly point your toes (plantarflexion)”



## Massage with active engagement

### Active engagement with **lengthening**

- First the target muscle starts in a fully shortened position
- Next the therapist melts into or strips the target muscle while the client contracts the antagonists to lengthen the target muscle
- Results in:
  - Decreased muscle tightness
  - Reduction of trigger points
  - Elongation of tissues



## Massage with active engagement lengthening

### **Example: hypertonic triceps surae with trigger points and restricted length**

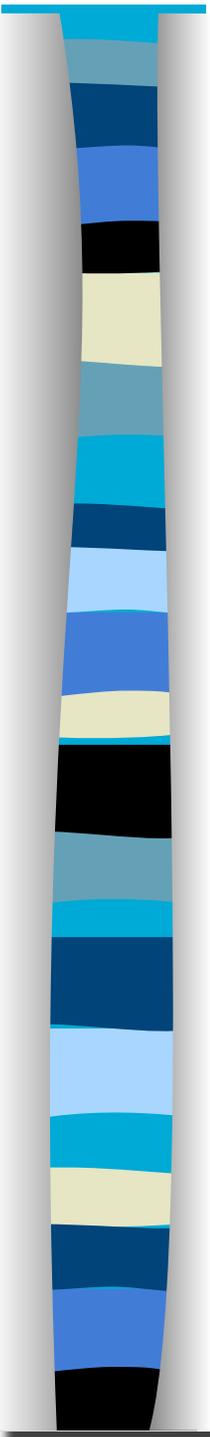
1. Client is in the prone position.
2. First the target muscle starts in a fully shortened position:
  - “I’m going to have you help me with this next technique”
  - “Please point toes (plantarflexion)”
3. Next the therapist melts or falls into the target muscle while the client lengthens the target muscle:
  - Now, slowly pull the top of your foot against the end of the table (dorsiflexion)”



Inhale and exhale

Ahhh!

Now shifting to something  
different

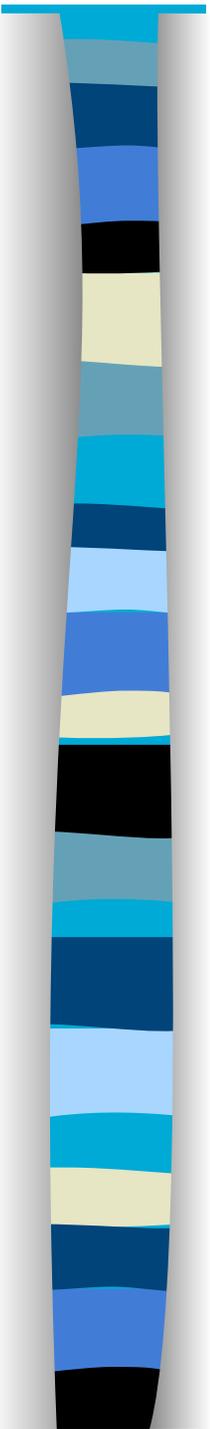


## Active-assisted stretching

**Active-assisted stretching** Active engagement of specific muscular contraction by the receiver prior to or during a stretch. Uses the neurological principles of PIR and RI.

**Post-isometric relaxation (AKA: PIR)** Neurological principle stating that immediately following an isometric contraction, there is an increased degree of relaxation in the muscle.

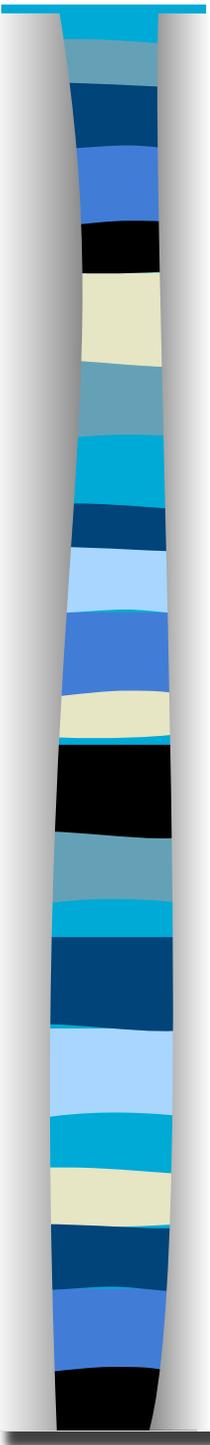
**Reciprocal inhibition (AKA: RI)** Neurological principle stating that when an agonist contracts, the antagonist is neurologically inhibited from contracting.



## Post-isometric relaxation and reciprocal inhibition

### Example: active-assisted hamstring stretch

- Hip joint mobilizations
- Instruct the client:
  - “I’m going to stretch your hamstrings.”
  - “Let me know when you begin to feel this stretch.”
  - (Supporting the knee to avoid hyperextension, flex the leg until the client says that they can feel the stretch)
  - “Inhale and hold your breath. Using only 25% of your strength, press your thigh down toward the table against my resistance and I will count down from 5.” (isometric contraction)
  - “Slowly release the contraction and the breath.” (PIR)
  - “Now pull your thigh toward your chest until you feel a stretch. I’ll follow you with my hands and support your leg.” (RI)
  - “Relax your leg and I will hold it here for a stretch.”
- Hold the stretch for three of your breath cycles
- Slowly release the stretch and repeat hip joint mobilizations



## 72b Orthopedic Massage: Techniques & Effects