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

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

6. Full leg effleurage
7. Thigh: effleurage, full, wring, knead, effleurage
8. Full gently around the patella
9. Lower leg: effleurage and full
10. Tibialis anterior and fibularis longus/brevis: thumb circles, and thumb tip compressions
11. Lower leg effleurage
12. Palmar effleurage to dorsum of ankle while holding foot
13. Fingertip friction around malleoli
14. Fingertip friction along medial and lateral sides of Achilles tendon
15. Thumb friction across the retinacula
16. Full dorsum of foot
17. Squeeze foot
18. Wring from heel to toes and back
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 foot
21. Foot wringing

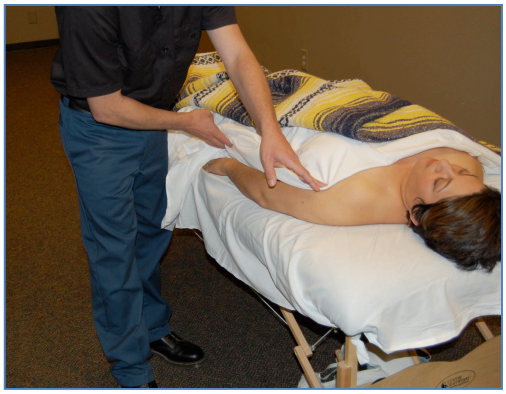
14b Swedish: Technique Review and Practice – Feet, Anterior Lower Body, and Abs

22. Two-handed vibration to foot at ball and ankle
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**
27. With appropriate draping, expose abdomen
28. Engage your client with soft hands or words to prepare them for initial abdominal contact
29. Abs: circular effleurage, pulling, and thumb slide along costal border.
30. Repeat step 30 on the other side
31. Effleurage up the 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

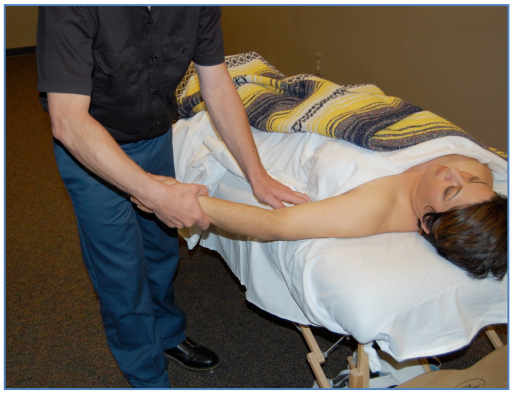
15b Swedish: Technique Demo and Practice – Chest and Arms

To undrape the arms, fold the blanket over and lay it onto the torso.

Pin the drape at the shoulder and move the drape over to uncover the arm.



Lift the arm and set it on top of the sheet.

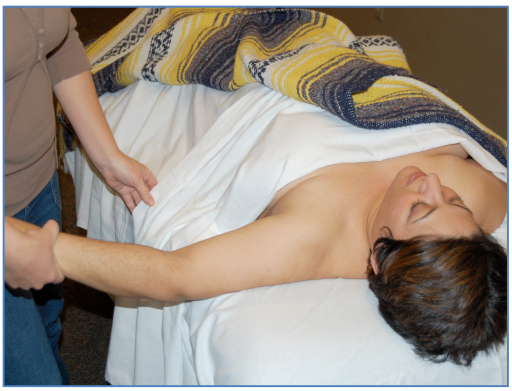


Return the arm to the table.

15b Swedish: Technique Demo and Practice – Chest and Arms

To re-drape the arms, bring the arm out to the side so you can move the drape up over the arm to cover the shoulders.

Fold the sheet up over the shoulder.



Slide the arm underneath the drape to the table.

15b Swedish: Technique Demo and Practice – Chest and Arms

Standing at head

For client's without a chest drape:

1. Full torso effleurage (down alongside sternum, out over lower ribs, return via lateral ribs and pecs, around deltoids, through upper traps, and continue up posterior neck musculature to the occiput)

For client's with a chest drape:

1. Effleurage the upper torso across pecs, around deltoids (stroke out from center of sternum, across pec major, around deltoids, through upper traps, and continue up the posterior neck to the occiput).

Standing at side, facing up the table

2. Effleurage whole arm 3 times to warm and soften.
3. Each arm effleurage should have gentle traction at the wrist with the non-working hand, while the working hand effleurages from wrist up to acromion process or axilla, and back down. Switch hands to work both the anterior and posterior surfaces of the arm.

Return to head of table with client's arm

4. Effleurage from elbow to axilla, including latissimus dorsi
5. Knead lat, deltoids and triceps
6. Effleurage from elbow to axilla, including pecs by dropping elbow out
7. Knead pecs, deltoids and biceps
8. Supporting elbow and wrist, bend your knees and lift arm straight toward ceiling by straightening your knees, lower until shoulder rests on table, and circumduct the arm over the client's head, around, and down to client's side

Standing at side

9. Effleurage whole arm
10. Effleurage the forearm (from wrist to above the elbow) 3 times to open
11. Using one hand or two, petrissage the forearm, anterior and posterior
12. With the client's palm up, starting at the ulnar side, apply thumb stripping from wrist to elbow (providing gentle traction at wrist) all the way around forearm
13. Apply thumb circles over wrist, and full dorsum of hand
14. Thumb effleurage distally between metacarpals & through the webbing of the fingers
15. Scissor metacarpals
16. Open the palm and apply thumb circles
17. With emphasis where finger meets metacarpal, squeeze out each finger (front, back, and sides of finger), also twist and pull gently
18. Apply tapotement to whole arm
19. Effleurage whole arm to connect and close
20. Apply nerve strokes to finish

Standing at head

21. Use upper torso effleurage as transition stroke, **Repeat on other arm**

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16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

Cover the Shoulders for Neck & Head Work

The draping should cover the shoulder for warmth by folding the sheet at the shoulders, up and over towards the head of the table.

16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

1. Effleurage across pecs, around shoulders and up neck
2. Cradling the head in one hand, effleurage down the side of the neck, out the pec major, around the shoulder and back up to the occiput (large triangle)
3. Effleurage from mastoid process down sternocleidomastoid, across above the clavicle, and up the upper trapezius (small triangle)
4. Apply circular friction to the same side of the neck
5. Iron the upper trap on that side
6. Apply circular friction to back of neck (esp. sub-occipital region)

Repeat 1) – 5) on other side of neck

7. Return head to center and use bilateral circular friction to the back of the neck (slide hands underneath to start)

Clean your hands
Use toner to clean client's face thoroughly with upwards strokes. (For men, press toner through beard area.)

1. Apply cream lightly to fingers and apply to face
2. Apply fingertip effleurage (alternating) up between eyebrows
3. Full from the middle of forehead out to temples in several passes
4. Apply fingertip circles at temples
5. Make circles around orbits - under zygomatic bone and above eyebrows
6. Make circles at temples, and down masseter, continuing along mandible to chin
7. Apply thumb over thumb strokes to chin
8. Pull out from the middle under mandible
9. Effleurage behind ears, gently kneading, then circumducting in both directions
10. Apply circular friction unilaterally to scalp, superficial and deep - work from occiput to forehead, from ear to midline, cradling head in opposite palm
11. Repeat circular friction on other side of head
12. With head in neutral position, apply superficial friction in a zig-zag pattern with thumbs opposing to top of the head
13. For final resting stroke, cradle occiput in palms, OR place hands on shoulders OR close with holding feet

16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

Face Hygiene

1. Make sure you have informed the client that face and scalp are included in the massage (especially if it appears they have spent a lot of time and energy on styling these)

2. **Always clean your hands before giving face massage:** Recommended: soap and water, antibacterial cleanser or mixture of (10%alcohol, 20% witch hazel, 70% water, plus few drops of any clean smelling essential oil)

3. You will want to clean the skin on the face before massage so you do not grind make-up, dirt, or airborne pollutants into the skins pores.

4. To clean the clients face we recommend a sensitive skin formula facial toner such as a very gentle astringent with no alcohol or harsh smell. Apply with cotton pads or triple-size cotton balls.

5. For face massage use a mineral oil free cream, formulated especially for facial skin massage (has good "slip")

6. Always ask if the client has skin product concerns regarding their face.

7. After facial massage you may want to remove facial cream residue by cleansing the skin again with toner and cotton balls

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18b Swedish: Technique Review and Practice – Chest, Arms, Neck, Face, and Scalp

Supine

1. Upper chest effleurage
    a. **For clients without draped chest:** Full torso effleurage
    b. **For clients with draped chest:** Upper chest, shoulder, and neck effleurage
2. Full arm effleurage
3. Go to head of table with client's arm
4. Effleurage deltoids, triceps, and latissimus dorsi
5. Knead deltoids, triceps, and latissimus dorsi
6. Effleurage pecs, deltoids, and biceps
7. Knead pecs, deltoids, and biceps
8. Traction and circumduct the arm
9. Full arm effleurage
10. Effleurage the forearm
11. Petrissage the forearm
12. Strip from wrist to elbow
13. Thumb circles over wrist
14. Full dorsum of hand
15. Thumb effleurage distally between metacarpals & through the webbing of the fingers
    Scissor metacarpals
16. Thumb circles to the palm of the hand
17. Squeeze out each finger also twist and pull gently
18. Whole arm tapotement
19. Full arm effleurage
20. Nerve strokes down the arms
21. Upper chest effleurage as transition stroke
22. **Repeat steps 2-21 on other arm**

18b Swedish: Technique Review and Practice – Chest, Arms, Neck, Face, and Scalp

23. Upper chest effleurage
24. Large triangle neck effleurage
25. Small triangle neck effleurage
26. Circular fingertip friction to the side of the neck
27. Ironing the neck
28. Circular friction to back of neck
29. Bilateral fingertip circular friction to the back of the neck
30. **Repeat steps 24-28 on other side**

31. Clean your hands

32. Clean client's face thoroughly using facial toner and upward strokes.
33. Face effleurage
34. Alternating fingertip effleurage up between eyebrows
35. Full from the forehead
36. Fingertip circles at temples
37. Circles around orbits – under zygomatic bone and above eyebrows
38. Fingertip circles at temples, and down masseter, continuing along mandible to chin
39. Thumb over thumb strokes to chin
40. Pull out from the middle under mandible
41. Ears: effleurage, knead, and circumduct
42. Unilateral circular friction to scalp. Repeat on other side of head
43. Superficial friction in a zig-zag pattern with thumbs opposing to top of the head
44. Resting stroke

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

Record Keeping Format Sheet

The Treatment Record/SOAP is the form used by the therapist to keep a record of what occurs during a session. This record needs to be legible, specific and accurate. Please refer to the other side of this page for a copy of the blank Treatment Record form used at the Internship Clinic.

General session note procedures-

- All 5 categories must be completed for each session.
- Common abbreviations may be used and you may use phrases in lieu of complete sentences.
- Please do not use medical terminology that was not taught or used in massage school.
- Use only professional wording. Due to H.I.P.A.A. regulation, clients have complete access to their records.

Download, print, or edit SOAP notes from our website. Example included-
Https://www.tlcmassageschool.com/students/current-students/outside-massage-forms-and-soap-notes/

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

The following are explanations of the 5 categories of information you will complete for each massage:

S = Subjective or 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.

O = Objective or findings made by the therapist.

- Client posture
- Client movement
- Palpation of client during interview
- Details of treatment on the area(s) of focus
  - Techniques used
  - Names of structures addressed
  - Duration of treatment in minutes

A = Assessment or how the client rates the pain or discomfort of a focus area.

- Scale of 0-10 (0 is no pain, 5 is moderate pain, 10 is the worst possible pain)
- Recorded first during the interview for each area of focus
- Recored again after the treatment for each area of focus

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

- List any learning, surprise, satisfaction or dissatisfaction that you took away from the session.
- Please include meaningful insight and avoid vague phrases such as "session went well".
- Name something you enjoyed about the session or something that challenged you.

The Lauterstein-Conway Massage School & Clinic
MS 0016
www.TLCschool.com

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

BMTs - Prone

- [ ] Spinal Rotation & Release with Erector Compressions
- [ ] Shoulder Mobilization with Trapezius Compressions
- [ ] Scapular Mobilization with Trapezius & Deltoid Compressions
- [ ] Deltoid & Triceps Brachii Coarse Vibration
- [ ] Gluteal & Hamstring Compression with Knee & Hip Mob.
- [ ] Ankle Mobilization with Gastrocnemius Compressions
- [ ] One Handed Gastrocnemius & Soleus Jostling
- [ ] Ankle & Knee Mobilization with Plantar Compressions
- [ ] Prone Full Body Rocking Compressions

BMTs - Supine

- [ ] Supine Hip Rotation with Leg Compressions
- [ ] Pulsing Hip Traction from the Ankle
- [ ] Hip Medial Rotation & Release from the Ankle
- [ ] Unilateral Ribcage Compression and Mobilization
- [ ] Bilateral Upper Ribcage Compressions
- [ ] Shoulder Mobilization with Pectoral Compressions
- [ ] Supine Deep Lateral Friction & Release on the Rhomboids
- [ ] Wrist, Elbow & Shoulder Mobilization
- [ ] Head & Neck Rotation with Post. Cervical Comp. & Release
- [ ] Alternating Scapular Depression with Trapezius Comp.

Deep Tissue - Prone

- [ ] Infraspinatus and teres major: deep effleurage
- [ ] Triceps brachii: deep effleurage
- [ ] Upper traps, supraspinatus, levator scapula: deep effleurage
- [ ] Rhomboids: deep effleurage
- [ ] Erector spinae: deep effleurage
- [ ] Quadratus lumborum: deep effleurage
- [ ] Lats, erectors, and gluteals: broad cross fiber
- [ ] Gluteus maximus: deep effleurage
- [ ] Hamstrings: deep effleurage
- [ ] Hamstrings: deep transverse friction and melting
- [ ] Gastrocnemius and soleus: deep effleurage
- [ ] Gastrocnemius and soleus: stripping

Deep Tissue - Supine

- [ ] Tensor fasciae latae: BMT fiber spreading
- [ ] Sartorius and vastus medialis: deep effleurage
- [ ] Rectus femoris, vastus lateralis, and I.T. tract: deep effleurage
- [ ] Distal quadriceps: petrissage/wringing/fiber spreading
- [ ] Tibialis anterior & ankle/toe extensors: deep stripping
- [ ] Pectoralis major: compressive effleurage
- [ ] Pectoralis major: superficial and deep friction
- [ ] Anterior deltoid, biceps, brachialis: BMT fiber spreading

Passive Stretches - Prone

- [ ] Quadriceps femoris

Passive Stretches - Supine

- [ ] Low back
- [ ] Gluteals
- [ ] Adductors
- [ ] Tibialis anterior
- [ ] Gastrocnemius and soleus
- [ ] Pectoralis major
- [ ] Latissimus dorsi
- [ ] Rhomboids
- [ ] Neck lateral flexion
- [ ] Neck rotation

Orthopedic - Piriformis & Sacroiliac

- [ ] S.I. ligament: deep transverse friction
- [ ] Piriformis: deep longitudinal stripping
- [ ] Piriformis: pin and stretch
- [ ] Piriformis: PIR deep longitudinal stripping
- [ ] Piriformis: passive stretching after PIR

Orthopedic - Low Back Pain

- [ ] Lumbar & lamina groove: deep stripping
- [ ] QL: deep longitudinal stripping
- [ ] QL: pin and stretch with active engagement
- [ ] QL: active assisted stretch after PIR
- [ ] Iliopsoas: active-assisted stretch after PIR

Orthopedic - Rotator Cuff & Carpal Tunnel

- [ ] Transverse carpal ligament: myofascial release
- [ ] Supraspinatus tendon: deep transverse friction
- [ ] GH rotators: stripping w/active engagement
- [ ] GH rotators: passive stretch
- [ ] Subscapularis: deep friction and melting

Orthopedic: Thoracic Outlet

- [ ] Vertebrobasilar sufficiency test (VBI test)
- [ ] Pectoralis minor: pin and stretch
- [ ] Scalenes: stripping after PIR
- [ ] Scalenes: stripping with active lengthening
- [ ] Brachial plexus: nerve mobilization

Orthopedic: Neck Pain

- [ ] Posterolateral neck: deep stripping
- [ ] Cervical lamina groove: deep stripping

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

INTAKE FORM (Instructor Role Play)

Name ___***John Doe***_____ Preferred Phone: __***555-5555***_____ m/h/w Date_____

Address ____***555 No Where Ave***_____ Alternate Phone: _____ m/h/w

City ___Austin_____State *TX*__ Zip _____ DOB **2/24/67** Gender:__*Male*_____

Email *noneofyourbusiness@gmail.com* Occupation: ***Phys Ed Teacher***

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.)

☐Diabetes	***X*** Numbness or Tingling	***X*** High Blood Pressure
☐Arthritis	☐ Headaches_____	☐Heart Condition
☐Cancer (history)	☐ Skin Conditions	☐Varicose Veins
X Allergies __*Hay Fever*_____	☐Autoimmune Disease _____	

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

_____***Marathon Runner for 15 yrs. Pain in ankles, knees and low back***_____

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

_____***Advil, Vit C, B, Calcium***_____

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

<u>Clients are asked to keep the clinic informed on any changes to the above information</u>.

Previous massage/bodywork experience: __ Never __ Occasionally ***X*** Often – Type(s) ***Sports & Deep***

I understand that: Massage therapy (Which may include styles of: Swedish, Sports 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. <u>This is a full-body massage unless otherwise</u> <u>requested. Neither breasts nor genitalia will be massaged.</u> I may itemize here any areas on my body that <u>I wish to be avoided,</u> and these will be totally avoided (itemize here if relevant):

_____

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

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:

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

INTAKE FORM

Name _____***Jane Doe***_____ Preferred Phone: ***555-5555***____m/h/w Date:_____

Address ___Primrose Blvd____ Alternate Phone: _____ m/h/w

City __***Austin***__ State *TX* Zip _____ DOB __***2/5/84***__ Gender:__*Female*_____

Email _____ Occupation ___***Dental Hygienist***_____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

☐Diabetes	***X*** Numbness or Tingling	☐High Blood Pressure
☐Arthritis	***X*** Headaches_____	☐Heart Condition
☐Cancer (history)	☐ Skin Conditions	☐Varicose Veins
☐Allergies _____	☐ Autoimmune Disease _____	

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

I have dull pain between my shoulder blades. Dr. says its due to posture at work_____

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

_____

Are you pregnant or trying to become pregnant? _**X** No ___ Yes: Due Date _____

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

Previous massage/bodywork experience: **X** Never __ Occasionally __ Often – Type(s) _____

I understand that: Massage therapy (Which may include styles of: Swedish, Sports 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:_____

TLC Approved Abbreviations

Eff.- effleurage
Pet. - petrissage
Fric. - friction
Vib. - vibration
Comp. - compression
Tap. - tapotement
TP - trigger point

Flex. - flexion
Ext.- extension
Abd.- abduction
Add. - adduction
Med. rot. - medial rotation
Int. rot. - internal rotation
Lat. rot. - lateral rotation
Ext. rot. - external rotation
Rot. - rotation
Dorsi. - dorsiflexion
Plantarf. - plantarflexion
Inver. - inversion
Ever. - eversion
Dev. - deviation

Ant - anterior
Post. - posterior
Sup. - superior
Inf. - inferior
Med. - medial
Lat. - lateral
Prox. - proximal
Dist. - distal
Int. - internal
Ext. - external
Bil. - bilateral

ROM - range of motion
BMT - Body Mobilization Technique
Tib. - tibia
Fib. - fibula
Clav. - clavicle
Hum. - humerus
Scap. - scapula
C1-C7 - cervical vertebrae

SI - sacroiliac
A/C - acromioclavicular
S/C - sternoclavicular

ACL - anterior cruciate ligament
ASIS - anterior superior iliac spine

Mus.- muscle
Maj. - major
Min. - minor
Delt. - deltoid
Pect. - pectoralis
Trap - trapezius
SCM - sternocleidomastoid
Lat. - latissimus
Glut. - gluteus

CTS - carpal tunnel syndrome
TOS - thoracic outlet syndrome

HBP - high blood pressure
LBP - low back pain

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28b Integration Massage: Swedish and Hydrotherapy

Hydrocollator Packs and Cold Packs will be made available during these full body sessions. Do an interview with full SOAP notes. Determine are area that would benefit from either a hot pack or a cold pack. Refer to the hydrotherapy packet pages for criteria and treatment specifications.

Prone

Posterior Upper Body

Posterior Lower Body

Supine

Anterior Lower Body and Abs

Chest and Arms

Neck, Face, and Scalp

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30b Passive Stretches: Technique Demo and Practice – Upper Body

Benefits of Mobilization:

- For the therapist, joint mobilization is useful as a tool of assessment of quality and range of motion
- For the client it may serve several purposes
    - If debilitated, promotes circulation and stimulates nerves and muscles to prevent atrophy
    - Lubricates joint capsule
    - Done slowly, helps client identify areas of disruption in smooth movement patterns
    - Induces state of extraordinary consciousness

Principles of Mobilization

- Move smoothly, not too quickly
- Support any joints that might feel vulnerable to hyperextension
- Move to edges of possible range of motion without triggering stretch reflex

Benefits of Stretching

- Maintains (or increases) length of the connective tissue component
- Relaxes the contractile component of the muscle, resulting in greater length
- Induces greater sense of relaxation in the whole system
- Feels good

30b Passive Stretches: Technique Demo and Practice – Upper Body

Principles of Stretching

- Each stretch should be preceded and followed by joint mobilization
- Stretching (especially of another person) should be done slowly and gently
    - Mechanism called the ***muscle spindle*** exists within the skeletal muscle. It monitors length and tension of the muscle fiber. If length increases too much or too fast, the ***stretch reflex*** fires, causing the muscle being stretched to contract. For stretching purposes this is counter-productive and dangerous.
    - Use only enough force to move to the point of resistance which is comfortably effective for the client
- Person being stretched should be able to relax completely, and breathe fully and deeply (if they hold their breath it indicates a lack of relaxation to begin with).
- Use just a little traction to open up the joint before you stretch it
- Once the person being stretched indicates they feel a stretch, lean into the stretch gently but firmly and ask them to let you know when it feels just right (thus the person being stretched has the ability to limit the process). At that point hold the stretch for 3 of your breath cycles.
- When working with people who are hypermobile (i.e. have extremely wide range of motion) avoid a tendency to needlessly increase their range, as this could result in damage to ligaments or joint capsules.
- When possible it will be more effective to massage a muscle group *before* stretching it.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
PECTORALIS MAJOR

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

With client's elbow flexed, shoulder laterally rotated and abducted to 90 degrees (so fingers point above the head), horizontally adduct it to about a 45 degree angle to the table. Foot hand supports below the lateral distal humerus. Head hand is placed on the medial distal humerus, opposite the foot hand, with fingers of opposing hands pointing in opposite directions. Traction the humerus distally, then maintain traction while lowering the arm towards the floor. Repeat with arm moved from 90 degrees to 135 degrees away from the trunk in the coronal plane (closer to the head).

Repeat the mobilization after the stretch is finished.

LATISSIMUS DORSI

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

Start with the arm over the head, therapist facing down table. Both hands grasp proximal to the elbow (fingertips facing opposite directions - outside hand on the bottom, inside hand on top). Ask client to laterally flex their neck to the opposite side ("Please slide your ear closer to your shoulder"). Traction the humerus distally. Alternately move the arm closer to the head (medially) and closer to the table, stair-stepping to the end of the stretch.

Repeat the mobilization after the stretch is finished.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
RHOMBOIDS

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

Standing on opposite side of the table from the rhomboids to be addressed, reach across and grasp the opposite arm, bringing it across the body towards you. (or should we say you should have brought it with you from the other side?). Head hand grasps the proximal forearm just distal to the elbow, as foot hand reaches across and around to the back. Fingers curl to grasp the medial border of the scapula. Simultaneously traction the humerus towards you and towards the ceiling, as you move the scapula away from the spine. You may stop at the point that the torso starts to roll towards you (the limit of the rhomboid stretch), or continue with the stretch of the upper torso by continuing further.

Repeat the mobilization after the stretch is finished.

Alternate method:

If size and/or strength disparities exist, such that stretch cannot be effectively or safely done as above, stand on the same side as the rhomboids to be addressed. Foot hand grasps proximal forearm just distal to the elbow, flexing the shoulder to 90 degrees, and rotating it medially, so that the forearm is perpendicular to the trunk, with the elbow flexed. The head hand reaches under the back, curling fingers to slide under the medial border of the scapula. As the foot hand tractions towards the ceiling and across the body, the head hand pulls the scapula away from the spine.

Repeat the mobilization after the stretch is finished.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
NECK MUSCLES (numerous)

Joint Mobilization – *Neck (atlanto-occipital and cervical intervertebral facet joints):*

Sitting at the head, facing down the table, apply traction by gently pulling the skull superiorly. With the client's skull remaining in contact with the table, A) Roll the neck to one side, then the other, several times; B) With your hands palm-up, fingers contacting the neck lateral to the spinous processes, and with the client's occiput on the table, alternately slide your hands superiorly (bringing the occiput with you) and inferiorly (fingertips move skin and fascia on back of neck inferiorly) so that the chin alternately tucks and rises; C) Slide head to one side (ear towards the shoulder), and then the other, several times.

Traction and Stretch:

Lateral flexion - Stand up. Apply traction, and slide head towards the shoulder, keeping the nose pointing at the ceiling. Stand up and move laterally, continuing the traction and movement of the head laterally until the stretch is accomplished. Transfer lateral hand to temporal bone on other side of the head, just above the ear, as medial hand moves to the shoulder, gently pressing it inferiorly and laterally. Repeat the stretch in the other direction.

Rotation – Traction slightly, and slide the head laterally, about half-way to the shoulder. Inside hand slides away from the head as outside hand gently rotates the head in the opposite direction (bringing it back towards the center). Outside hand re-establishes traction, as inside hand contacts the temporal bone just above the ear and continues the rotation. Repeat in the other direction.

Repeat the stretch in the other direction.

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31b Passive Stretches: Technique Demo and Practice – Lower Body

PRONE:
QUADRICEPS FEMORIS

Joint Mobilization – *Hip (coxal joint) and Knee (tibiofemoral joint):*

Standing by the knee, facing the table, use the lower hand to scoop under the ankle and flex the knee to 90 degrees or so. Palm of the upper hand rests on the sacrum. Lower hand moves the foot through a circular range that involves flexion & extension of the knee and medial & lateral rotation of the hip. Increase the amplitude of the movement in all directions until you begin to feel resistance.

Traction and Stretch:

The lower hand flexes the knee to 90 degrees or so. The upper hand contacts the proximal portion of the gastroc belly and tractions the tibia away from the femur. Lower hand continues with flexion of the knee as upper hand releases the gastrocnemius and moves out of the way. Upper hand moves to contact the sacrum as the stretch is continued by the lower hand, moving the calcaneus toward the buttocks, on a line towards the ischial tuberosity. If the low back tends to hyperextend (seen as anterior pelvic tilt) as the quads are stretched, move the upper hand to the ilium on the near-side to provide a counteracting inferior and anterior pressing force. This is done with the fingers pointing towards the client's feet. Contact is between the heel of the therapist's hand and the client's upper gluteal area, lateral to the sacrum and just inferior to the upper margin of the ilium.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line to the coccyx, and/or the greater trochanter.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:
GASTROCNEMIUS / SOLEUS

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of the inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.

Traction/Stretch:

Standing alongside the leg, with the calcaneus in the palm of the inside hand and the ball of the foot against the forearm, use the outside hand to stabilize the limb beside the knee, keeping it in a neutral alignment, so that the hip is neither medially nor laterally rotated. Inside hand tractions the calcaneus distally. Using pressure of the forearm on the ball of the foot, lunge slowly forward to take the ankle into dorsiflexion. As you lunge, ask the client to pull the toes up towards the knee, to facilitate the stretch.

Repeat the mobilization after the stretch is finished.

TIBIALIS ANTERIOR

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.

Traction/Stretch:

With therapist standing in a lunge position, at the foot of the table facing up, outside hand grasps the calcaneus, shifting it superiorly to initiate plantarflexion. Then inside hand grasps the foot with the palm on the dorsum and the fingers wrapped around the medial arch, and tractions distally while applying pressure on the foot to continue plantarflexion. Finally, use inside hand to add slight eversion.

Repeat the mobilization after the stretch is finished.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:
GLUTEALS

Draping: With the leg draped as ready for massaging, bring the hems of the drape above and below the hip together at the table, just inferior to the greater trochanter, and make the drape snug against the thigh. Then hand the drape to the client to manage.

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction:

Simultaneously lower the calcaneus and lift the calf, creating traction in the hip joint.

Stretch:

Maintaining the lift from traction and an angle of about 90 degrees at the knee, continue to flex the hip by moving the leg and foot superiorly, on a line toward the coracoid process of the scapula.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line toward the sternum, and/or the ipsilateral deltoid.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:

LOW BACK

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction/Stretch:

From a position of knee and hip flexion, place arch of the foot outside opposite knee, on the bolster. Foot hand moves to tibial tuberosity area to stabilize the knee flexion. Head hand moves to upper IT Band. Head hand initiates traction distally on the femur. Foot hand moves to lateral thigh, inferior of head hand, and continues pressing the thigh across the other leg. Head hand may assist movement of the thigh, or move to the shoulder to stabilize upper torso from coming off the table.

Repeat the mobilization after the stretch is finished.

ADDUCTORS

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction/Stretch:

From a position of knee and hip flexion, set the foot beside (medial to) the contralateral knee. Head hand stabilizes the knee, and the foot hand stabilizes the foot. Slowly lower the client's femur into abduction, supporting it on the lateral side with the head hand. Foot hand moves to the medial distal femur, opposite the head hand – fingers perpendicular to the femur. Pull the femur distally to initiate traction, then press the femur towards the floor. Head hand may be moved to stabilize the contralateral ASIS, in which case the therapist will turn their body to face more towards the table.

Repeat the mobilization after the stretch is finished.

32b Passive Stretches with Joint Mobilizations: Guided Full Body

Prone Lower

Joint mobilization hip and knee

Quadriceps femoris

Supine Lower

Joint mobilization ankle

Tibialis anterior

Gastrocnemius and soleus

Joint mobilization hip and knee

Low back

Gluteals

Adductors

Supine Upper

Joint mobilization shoulder

Pectoralis major

Latissimus dorsi

Rhomboids

Joint mobilization neck

Neck lateral flexion

Neck rotation

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35b Integration Massage: Swedish and Passive Stretches With Joint Mobilizations

Prone Upper

Swedish massage of back

Prone Lower

Swedish massage of gluteals, leg and foot

Joint mobilization hip and knee

Quadriceps femoris

Supine Lower

Swedish massage of leg and foot

Joint mobilization ankle

Tibialis anterior

Gastrocnemius and soleus

Joint mobilization hip and knee

Low back

Gluteals

Adductors

Supine Upper

Swedish massage of abdominals

Swedish massage of chest, arms and hands

Joint mobilization shoulder

Pectoralis major

Latissimus dorsi

Rhomboids

Swedish massage of neck

Joint mobilization neck

Neck lateral flexion

Neck rotation

Swedish massage of face and scalp

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38b BMTs: Technique Demo and Practice – Prone

The following techniques constitute a thorough and informational approach to physical structure and integrity. This approach utilizes passive stretching movements, joint mobilizations, and traction techniques in order to promote a balanced, energized, and structurally efficient support system

Body Mobilization Techniques (BMTs): are ideal for runners, athletes and physically active people. Practiced on a regular basis, you will observe an increase of joint range-of-motion, overall body harmony and an increase in athletic performance. It is particularly effective when combined with soft tissue techniques and shaking movements.

- You will need to practice BMTs on a regular basis to insure hands-on efficiency and procedural confidence. It is a non-fatiguing treatment and all movements are to be performed evenly and without strain.
- Be certain to work with your partner and watch closely for muscular resistance, adhesions or chronically armored areas. In its entirety, BMT can be performed in thirty minutes or less.
- Be careful to take all movements to the point of resistance and no further. When this technique is mastered, you may wish to add cross-fiber massage or deep friction to trigger points and adhesions to assist the normal range-of-motion.
- Always be cognizant of the relative and absolute contraindications for massage therapy and be certain of the safety and smoothness of all of these techniques.

Distraction Principle:

Deceptively simple, the Distraction Principle affords your client the opportunity to assimilate and internalize information without the usual guilt-producing emphasis on "following orders" without deviation. It is clear that good postural habits are more easily learned by placing a book on your head than by attempting rigid compliance with dozens of various postural dictates. The same principle applies to Body Mobilization Techniques. Rather than aggressively working out (or in some cases gouging) the body's trigger points, it is far more practical and effective to combine gentle stretching and joint mobilizations while, simultaneously applying pressure to the trigger point. Mobilizations, combined with pressure points, send the brain simultaneous impulses, drastically reducing the potential invasiveness of direct compression. Your client will be far more receptive to your methods and a very real sense of cooperation will be realized, promoting effective tissue release. Furthermore, the Distraction Principle often becomes a game; there is a sense of fun which, in itself, is a valuable therapeutic component.

Our thanks to Bob King and Barbara White for developing these techniques!

38b BMTs: Technique Demo and Practice – Prone

Contraindications:

Contraindications are conditions unique to the individual client that render Body Mobilization Techniques harmful or at least therapeutically pointless. BMT contraindications include, but are not limited to, the following:

- Inability to relax or respond to the movements
- Joint inflammation including rheumatoid arthritis.
- Severe nerve root or radiating pain.
- Advanced diabetes
- Bone disease including osteomyelitis.
- Severe heart condition or untreated high blood pressure
- Prolonged use of steroids
- Spinal or skeletal paralysis
- Pregnancy (no rotary movements after fourth month and no manipulations of any kind if there is any danger of miscarriage)
- Conditions or persons subject to obsessional neurosis regarding vertebral displacement

Keep in mind that no movements are to be performed when pain is present. The client's ability to move and allow specific muscle lengthening techniques must be the ultimate guideline. Work in a close cooperative fashion with your client. Let BMT principles and concepts serve each person on which you lay your hands. Let every treatment be as unique as each person with whom you are working.

"Above all, do no harm!"
-Hippocrates

Spinal Rotation & Release with Erector Compressions:

1. Inferior hand gently lifts pelvis behind opposite ASIS.

2. As you begin to lower the pelvis, superior hand applies palmar compression to the erectors on opposite side, allowing the pelvis to roll back down. Work up and down the erectors. Do not dig in. Make sure your pressure is not jabbing - more of a melting in. Do not slide across the surface.

3. Variation: Let your superior hand lift the mid-thoracic area as your inferior hand compresses the lumbar erectors and sacroiliac area. Then lift at the mid-thoracic with the inferior hand as the superior hand compresses into the thoracic erectors.

38b BMTs: Technique Demo and Practice – Prone

Shoulder Mobilization with Trapezius Compressions:

1. Face down the table. Outside arm grasps upper arm, alternately bringing it towards and away from the therapist.

2. Simultaneously, as the arm moves towards the therapist, inside hand applies melting compression with the thumb, along the superior edge of the shoulder from the base of the neck to the acromion process, working into upper trapezius, supraspinatus and levator scapula. Keep the arm in the coronal plane (parallel to table). Move inside hand to a new location when arm is furthest from the therapist (adducted).

Scapular Mobilization with Trapezius & Deltoid Compressions:

Facing up the table sit with inside hip on the table, draping client's upper arm over your leg at the elbow. Lift, squeeze, and jostle the upper trapezius, deltoid, and triceps.

Deltoid & Triceps Brachii Coarse Vibration:

Stand up and, supporting with inside hand under the biceps, use your outside hand to shake loosely down through the elbow, lower arm, hand and fingertips. Then vibrate down through the elbow, lower arm, hand and fingertips.

Gluteal & Hamstring Compressions with Knee & Hip Mobilization:

1. Inferior hand grasps front of leg near ankle and makes a circle with the lower leg.

2. Simultaneously, superior hand compresses gluteals and hamstrings. Use the fist for twisting compression on the gluteals. Use the palm for general compression on hamstrings. Once muscles are warmed you may use thumb or fingertips for more specific work.

3. Reverse the direction of the circling occasionally.

38b BMTs: Technique Demo and Practice – Prone

Ankle Mobilization with Gastrocnemius Compressions:

1. Flex client's knee and place their lower leg on top of the quads of your leg (the one closer to the foot of the table). Make sure you leave enough room to fully dorsiflex the ankle.

2. Superior hand grasps gastrocnemius while inferior hand holds foot across longitudinal arches. Perform complete ankle ROM while squeezing and compressing the achilles and gastroc/soleus. Use heel of upper hand to compress into gastrocnemius while dorsiflexing ankle, release and re-position working hand during plantarflexion. After the muscle is warmed you may also do more specific compressions using fingertips or thumb.

One Handed Gastrocnemius & Soleus Jostling:

Face up the table toward client's head. With inside hand lift the foot by grasping medial arch. With outside foot forward, shift your weight from front to back foot while shaking the leg back and forth with loose wrist (clients knee will flex and extend somewhat as you move).

Ankle & Knee Mobilization with Plantar Compressions:

1. Facing up the table, grasp foot with thumbs on the plantar surface. Perform dorsiflexion, plantarflexion, and circumduction on the ankle (knee will flex and extend slightly).

2. Simultaneously, apply pressure with thumbs. Press and release in rhythm with range of motion, working to cover the entire plantar surface.

3. Variation: alternate compressions/dorsiflexion with pulsing traction to entire leg (grasp front of ankle with outside hand, medial arch with inside hand).

Prone Full Body Rocking Compressions:

1. Working up and down the erectors, lean your weight in and rhythmically compress muscle belly.

2. Continue rhythmic squeezing, rocking and compression to gluteals, thighs, calves and feet.

39b BMTs: Technique Demo and Practice – Supine

Supine Hip Rotation with Leg Compressions:

1. Facing the table, grasp the leg loosely above and below the knee. Press and roll. Then hands move together up and down the leg, continuing to press leg and roll medially.

Pulsing Hip Traction From The Ankle:

1. Squeeze the foot and toes.
2. Grasp medial arch of foot with inside hand and heel with outside hand.
3. Perform pulsing traction.

Hip Medial Rotation & Release From The Ankle:

Grasp ankle with outside hand. Rhythmically alternate between medial rotation of the hip and allowing it to laterally rotate to start position.

Unilateral Ribcage Compression and Mobilization:

1. Rock the torso from pelvis to lower ribs.
2. Face the table at a 45 degree angle to the shoulder. On the side you are standing, with head hand on the pec and foot hand on the ribcage, press the ribs down and towards the center of the body. Release and repeat.

Bilateral Upper Ribcage Compressions:

Standing at the head and facing down the table, place hands on pecs with palms medial to the coracoid process, thumbs under clavicles and fingers on the sternum; press down and toward the feet.

Shoulder Mobilization with Pectoral Compressions:

Facing down the table, use outside hand to grasp client's arm at the elbow, and circumduct the shoulder joint. Simultaneously, compress pectoralis major with your inside hand, pressing down and forward. Be sure to avoid pressing on clavicle, coracoid, or acromion process directly.

39b BMTs: Technique Demo and Practice – Supine

Supine Deep Lateral Friction & Release on the Rhomboids:

Kneeling at the shoulder (foot of top leg is on the ground, and that thigh is parallel the top edge of the table - knee of other leg is on the ground), slide both hands under the shoulder so that scapula is in palms of your hands. Curl fingertips gently into rhomboid area about half-way between the spine and the scapula. From this point on, skin and superficial fascia go with the fingertips (no sliding over the skin). Slide fingertips towards the spine. Curl fingers a bit more, increasing pressure to the back. Pull back towards yourself as far as the skin stretches, reduce pressure, and slide fingers back towards the spine. Repeat several times, then find a new starting point and repeat again.

Wrist, Elbow & Shoulder Mobilization:

Outside hand supports the elbow. Inside hand interlocks fingers with client and applies static digital compression between metacarpals. Then freely combine movements for the shoulder (adduction/abduction, medial/lateral rotation, circumduction), elbow (flexion/extension, pronation/supination), and wrist (flexion/hyperextension, adduction/abduction). Shift your weight back and forth as you move.

Head & Neck Rotation with Posterior Cervical Compressions & Release:

Standing in a lunge across the head of the table, slide the palm of one hand under the neck so the fingers stick out the other side. Curl the fingers flatly, squeezing into the muscles on the back of the neck. Do not work across the spine. Lifting the back foot to lunge forward, allow the head to roll onto your fingers. Other hand assists in returning the head to the starting position. Address the length of the neck. Switch hands and repeat on the other side.

Alternating Scapular Depression with Trapezius Compressions:

Cupping the shoulder joints flatly in the palm of your hands, curl fingers loosely around middle deltoid. Alternately push one side, then the other, down towards their feet, allowing the head to gently roll from side to side. Then, walk the heels of the hands in towards the base of the neck, compressing into the upper trapezius.

40b BMTs: Guided Full Body

Prone:

- Spinal Rotation & Release with Erector Compressions
- Shoulder Mobilization with Trapezius Compressions
- Scapular Mobilization with Trapezius & Deltoid Compressions
- Deltoid & Triceps Brachii Coarse Vibration
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- One Handed Gastrocnemius & Soleus Jostling
- Ankle & Knee Mobilization with Plantar Compressions
- Prone Full Body Rocking Compressions

Supine:

- Supine Hip Rotation with Leg Compressions
- Pulsing Hip Traction from the Ankle
- Hip Medial Rotation & Release from the Ankle
- Unilateral Ribcage Compression and Mobilization
- Bilateral Upper Ribcage Compressions
- Shoulder Mobilization with Pectoral Compressions
- Supine Deep Lateral Friction & Release on the Rhomboids
- Wrist, Elbow & Shoulder Mobilization
- Head & Neck Rotation with Posterior Cervical Compressions & Release
- Alternating Scapular Depression with Trapezius Compressions

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43b Integration Massage: Swedish, Passive Stretches, and BMTs

PRONE

Back

- Prone Full Body Rocking Compressions
- Spinal Rotation & Release with Erector Compressions
- Shoulder Mobilization with Trapezius Compressions
- Scapular Mobilization with Trapezius & Deltoid Compressions
- Deltoid & Triceps Brachii Coarse Vibration
- Abbreviated Swedish

Legs

- Prone Full Body Rocking Compressions (leg only)
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- One Handed Gastrocnemius & Soleus Jostling
- Ankle & Knee Mobilization with Plantar Compressions
- Abbreviated Swedish for the thigh
- Stretches: quadriceps femoris
- Abbreviated Swedish for the lower leg and foot

SUPINE

Legs

- Supine Hip Rotation with Leg Compressions
- Pulsing Hip Traction from the Ankle
- Hip Medial Rotation & Release from the Ankle
- Abbreviated Swedish
- Stretches: low back, gluteals, adductors, tibialis anterior and gastrocnemius & soleus

Torso

- Unilateral Ribcage Compression and Mobilization
- Bilateral Upper Ribcage Compressions
- Abbreviated Swedish

Arms

- Shoulder Mobilization with Pectoral Compressions
- Supine Deep Lateral Friction & Release on the Rhomboids
- Wrist, Elbow & Shoulder Mobilization
- Abbreviated Swedish
- Stretches: pectoralis major, latissimus dorsi, and rhomboids

Neck, Face, and Scalp

- Head & Neck Rotation with Posterior Cervical Compressions & Release
- Alternating Scapular Depression with Trapezius Compressions
- Abbreviated Swedish
- Stretches: neck lateral flexion and neck rotation

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45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

History of massage begins well before recorded history – even with animals. Importance of touch in mammalian development.

Origin of the word "massage" – from Perhaps there exists some relation with the Hebrew root *mem-shin-het* - *mashah* (infinitive: *limshoah*) meaning "to anoint with oil" (cf. *mashiah* = Messiah, "The Anointed One")? other sources - Hebrew word – mashesh, Greek masso and massein (touch, handle, squeeze), Latin massa (mass, dough), Arabic mass'h (touch feel, handle), Sanskrit makeh, French masser (to press softly).

"Massage" first appeared in American and European literature around 1875.

China

Practice of massage documented first in China as early as 3,000 BC – 1,000's of years before mention of acupuncture.

Many mentions in Yellow Emperor's Classic – Nei Ching ca. 100 BC or earlier according to some

Much later Amma evolved into shiatsu in Japan.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

India

In India – massage practice was informed by early anatomical and energy concepts (nadis, chakras, kundalini)

Other Asian and polynesian cultures developed massage during these early years.

Greece – legendary physician – Asclepius – his holy snake and staff still in the caduceus.

Hippocrates of Cos 460-375 BC: "First, do no harm." – father of Western medicine. Recommended friction, setting joints by leverage, working with soft, gentle hands.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Rome - Asclepiades – He attempted to build a new theory of disease, based on the flow of atoms through pores in the body. His treatments sought to restore harmony through the use of massages, diet, exercise, and bathing.

Galen of Pergamon (130-200AD) – unified knowledge of anatomy and medicine (authority then for many centuries).

Other World Cultures

Most other cultures have traditions of bone-setting, head-molding arising from midwifery, various forms of massage etc. – Slavs, Mayans, Incas, Native Americans, Polynesians, etc.

In many cultures, purification of the body was considered part of the context for worship.

Middle Ages

Avicenna 980-1037 AD – helped keep classical medical knowledge alive in the Mideast while it declined in the West's Middle Ages.

In Europe fundamentalist beliefs led to executions of many people utilizing natural (as opposed to Christian) remedies.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Renaissance and Enlightenment

With the founding of the "new world", regular people found they could raise their station in life. This gave rise to a new optimism and a new wave of ambition in the western mind in science and art.

Vesalius (De Humani Corporis Fabrica, 1543) (also Michaelangelo, Leonardo Da Vinci); Paracelsus (1493-1541)– pharmacology and philosophical writings on healing.

Ambroise Pare 1510-1590 – military surgeon – early modern physicians including discussing therapeutic effects of massage.

Early books on "gymnastics", exercise, Sports medicine, massage – Timothy Bright (1551-1615), Simon Andre Tissot (1728-1797)

Pehr Henrik Ling – (1776-1839) – The Father of Swedish Massage
The Modern Era – beginning with Ling.
Swedish physiologist/gymnastics instructor – developed own system of "Ling System, Swedish Movement or Swedish Movement Cure – remedial gymnastics – active (performed by patient), passive (by therapist), duplicative (by patient w/therapist' assistance).
"Democratized" exercise in Swedish – recommended it for everyone!

Johann Mezger (1838-1909) – physician – contributed to making massage more acceptable to medical profession and gave the strokes the French names.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Dr. Lucas-Championniere – WW I – advocated use of massage and passive-motion exercises after injuries.

Increasing organization of massage and physical therapy professions. PT established as separate medical profession by 1947.

Nurses were being taught massage as well. But that declined as biomedicine and technology came to dominate medicine.

1943 – **American Association of Masseurs and Masseuses** – later called the American Massage Therapy Association, AMTA – now 58,000 members.

1987 - **Association for Massage and Bodywork Professionals, ABMP** – now 80,000+ members

Contributions from Manipulative Therapy

Spinal manipulation, practiced along with massage, in many world cultures from ancient times on. Hippocrates wrote "On Setting Joints by Leverage.

In 1656, Friar Thomas, in his book *The Complete Bone Setter*, described manipulative techniques for the extremities

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Mr. Hutton, bonesetter – "The pulling is of little use! The twist is the thing."

Daniel David Palmer, founder of Chiropractic – 1845- magnetic healing; subluxation

Scope of practice limited to spinal manipulation (and sometimes wider scope – "straights" vs. "mixers"

Political struggles of chiropractors and others against the AMA –

- Flexner Report in early 20th century – established higher standards, "outlawed" alternative methods, and ended up making medicine largely a male upper class profession.

- Wilks vs. AMA – ruling AMA had committed crime against Chiropractic

Andrew Taylor Still, founder of Osteopathy – 1828 – son of a physician & Methodist minister
importance of fascia; body contains all the healing substances it needs; Law of the Artery

Scope of practice became identical to M.D. with more or less training also in manipulation.
Cranial osteopathy and other osteopathic manipulative approaches came to be taught to massage therapists and other body workers.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Orthopedic contributions relating to massage

James Mennell - (1880–1957) and son - John McMillan Mennell
In 1917, Mennell published his text *Physical Treatment by Movement, Manipulation and Massage*.

Edgar Ferdinand Cyriax (1874–1955)– British physician –
son - James Cyriax (1904 -1985) Diagnosing through muscle/tendon/ligament testing ; cross-fiber/deep transverse friction - "toothpick" theory of cross-fiber friction

Trigger points – Janet Travell (1901- 1997) M.D./cardiologist - became interested in myofascial pain. Became first woman White House physician.
2-volume textbook, *Myofascial Pain and Dysfunction: The Trigger Point Manual*

Esalen Institute –, commonly just called **Esalen**, is a residential community and retreat center in Big Sur, California, which focuses upon humanistic alternative education. Esalen is a nonprofit organization devoted to activities such as personal growth, meditation, massage, Gestalt, yoga, psychology, ecology, spirituality, and organic food. The institute still offers more than 500 public workshops a year, in addition to conferences, research initiatives, residential work-study programs, and internships. Esalen was founded by Michael Murphy and Dick Price in 1962. Their goal was to explore work in the humanities and sciences, in order to fully realize what Aldous Huxley had called the "human potentialities". Esalen became known for its blend of Eastern and Western philosophies, examined in experiential and didactic workshops. Over the years Esalen hosted a notable influx of philosophers, physicists, psychologists, artists, and religious thinkers. The most important bodyworker to teach and reside at Esalen was Ida Rolf.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Bodymindspirit connection - Psychological dimensions of massage (Freud, Wilhelm **Reich**, Jung, Hakomi, etc.)

Role of pleasure in health

Deep Tissue – loosely defined – may include deep Swedish, myofascial release, trigger points, CRAC stretches, cross-fiber, and active release techniques

Sports Massage – loosely defined. More anatomically specific work applied to athletes to enhance performance and recovery.
It was likely originally military massage. Vigorous massage techniques applied to warriors and athletes.
Became integrated into U.S. massage training beginning in early 1980's.

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

Position client on their side

- Note side of major discomfort – if severity of discomfort is not too bad, work the unaffected side first (this takes attention away from the affected side and helps the affected side to relax).

- Use of pillows will vary depending on gestation of pregnancy and areas to be worked. Generally, have 4 firm pillows, foam wedge, and an option of a neck roll.

- Keep the neck mostly even with the thoracic spine

- Keep the shoulders "stacked" on one another, arm supported and even with the edge of the hips and table

- Keep hips even with shoulders and edge of the table

- Bolster the knee and lower leg so that their height is similar to the height of the greater trochanter

- Be sure that there is cushioning between the malleoli of the ankles

Sequence

1. With client in sidelying position (with upper leg flexed and lower leg out straight), begin with a resting stroke:
   - Head-hand on the mid-back with fingers pointing toward the head.
   - Foot-hand on the lateral abdomen between the ribcage and iliac crest

2. Do a very brief and gentle rocking motion starting at shoulders of client and go down the entire side of the body to the feet.

3. Drape legs appropriately – 2 ends of sheet tucked under the knee of the upper leg, create a window with the sheet and tuck for security (should expose lateral side of upper leg, upper hip and glutes, and medial side of lower leg and foot.

4. Start by massaging foot of upper leg – include retinaculum of ankle and between the metacarpals, squeezing out toes, thumb circles to the top and bottom of the foot around ankles (it is okay to massage the ankles – just NO pressure point work).

5. Effleurage the upper leg from ankle to hip.

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

6. Full the leg from ankle to hip.

7. Knead the leg from ankle to hip. (include kneading of IT Band)

8. Do one full effleurage from ankle to hip (can consider forearm effleurage of upper thigh). In working the upper part of the leg, avoid deep compression to the inner (medial) aspect of the thigh from the knee to the groin (pelvic floor). This is considered the "valley of the vessels." During third trimester, there is a greater tendency to create blood clots here than in the other two trimesters, and greater during pregnancy than in non-pregnant conditions.

9. Standing behind client, utilize a forearm effleurage stroke from the knee to the crest of pelvis, going from mid-line to lateral aspect and into the gluteals.

10. Do loose fist compressions of gluteal area, moving from lateral aspect to mid-line, and from crest to ischial tuberosity (superior to inferior).

11. Now, use your thumbs, in the same direction and again with a little more pressure. You will be able to evaluate the condition of the muscles. With these repetitive strokes, you are cross-fibering the gluteals.

12. Melt into attachments of gluteals along lateral border of sacrum and around insertion sites at the trochanter (head of the femur) as well as the ischial tuberosity (work around the ischial tuberosity may be done over the sheet).

13. Moving back to the foot – do full effleurage of leg and finish with nerve strokes.

14. If client is **NOT** pregnant, you may now work the foot of the lower leg and medial side of that leg.

15. Redrape legs.

16. Drape the back – draping from midline of the buttocks below the sacrum, tuck sheet between lower hip and table, just above gluteal cleavage, bringing it to lateral aspect of torso and pulling it up under arm to the nap of the neck (like for sidelying BMT).

17. Apply lubricant to entire back – working from sacrum up to shoulders and back of neck to the occiput.

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

18. Knead erectors, lats, and traps.

19. Move back to the spine (you will be in a seated position). Starting at L5 and moving up to C7 - melt into the area between the spinous and transverse processes.

20. Cover the torso, leaving the upper arm out so you can apply your lubricant to that arm and pectoral area.

21. Position yourself behind your client at the shoulder girdle area, placing your lower arm under your clients, and using both of your hands, stroke (initially light) from pecs attachments at sternum out towards the head of the humerus. You can do several strokes going deeper each time.

22. Place client's superior arm on a pillow and effleurage the whole arm.

23. Knead and strip the arm if appropriate.

24. Massage hands and fingers individually (avoid direct pressure in the web between the thumb and forefinger).

25. Do circular massage and ROM of wrist.

26. Wring whole arm from shoulder to wrist.

27. Final effleurage of whole arm and nerve strokes.

28. Reposition client to opposite side, remembering placement of pillows.

29. Repeat steps 1–26 on this side.

30. Now, move back to the sacral area. Start with a resting stroke with the palm of one hand over the client's sacrum and your fingers extended openly toward the client's head. Ask your client to visualize the image of the sun being super-imposed over this area and the rays of the sun carrying the energy out to the rest of their body.

31. Using a loose closed fist – start circular effleurage over the sacrum and gradually start taking your strokes out from the center of the sacrum in different directions - like rays of the sum.

32. Finish with a final full effleurage of the back from the sacrum all the way up and finish with nerve strokes.

33. Do a final resting stroke to close your session

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69a History of Massage: Modalities

Shiatsu – means "thumb pressure" in Japanese
Early practitioner/teacher - Tokujiro Namikoshi (1905-2000)
Uses generally same anatomical/energy model as Chinese medicine - meridians

Thai Massage – far older than shiatsu – linked back to early Buddhist priests' yoga. Uses similar ideas as meridians, but somewhat different language and somewhat different "routes" and directions for the energy flow in the body.

Energy-based therapies

- **Reiki –** originally Japanese in origin. Uses model that one is channeling "Reiki energy. " Can be done hands-on or hands-off.

- **Therapeutic touch** - It is a hands-off, non-contact therapy that was developed by in the 1970's by Dolores Krieger Professor Emerita of Nursing Science, New York University and Dora Kunz a theosophy promoter and one-time president (1975–1987) of the Theosophical Society in America,

Clinical Approaches within Massage Therapy

- **Ben Benjamin** – founder of the Muscular Therapy Institute in Cambridge, Mass.; author of Listen to Your Pain and other books. Disciple of James Cyriax, the orthopedic surgeon who systematized the assessment of injuries and use of cross-fiber friction to help recovery be more thorough, speedier and longer-lasting.

Neuromuscular Therapy

- **Judith Walker** Delaney and Paul St. John – A development of trigger point work with a more elaborated theory for how the nervous system is involved. Drew on Janet Travell and a Chiropractor, Dr. Nimmo.

69a History of Massage: Modalities

Sports and Orthopedic Massage

- **Bob King** (1948-2013) – boxer, seminarian and founder of Chicago School of Massage Therapy, early and important president of AMTA. Great teacher and promoter of Sports Massage.

- **Benny Vaughn** (former athlete) now Certified Athletic Trainer, Certified Strength and Conditioning Specialist, and world-renowned expert in training and massage for athletes.

- **Whitney Lowe** – founder of Omeri – Orthopedic Massage Education & Research Institute. Author of Orthopedic Massage and Orthopedic Assessment in Massage Therapy.

Cranio-sacral Therapy

- **William Sutherland** (1873–1954) "cranial osteopathy" – promoted healthy movement/alignment of cranial bones, meninges and cerebrospinal fluid. Simplifed, marketed aggressively and taught beginning in the the 1970's by Dr. John Upledger (1932-2012) and then others.

Movement Therapies

- **Milton Trager** (1908-1997) – uses non-intrusive movements to promote better health, movement and ease in body and mind.

- **Aston Patterning** –an educational process developed by Judith Aston in 1977 combining movement coaching, bodywork, ergonomics, and fitness training.

- **Moshe Feldenkrais** (1904-1984) – doctorates in mechanical and electrical engineering. One of the first Western Black Belts in judo! Feldenkrais uses slow focused active or passive movements to undo dysfunctional neuro-kinesthetic habits and replace them with more efficient ones.

69a History of Massage: Modalities

Structural Integration

- **Ida Rolf (1896-1979) –** "Structural Integration", aka "Rolfing".
  The "Einstein" of 20th century bodywork. 10 session "recipe" for restructuring the body by systematically repositioning the fascia. Rolfing utilizes fascia's thixotrophy and the tensegrity model for soft structural members' tension positioning the hard members of the structural system..
  Famous sayings - "Fascia is the organ of structure."
  "Gravity is the therapist."

- **Tom Myers –** Rolfer who developed a system for analyzing anatomy of fascia – "Anatomy Trains" that accompanies his version of Rolfing he called "Kinesis".

- **Daniel Blake –** Rolfer, taught the way Ida Rolf worked, rather than the teaching recipe – "Structural Bodywork"; "Postural Kinesiology".

- **Zero Balancing –** developed by Rolfer, Osteopath/MD, 5-Element acupuncturist, Dr. Fritz Smith. Promotes deep health through focus on the skeletal system's structure and the energy flowing through it. Author of Inner Bridges and Alchemy of Touch.

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69b History of Massage: Bodywork Tree and Demo

Spirit Branch

Goddess Worship – polytheistic religions

Wicca - 1954, England, Gerald Gardener, modern pagan religion

Shamanism – spiritual practices involving altered states of consciousness to channel energies from the spirit world into this world.

Laying on of hands – vital energy (ki, chi, prana, or animal magnetism)

- Polarity Therapy – positive and negative charges influence the electromagnetic field of receivers.
- Therapeutic Touch – 1970's, Dora Kunz and Dolores Krieger. Trained to be detected and manipulate the receiver's energy field.
- Reiki – meaning mysterious atmosphere or supernatural force. 1922, Japan, Mikao Usui, transferring ki or universal energy.
- Faith Healing – faith, prayer, and rituals stimulate a divine presence

Mind Branch

Sigmund Freud – 1902, father of psychoanalysis, free association, transference.

Wilhelm Reich – 1933, second generation psychoanalysist, muscular armour.

- Orgonomy – 1939, study of orgone energy (life force or cosmic energy).

Fritz Perls – 1940's, psychiatrist

- Gestalt Therapy – enhanced awareness of sensation, perception, bodily feelings, emotion, and behavior, in the present moment.
- Esalen Institute – residential community, Big Sur, California. Humanistic alternative education such as personal growth, meditation, massage, Gestalt therapy yoga, psychology, ecology, spirituality and organic food

69b History of Massage: Bodywork Tree and Demo

Mind Branch, continued

Bioenergetics – field of biochemistry, energy flow through living systems.

Alexander Lowen – Bio Energetic Therapy founder, student of Reich.

John Pierrakos – Pschiatrist, student of Reich.

Hakomi – 1970's, Ron Kurtz, body-centered somatic psychotherapy.

Body Branch

European folk healers

Per Henrik Ling – instructor of modern languages and fencing. Physical exercises restored his health. Developed a system gymnastics, exercises and maneuvers resulting in the Royal Gymnastic Central Institute in Stockholm, Sweden.

Swedish – developed by Ling from Anma. Further promoted by Mezger. Called Swedish in English and Dutch speaking countries. Otherwise referred to as classic massage.

Reflexology – aka: Zone Therapy. Applying pressure to the feet, hands, or ears. A system of zones reflect an image of the body on the feet and hands.

Movement Re-education

Feldenkrais Method – Moshe Feldenkrais. Experimental method of educating a person's movement by kinesthic and proprioceptive self-awareness.

Trager Approach – Milton Trager. Movement education and mind/body integration. Releases deep-seated physical and mental patterns.

Alexander Technique – Frederick Matthias Alexander. Known for alleviating breathing problems and hoarseness during speaking.

Aston Patterning – Judith Aston. Bodywork and movement coaching.

69b History of Massage: Bodywork Tree and Demo

Body Branch, continued

Physical Therapy – remediation of impairments or disabilities. Promotion of mobility, functional ability, quality if life and movement potential.

James Cyriax – 1929, father of Orthopedic Medicine

Sports Massage – based in athlete improved recovery and performance

Medical Massage – specific treatment targeting a specific problem, usually in the context of a hospital under the care of a physician.

Animal Massage – Equine (horses), canine (dogs), etc.

Perinatal Massage – pregnancy and infant massage

Chiropractic – 1895, D.D. Palmer, father of chiropractic. Joint adjustments.

Touch for Health – combo of kinesiology, acupressure, touch and massage

Naprapathy – derivative of osteopathy and chiropractic.

Osteopathy – founder by Andrew Taylor Still. Emphasizes relationships between structure and function. Facilitate the healing process by manual therapy.

Craniosacral – regulating the flow of cerebrospinal fluid using therapeutic touch to manipulate synarthrotic joint of the cranium.

William Sutherland – 1930's, father of cranial osteopathy.

John Upledger – 1975, modern developer of craniosacral therapy

ZeroBalancing – 1970's, Fritz Smith, developed from applied osteopathy and traditional Chinese medicine. Uses finger pressure or traction to tense tissue.

Deep Massage – David Lauterstein, Structural Integration, Craniosacral, Zero Balancing.

69b History of Massage: Bodywork Tree and Demo

Body Branch, continued

Deep Bodywork

Bindegewebmassage – connective tissue massage

Rolfing – 1971, Ida P. Rolf, fascia and gravity

Hellerwork – or structural integration, spin off of Rolfing

Myofascial Release – addresses myofascial restrictive barriers with direct or indirect methods

Janet Travell – first used the term myofascial, 1940's

Oriental Medicine – acupuncture, Chinese herbal medicine, Tuina, Qigong, etc. 5,000 year-old tradition. Ying-Yang, Five Phases. Energy meridians.

Acupuncture – penetration of skin with needles to stimulate certain points. Correction of imbalances in the flow of qi.

Chinese Herbal Medicine – herbal, animal, human, and mineral substances used medicinally.

Tui na – hands-on body treatment to bring balance.

Anma – derived from Tui na. Japanese traditional massage.

Qigong – aligning breath, movement, and awareness for exercise, healing, and meditation.

Chakras – centers of life force or vital energy, Hindu metaphysical tradition.

Yoga – physical, mental, and spiritual practices that originated in ancient India.

Shiatsu – 1940, Tokujiro Namikoshi. Japanese bodywork using finger and palm pressure, stretches, and other massage techniques.

Jin shin do – derived from Jin Shin Jyutsu. Combines Japanese acupressure, Chinese acupuncture, orgone of Wilhelm Reich, Qigong, Ericksonian psychotherapy principles, and Taoist philosophy.

Do-in – Combination of meridian stretching exercises, chi exercises, and self-massage.

71a Sports Massage: Theory

Understanding Sports Massage

Applications of Massage in the Athletic Context

1. **Restorative** - helping athletes recovery from bouts of activity or injury

   a. **Recovery Massage**
      - Uninjured athletes recovering from strenuous workout or competition
      - Aims to improve circulation and promote relaxation

   b. **Remedial Massage**
      - Athletes with minor or moderate injuries
      - Aims to reduce or eliminate pain and dysfunction, restoring optimum level of physical, mental and emotional fitness

   c. **Rehabilitation**
      - Athletes with severe injuries, or post-surgical (working as part of a team)
      - Aims to reduce pain, edema and spasm, increase circulation, form healthy scar tissue, break adhesions, promote early mobility, and reduce tension, general anxiety, and stress

2. **Maintenance** - massage on a regular basis to enhance recovery, and to maintain optimal health

3. **Event** - helping athletes prepare for or recover from a specific competitive event

71a Sports Massage: Theory

Understanding Sports Massage

Sports Massage and Athletic Performance

Applied skillfully, sports massage increases performance potential in three ways:

1. **Optimizes positive performance factors while minimizing negative ones**
    a. Positive - healthy muscle and connective tissue, normal range of motion, high energy, fluid and pain-free movement, mental calm, alertness and concentration

    b. Negative - dysfunctional muscle and connective tissue, restricted range of motion, low energy, staleness, pain and anxiety

2. **Decreases injury potential**

    Uncovers injuries at sub-clinical level before they can progress to the clinical stage

3. **Supports soft tissue healing**

Constellation of Effects

Primary effects lead to **Secondary effects** that optimize positive performance factors

Primary Effects - physiological and psychological changes in the athlete as a direct result of massage

Secondary Effects - performance-related outcomes resulting from the primary effects of massage

Constellation of Effects, continued

Primary Effects

1. **Improved fluid circulation** – circulatory massage delivers nutrients and carries away metabolic by products by increasing the local flow of cardiovascular and lymphatic fluids, thus restoring tissues to optimum condition

2. **Muscular relaxation** – both by decreasing pollution and by restoring the neuromuscular feedback loops to normal, massage enhances relaxation, reducing discomfort and further facilitating normal circulation

3. **Separation of muscle and connective tissue** – any sticking of tissues to one another will interfere with smooth motion and limit range of movement. Mechanical actions of lifting and broadening, as well as shearing forces applied across the parallel organization of muscle and tendon fibers (deep transverse friction) "unsticks" adhesions

4. **Formation of healthy scar tissue** – during the remodeling phase of soft tissue healing massage helps form a flexible scar

5. **Connective tissue normalization** – Connective tissue in poor condition can limit overall movement. Chronic stress and immobility can cause connective tissue to become rigid, inflexible. Injury can result in adhesions within the connective tissue. Adhesions are bindings of two anatomical surfaces (such as myofascia) that are normally separate. Adhesions limit movement. Kneading, deep friction, and stretching can prevent and/or break down adhesions, enhancing movement capability.

Constellation of Effects, continued

Primary Effects

6. **Deactivation of trigger points** – defined as a focus of hyperirritability in tissue. Locally tender, often within a taut band of muscle fibers. Gives rise to referred pain and tenderness. May cause distorted proprioception. Signs include dull, aching, or referred pain. Stiffness and weakness in the involved muscle. Restricted range of motion, pain on contraction or stretching. Techniques used to deactivate trigger points include warming with effleurage, petrissage, and deep sliding movements. Ischemic compression like direct digital pressure on the point with enough force to cause blanching of tissue or elicit the referred sensation. Stretching should be applied after massage to reset the resting length.

7. **General relaxation** – when massage activates the parasympathetic nervous system a complex of physiological changes enhance the health and well-being of the individual, reducing stress

8. **Anxiety reduction** – this is one of the specific benefits of the relaxation response that is particularly valuable for the athlete

Constellation of Effects, continued

Secondary Effects - performance-related outcomes resulting from the primary effects of massage

1. **Greater energy** – by enhancing the return to normal physiology (reduction of waste product concentration, relaxation of overworked muscles), massage can help the athlete to be more energetic

2. **Freer movement at joints** – normalizing connective tissue, relaxing muscles and deactivating trigger points facilitate optimum range of movement with minimal drag

3. **Faster recovery** – enhancement of local circulation facilitates recovery from physical fatigue and injury, while the relaxation response speeds the return to positive attitude

4. **Pain reduction** – muscular relaxation, enhanced circulation, and the release of endorphins relieve pain, contributing to better rest and function

5. **Increased alertness and mental clarity** – applications of massage can be modified to help athletes achieve their optimal level of stimulation – neither sluggish nor over-amped

6. **More positive outlook and motivation** – by helping to alleviate pain, stress and anxiety, and facilitating release of endorphins, massage can be a major contributor to keeping the athlete mentally resilient and enthusiastic

71a Sports Massage: Theory

Understanding Sports Massage

Event Sports Massage

Event sports massage is administered during sports events and can be divided into pre-event, post-event, and inter-event massage.

Event massage, especially post-event, avoids any use of deep tissue massage.

The closer to the event time the massage occurs, the shorter the duration of the massage.

Pre-event – focuses on increasing circulation to muscles, tendons and ligaments, and increasing flexibility

Post-event – focuses on enhancing circulation to reduce soreness and shorten recovery time

Inter-event – is essentially a combination of both of the above, clearing the effects of the previous effort and preparing for the one to come

The following short sample routine is suitable for any of the three event contexts, and can be customized to fit any sport by emphasizing different muscle groups as appropriate.

In the case that lubricant is used, beginning and ending each segment with centripetal effleurage at an upbeat tempo would be appropriate.

For pre-event massage, mobilization and stretching can be added at the end of each segment - for inter-event and post-event massage, risk of cramping of (passively) shortened antagonists may preclude use of stretching.

71b Sports Massage: Technique Demo and Practice – Event Massage

Posterior Upper Body

BMT - spinal rotation & release with erector compressions (both sides)

Knead back of neck

BMT - Scapular mobilization with trapezius and deltoid compressions

Return arm to the table and squeeze down forearm and hand

Alternately, elevate the scapula, using fingers of outside hand against the lateral border, then depress the scapula by using thumb compressions from the inside hand to levator scapula insertion, belly of upper trapezius, and supraspinatus

Repeat arm and shoulder work on opposite side

Posterior Lower Body

BMT **-** Gluteal and hamstring compressions with knee and hip mobilizations

Using both fists, apply specific compressions over the gluteal area

Knead the hamstrings and adductors

Knead the calf

BMT - Ankle mobilization with gastrocnemius compressions

Finish by squeezing the feet

Repeat on opposite side

71b Sports Massage: Technique Demo and Practice – Event Massage

Anterior Lower Body

BMT **-** Supine hip rotation with leg compressions

Knead quadriceps and adductors

Apply compressions with loose fist to lateral lower leg

Squeeze the foot

Repeat on opposite side

Anterior Upper Body

BMT - Unilateral ribcage compression and mobilization

BMT – Shoulder mobilization with pectoral compressions

With arm still above the head, knead deltoids, triceps, biceps, and coracobrachialis

Moving to the side, facing up the table, knead the forearm

Squeeze the hand

Repeat on other side

Kneeling or sitting at the head, use one hand to knead the back of the neck as the other cradles the head

Reverse the hand positions and repeat