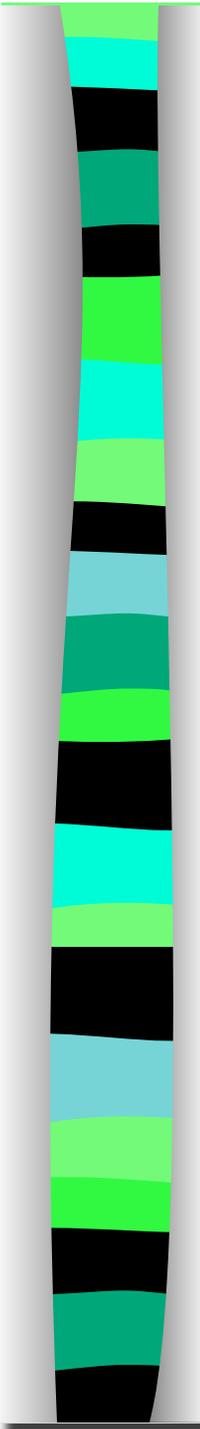


14a H&H:
Compassionate Care for All People



14a H&H: Compassionate Care for All People Class Outline

5 minutes

Attendance, Breath of Arrival, and Reminders

15 minutes

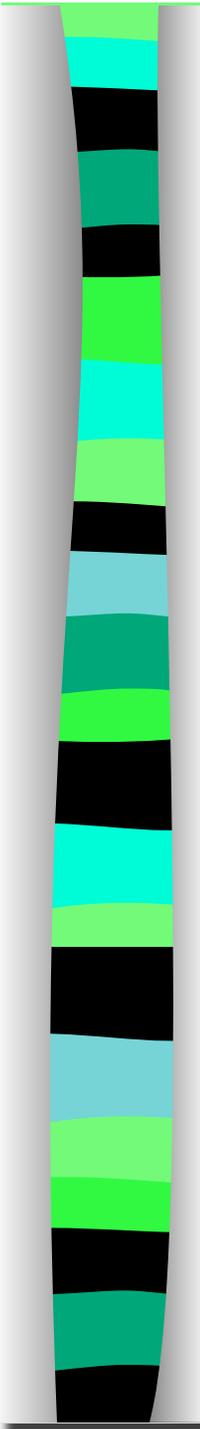
Lecture: AOI Biceps Brachii, axilla, coracobrachialis

35 minutes

Lecture: Compassionate Care for All People

60 minutes

Total



14a H&H: Compassionate Care for All People Class Outline Class Reminders

In Class 14b:

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

Assignments:

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

Quizzes and Written Exams:

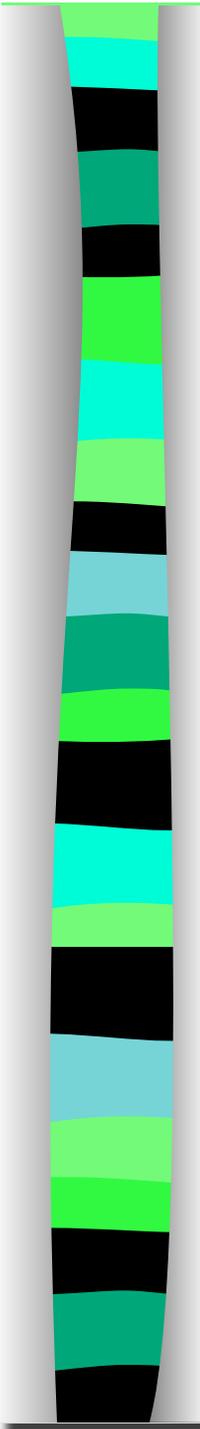
- 17a Written Exam Prep Quiz
- 17b Kinesiology Quiz
- 19a Written Exam Prep Quiz

- 21a Written Exam

Preparation for upcoming classes:

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

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



Classroom Rules

Punctuality - everybody's time is precious

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

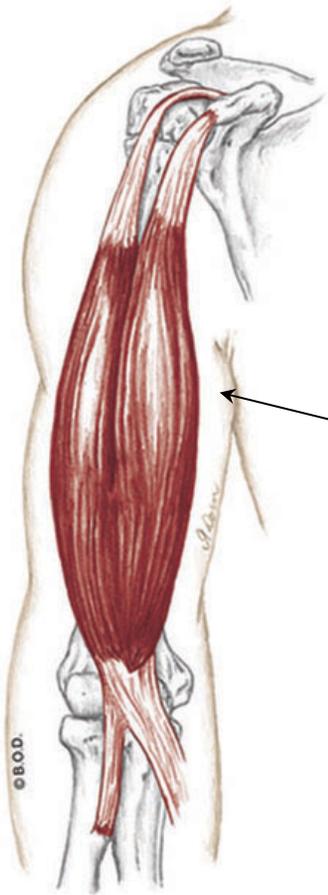
The following are not allowed:

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

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

Biceps Brachii

Trail Guide, Page 95

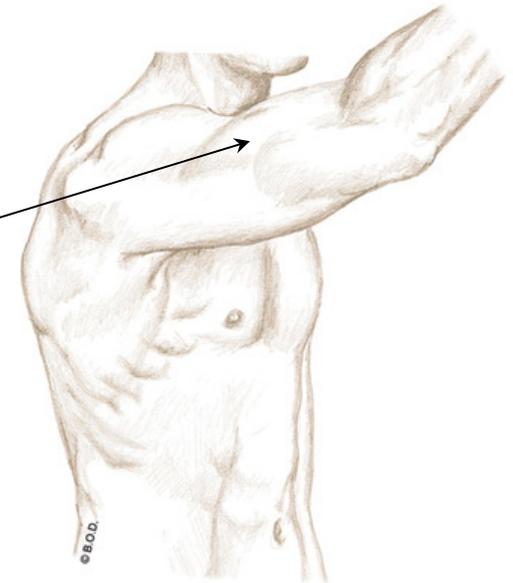


Anterior View

Biceps brachii lies superficially on the anterior arm.

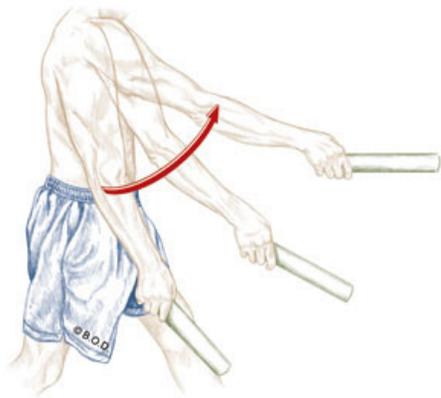
The proximal tendon of the long head of biceps brachii runs through the intertubercular groove.

When do you use your biceps brachii?

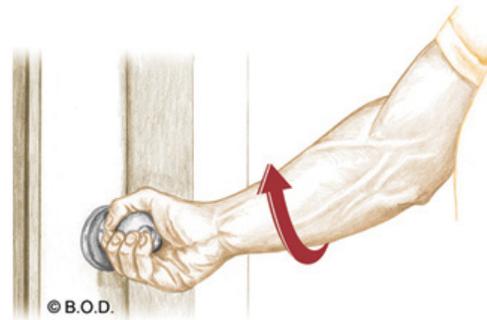


Anterolateral View

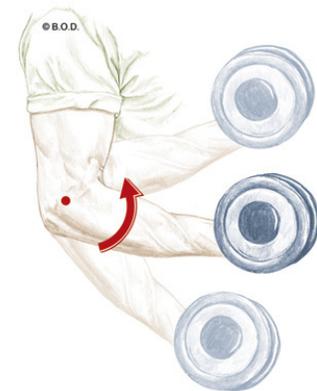
Actions of the Biceps Brachii



Glenohumeral flexion



Radioulnar supination



Humeroulnar flexion

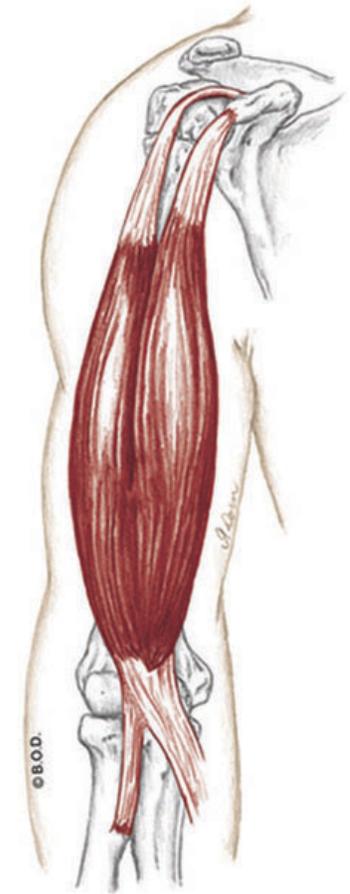
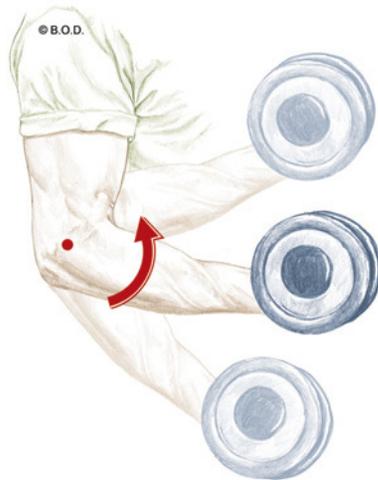
Biceps Brachii, page 95

- A** Flex the elbow or humeroulnar joint
Supinate the forearm or radioulnar joint
Flex the shoulder or glenohumeral joint

- O** Short head:
Coracoid process of scapula

- Long head:
Supraglenoid tubercle of scapula

- I** Tuberosity of the radius
Aponeurosis of the biceps brachii



Anterior View

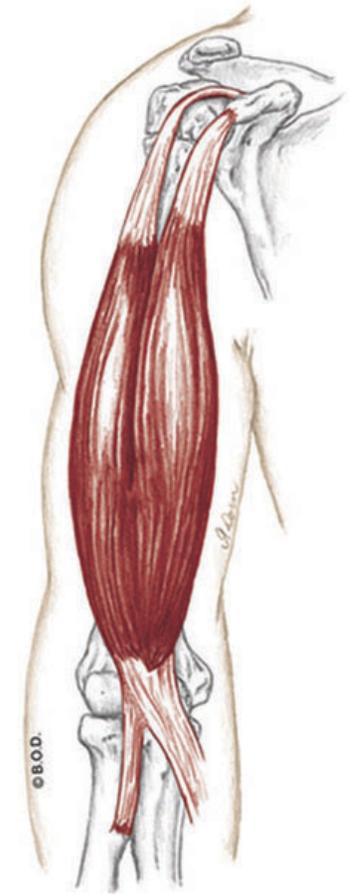
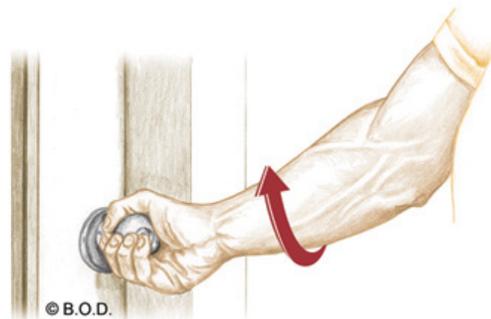
Biceps Brachii, page 95

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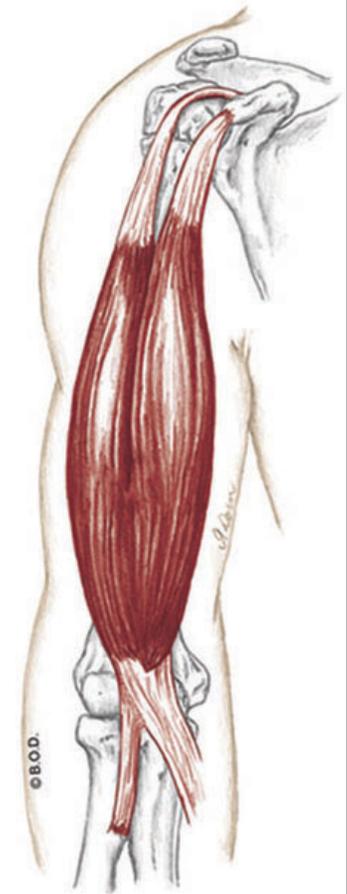
Biceps Brachii, page 95

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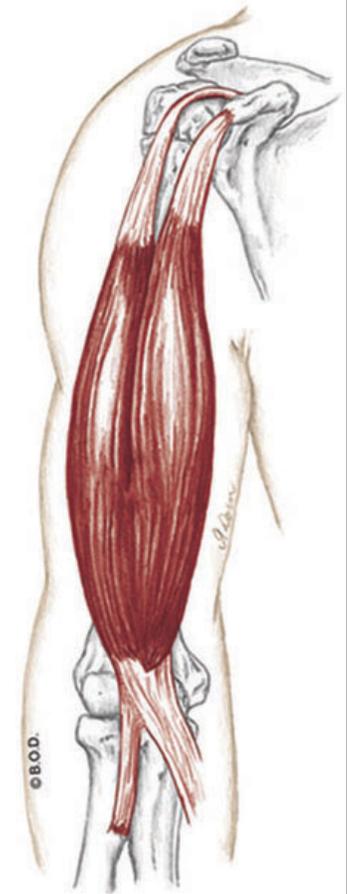
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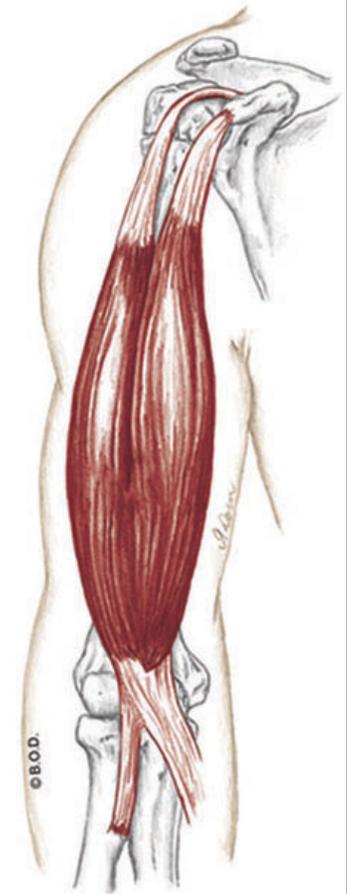
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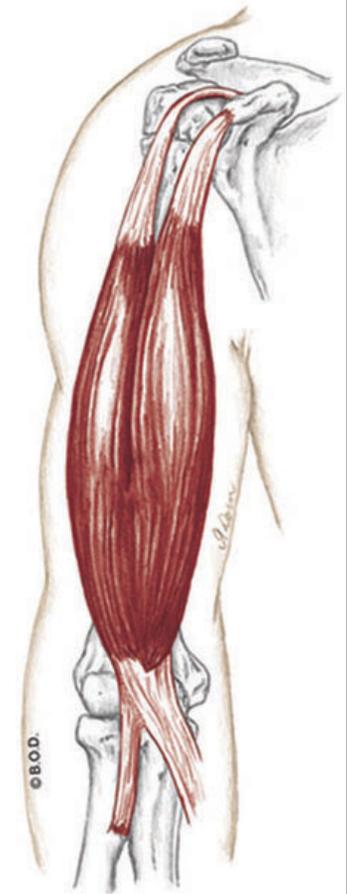
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Anterior View

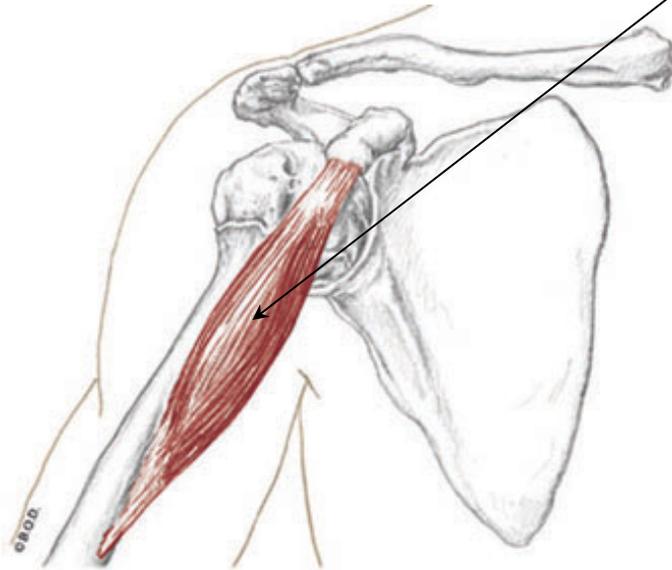
Coracobrachialis

Trail Guide, Page 99

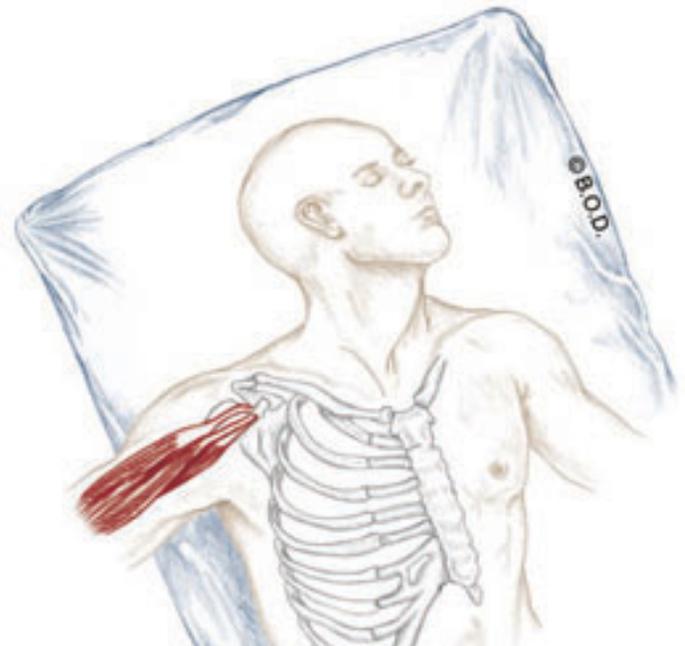
Coracobrachialis

is a small, tubular muscle located in the axilla, or armpit.

Let's take a closer look at the axilla . . .



Anterior View



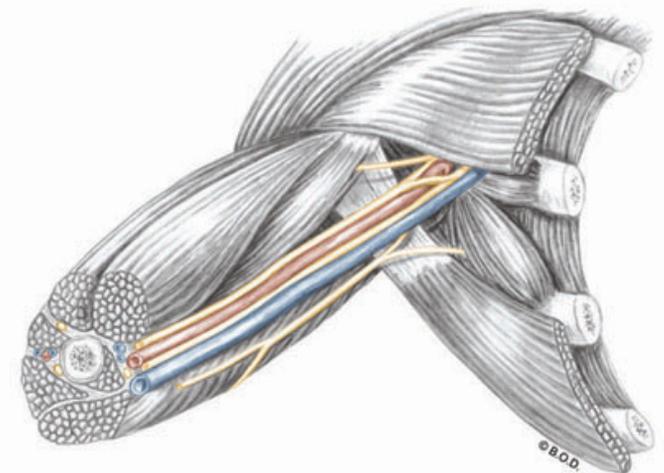
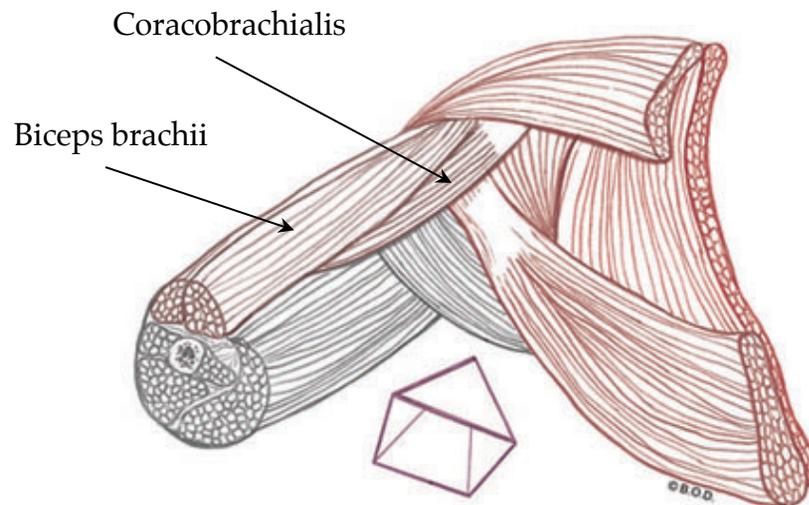
Axilla

Trail Guide, Page 100

The **axilla** is a cone-shaped area commonly called the armpit.

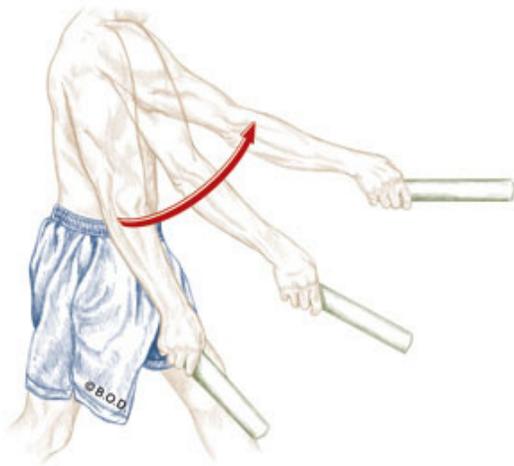
It is formed by four walls:

- Lateral wall: biceps brachii and coracobrachialis
- Posterior wall: subscapularis and latissimus dorsi / teres major
- Anterior wall: pectoralis major
- Medial wall: rib cage and serratus anterior

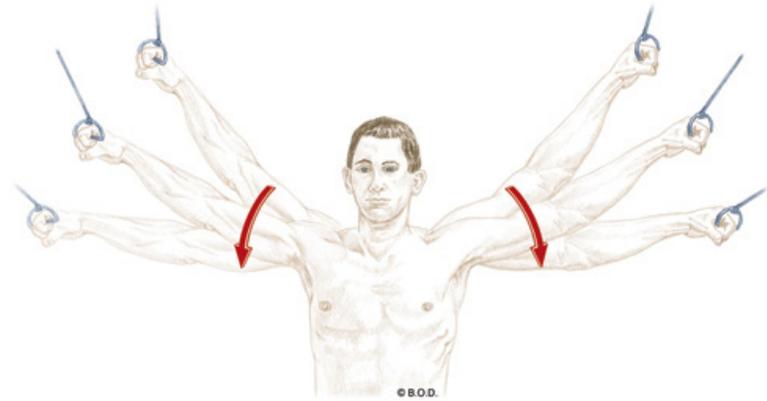


Anterolateral View

Actions of the Coracobrachialis



Glenohumeral flexion



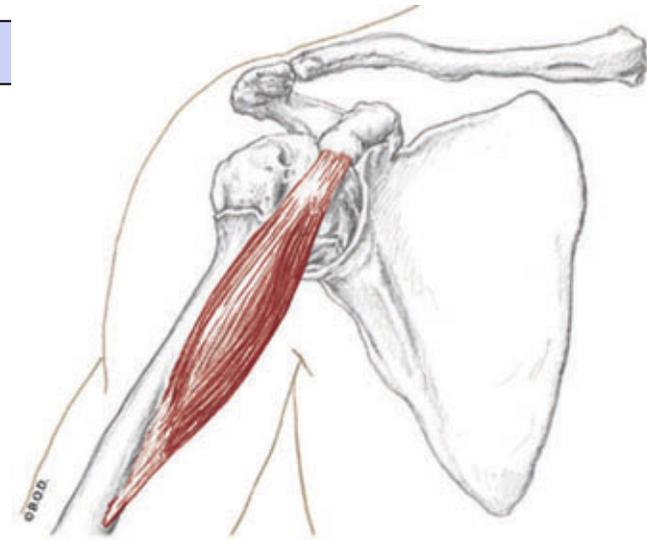
Glenohumeral adduction

Coracobrachialis, page 99

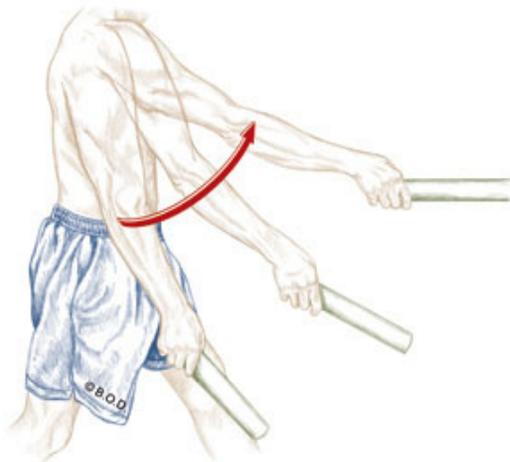
A Flex the shoulder or glenohumeral joint
Adduct shoulder or glenohumeral joint

O Coracoid process of scapula

I Medial surface of mid-humeral shaft



Anterior View

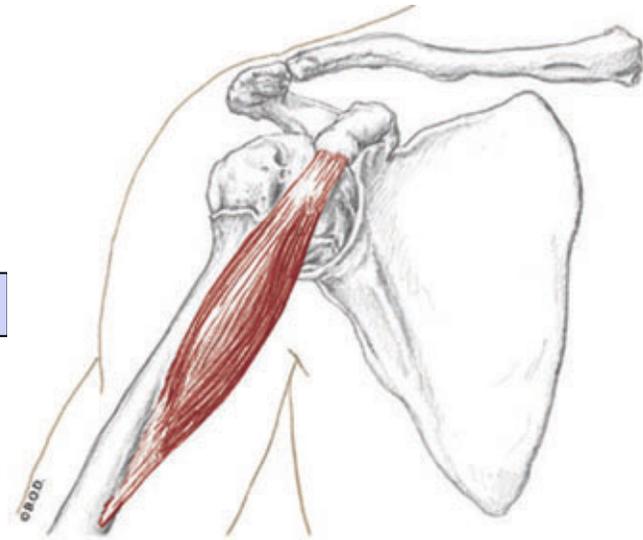


Coracobrachialis, page 99

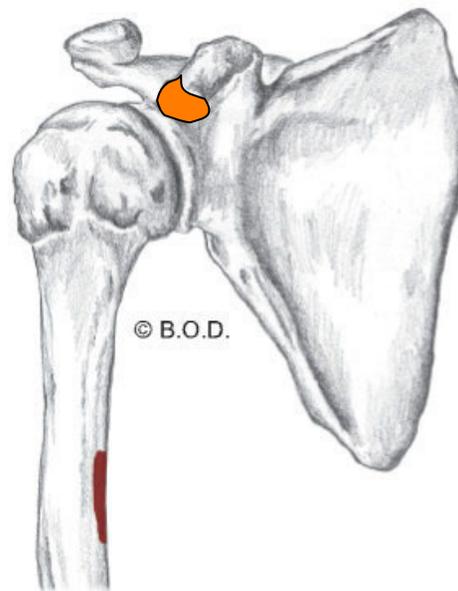
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Anterior View

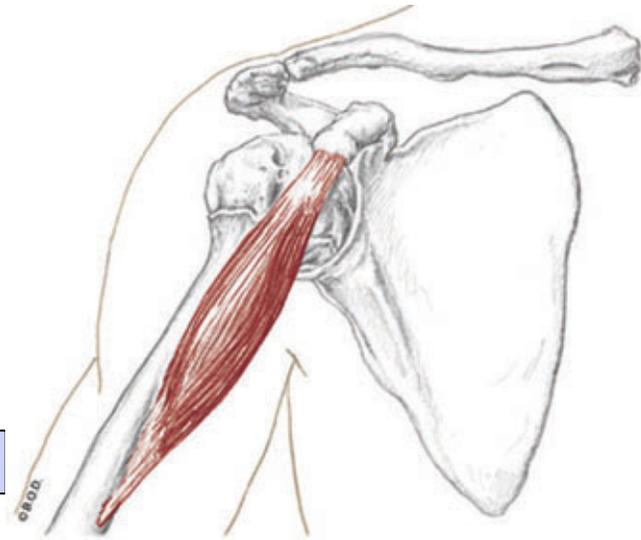


Coracobrachialis, page 99

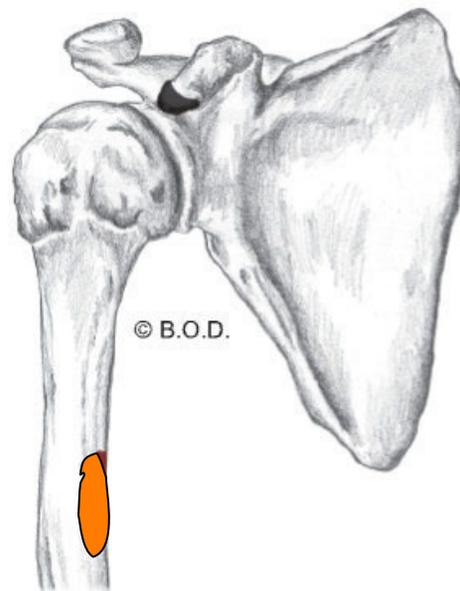
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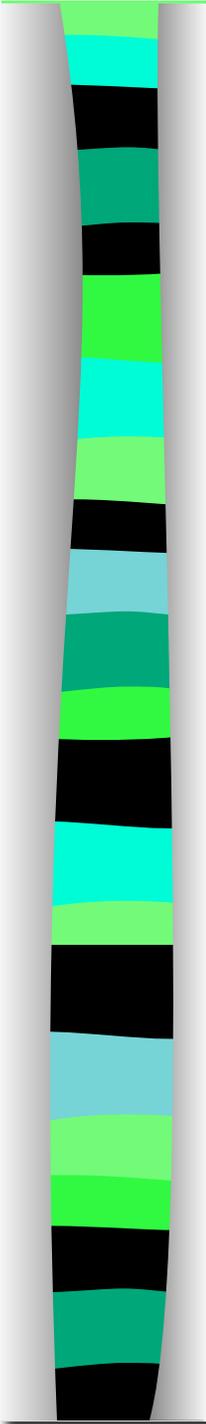
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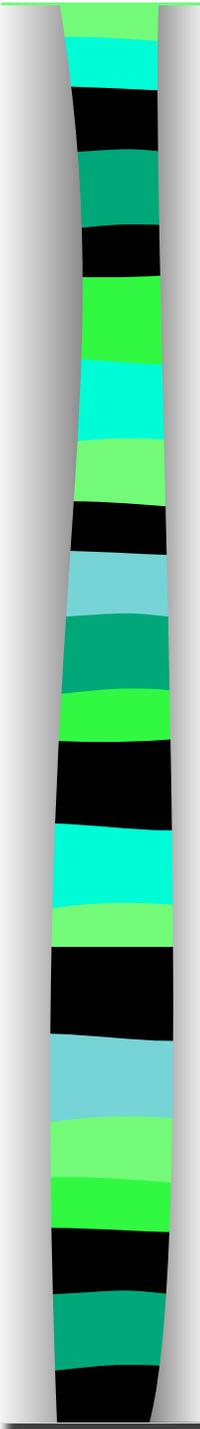


Anterior View





14a H&H:
Compassionate Care for All People
H- 55



No Labels on the Table

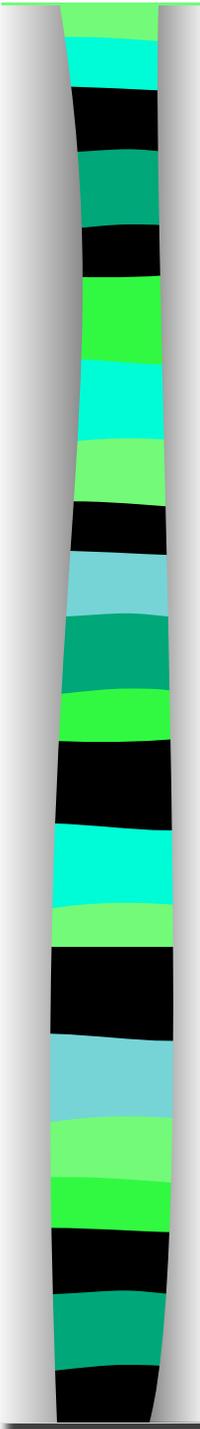
In today's world, we are now experiencing greater visibility of many people who are ready to claim their authentic selves.

This includes (but is not limited to) people historically deprived of equal treatment based on their race, ethnicity, body size, religion, sexual orientation, or gender.

Our hope is that you will receive this information with an open mind and an open heart. Whether you agree/disagree or approve/disapprove, we are still talking about people who warrant our empathy and care.

No one can be the massage therapist for everyone. You can choose not to work with someone. If you choose to deny anyone service or refer out, do so with tact and compassion.

Courtesy of ABMP and *Massage & Bodywork* magazine.

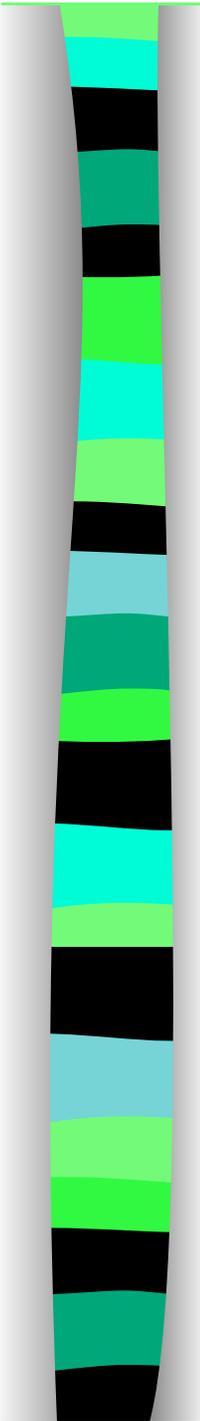


No Labels on the Table

Published in ABMP Massage and Bodywork Magazine: March/April 2017 Issue

The Transgender Client: What MTs Should Know

By: Ellen M. Santistevan



Understanding the Gender Spectrum

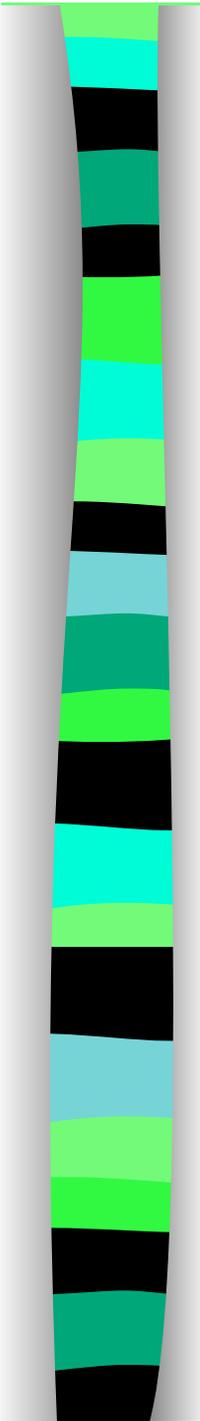
Biologists now recognize that both sex and gender exist on a spectrum. Many people are accustomed to the idea that sex and gender fit comfortably into one of two boxes, but that doesn't make it true.

The best current estimate of the adult transgender population is, on average, about 0.6% of the US population. The number of intersex people is about 1.7% of the population.

While that may not sound like a lot, think of it this way: the population of the United States is about 319 million - that means there are almost 2 million transgender and over 5.4 million intersex members of our national population.

These are not small numbers! As acceptance becomes more common place and more people identify themselves as transgender, the numbers may climb.

Courtesy of ABMP and Massage & Bodywork magazine.



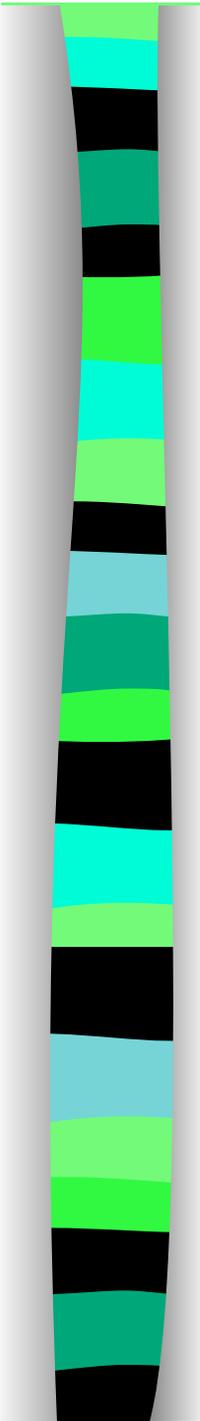
Terminology

Ally: An ally is a person who advocates for or supports a marginalized group but is not themselves a member of the group.

Cisgender: Noting or relating to a person whose gender identity corresponds to that person's biological sex assigned at birth.

Gender Binary: The idea that there are only two genders, and that they are distinct, opposite, and disconnected from each other.

Gender Expression: How a person chooses to present their gender identity.

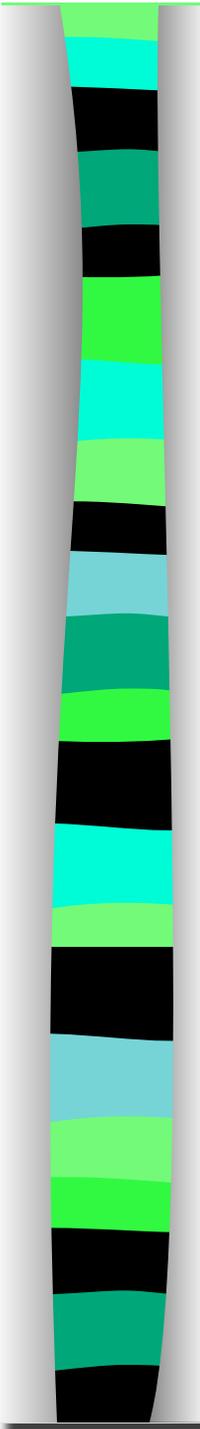


Terminology

Gender Neutral: Someone who does not identify with any gender. May use neutral pronouns such as they / them / theirs.

Gender Non-conforming: Someone who is not interested in conforming to societal views of how any one gender should be portrayed.

Intersex: A general term used for people who are born with reproductive or sexual anatomy that does not fit typical definitions of female and male. Intersex conditions can be anatomical or genetic and may manifest in a variety of ways. Many genetically intersex people will never know of their condition.



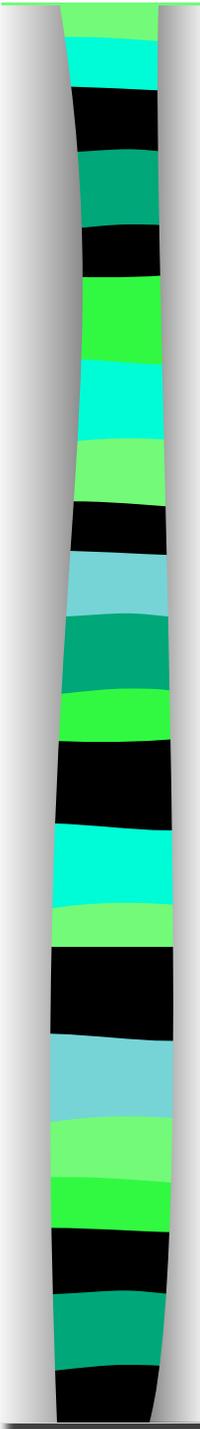
Terminology

Sex: Male/Female. Refers to our biological and physical anatomy. Biological sex is used to assign gender at birth. For most people, sex and gender are aligned.

Transgender: Noting or relating to a person whose gender identity does not correspond to that person's biological sex assigned at birth.

Trans man (FTM, F2M): A person whose assigned sex at birth was female but identifies as male.

Trans woman (MTF, M2F): A person whose assigned sex at birth was male but identifies as female.



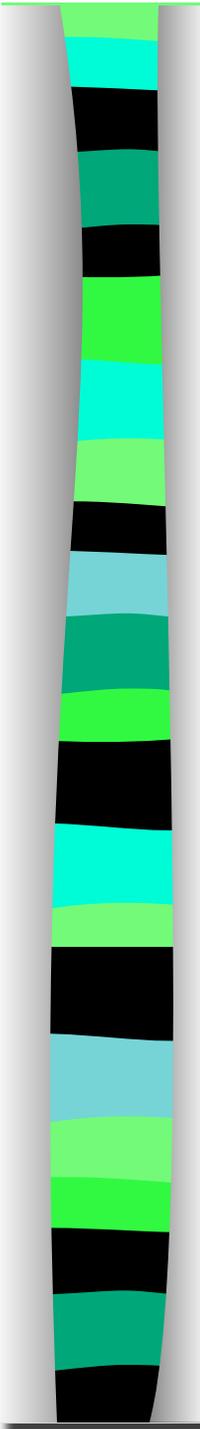
Understanding the Gender Spectrum

Many of us (especially those of us over 30) were never exposed to the idea of gender spectrum at any point in our education. That is changing as science improves and younger generations are embracing the diversity of the human species.

It is still up to us as health-care professionals, however, to continue to study and learn about the great variety of humanity so that we may knowledgably treat our clients with compassion and openheartedness.

There is still a lot of misinformation and fear surrounding the transgender community. Even though there has been a lot more openness and visibility in the last few years.

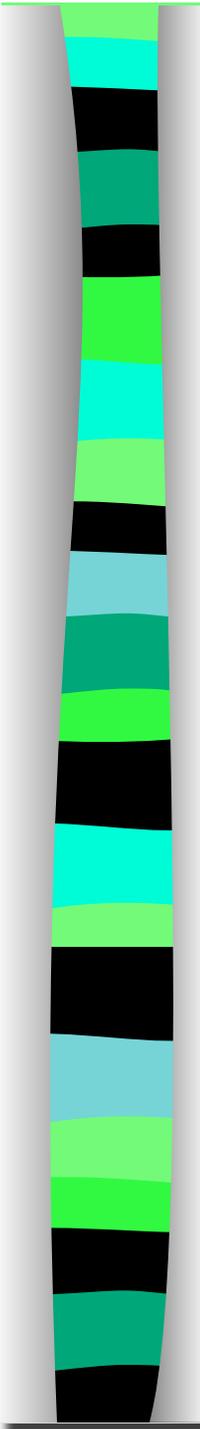
Courtesy of ABMP and Massage & Bodywork magazine.



Challenges for Transgender Community

Transgender and gender non-conforming people report the highest rates of discrimination and barriers to health care, and have the highest rates of suicide, substance abuse, and homelessness.

Many transgender and gender non-conforming people have suffered from touch-related trauma, sex abuse, bullying, or harassment, all of which make it more difficult to accept nurturing touch even in a therapeutic setting.

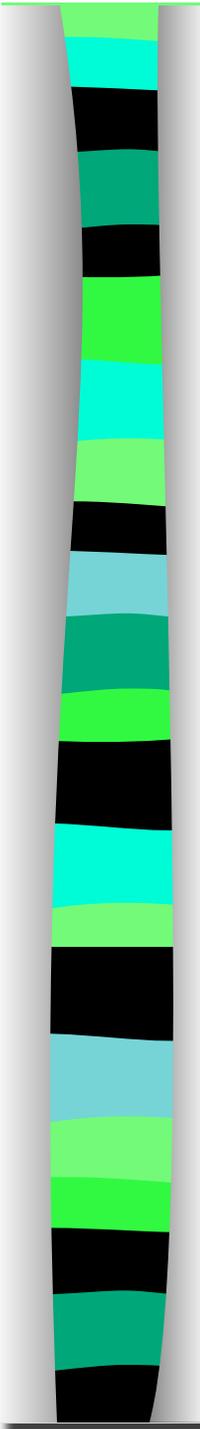


Challenges for Transgender Community

A person in survival mode may not be comfortable with touch. The potential (however slight) of exposure may also deter them from seeking bodywork.

The mental and emotional cost of coming out to yet another professional presents a real barrier to accessing bodywork for the transgender community.

If they experienced abuse or harassment, the negative feelings may be amplified.

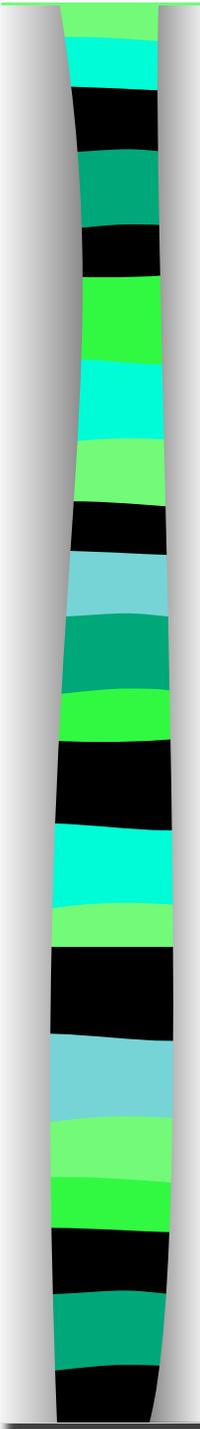


Become Informed

Gender identities and gender expression are not pathologies.

Sexual orientation and gender are not the same. Sexual orientation is whom you are attracted to; gender is who you know yourself to be.

The words lesbian, gay, bisexual, and asexual indicate sexual orientations. The words transgender and intersex are gender related and are medical terms.

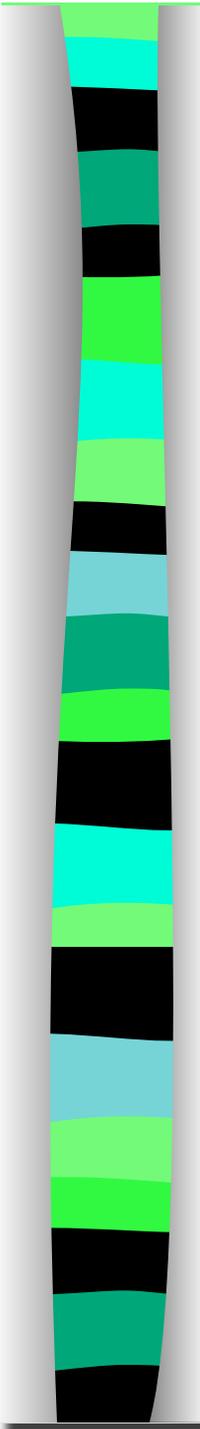


Become Informed

Not all transgender people identify as being part of the LGBTQ community. Once a person has come to a level of comfort with their body by bringing it and their mind into closer alignment, they may simply identify themselves as male or female, without the trans identifier.

Most importantly, transgender patients and clients should not be placed in the position of training their providers about their physical health-care needs.

It is our responsibility to get informed!

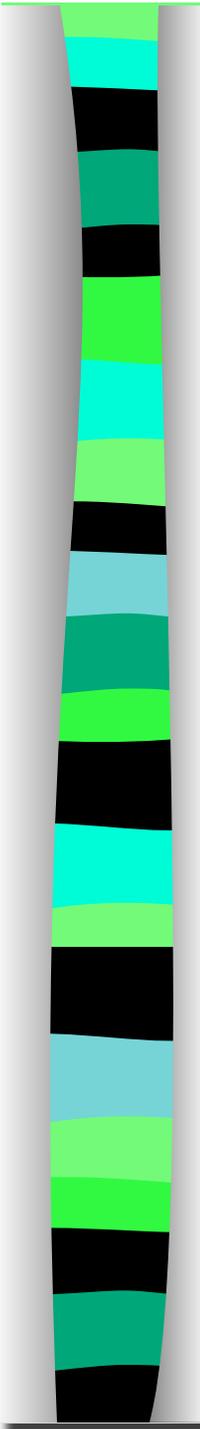


Physical Considerations

It's important to remember that a transgender person may choose not to change the way they dress or act, and may not undergo medical treatments or procedures. This may be simply by choice or because treatments and procedures are often cost-prohibitive and not covered by insurance.

You might have clients who bind, tuck, or use prosthetics or padding.

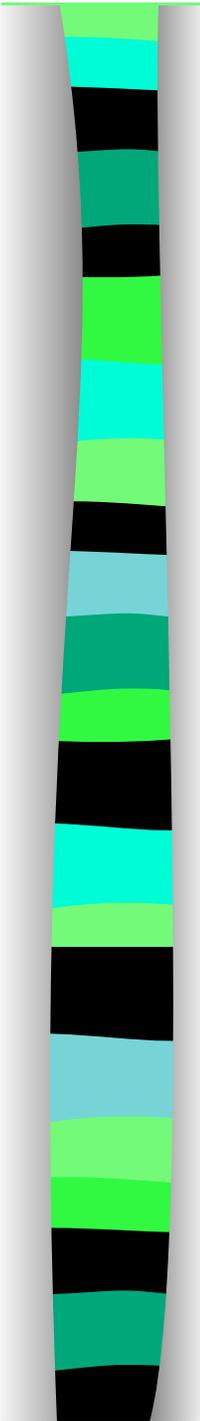
Each of these has physical impact beyond the concealment of birth gender. Each person will be at a different stage of their personal evolution and have different needs and abilities to trust a practitioner. Demonstrating respect at all stages of the therapeutic session goes a long way toward building trust.



Hormone Replacement Therapy (HRT)

For a transgender person taking estrogen and/or androgen-blockers, the most notable changes will be the development of breasts, loss of body hair and muscle mass, softer skin, and the redistribution of body fat from the abdomen to the hips, thighs, and buttocks.

For a transgender person taking testosterone, the most noticeable effects will be the development of facial and body hair, an increase in muscle mass, and the redistribution of body fat toward the abdomen and around the internal organs. Many transgender people will have a hysterectomy within five years of starting hormone therapy because of severe, persistent pelvic pain.

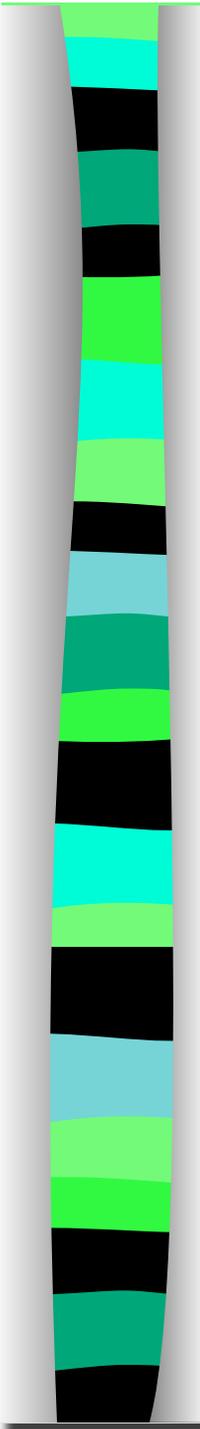


Post Surgery

As massage therapists, we are most likely to see only 'top' surgeries, that is, mastectomies and breast enlargements. If you see a client with scar adhesions, loss of sensation, or blocked lymphatic flow, you can treat them just like you would anyone else.

Implants are placed either subcutaneously or submuscularly, and have a lifespan of approximately 16 years. Revisionary surgery within 5 years occurs about 25 percent of the time, usually for requests in size change, leakage or rupture, or capsular contracture. Complications include seroma, hematoma, infections, changes in texture, rippling, displacement of the implant, rupture, or excess scarring; nipple numbness is also a somewhat common side effect.

Generally, breast augmentation surgery has a shorter recovery time and fewer side effects than mastectomy, although if implants were placed submuscularly, the recovery time will be longer and the discomfort greater. Self-massage of the breasts will be recommended by the surgeon to start 3-5 days post-op.



Draping

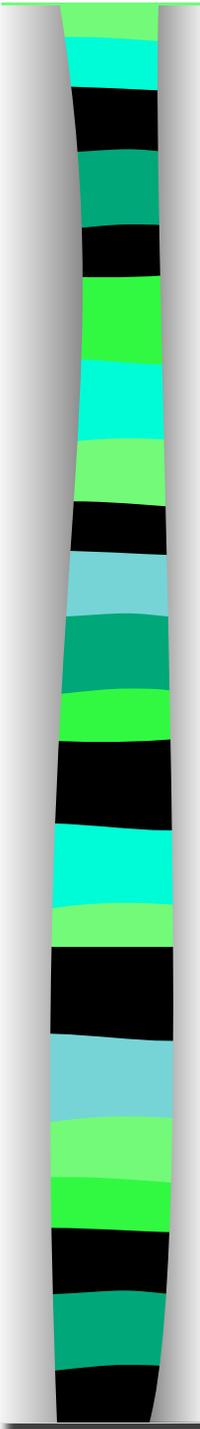
Never make assumptions about your client's body or their comfort level. Don't assume that you know their anatomy under the drape. In the interview, discuss how you can respect their modesty and physical privacy.

Are they comfortable with their glutes being draped? Or would they rather it only go to cheek height or mid-thigh?

When working on the chest, should they be draped or covered?

How high are they comfortable receiving work near the adductors?

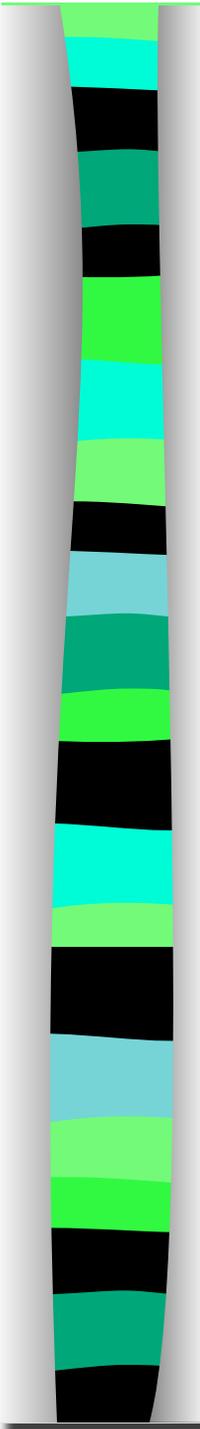
If they are uncomfortable, how can they signal the therapists if they don't feel empowered to do so?



A Respectful Practice

Using proper draping techniques and offering clothed treatment options demonstrates your respect for a person's body and their boundaries.

Single-stall restrooms or non-gendered restrooms make it clear you respect all people's biological needs.

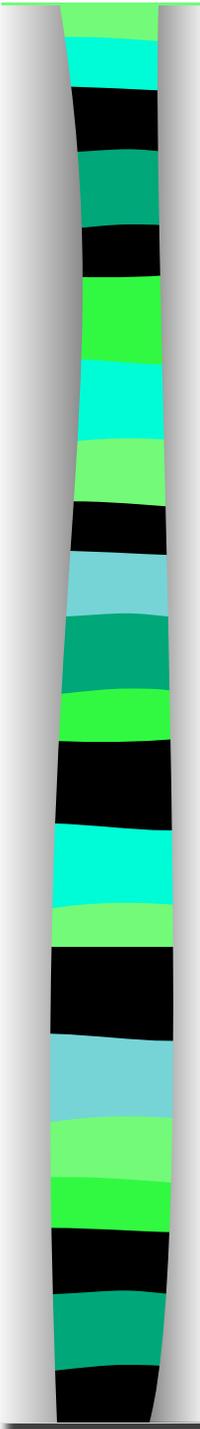


A Respectful Practice

Language can be used to empower or disempower your client. It is very important that we as therapists work actively to empower and respect all our clients. By creating an inclusive practice, you will be creating a universally safer place for all of your clients.

Your session with any client begins with your intake form. You might include a question about pronouns and allow the client to indicate how they like to be referred to. Consider:

Gender: _____ Pronouns: _____



Being Trauma Informed

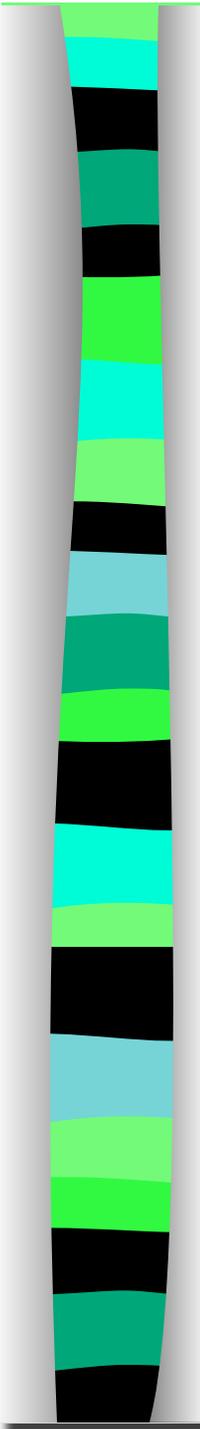
Survivors of Abuse by Ben Benjamin PhD.

<http://www.learningmethods.com/pdf/ethics-survivors%20of%20abuse.pdf>

<https://massagefitnessmag.com/massage/why-massage-therapy-needs-to-be-trauma-informed/>

The Substance Abuse and Mental Health Services (SAMHSA) Administration defines trauma as follows:

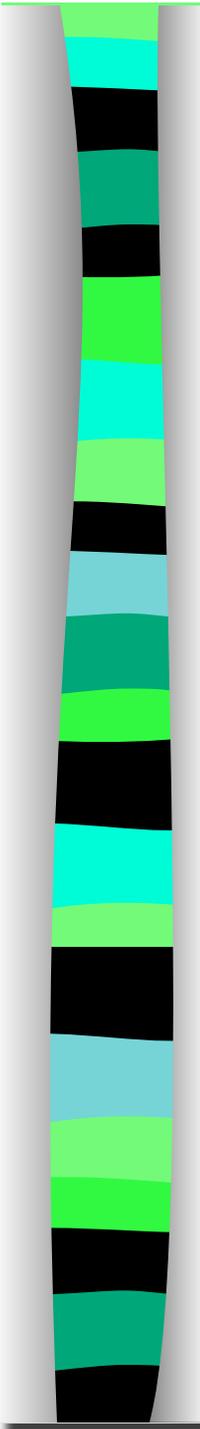
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Types of Trauma

There are variety of sources for trauma. Some are:

- ACE – Adverse Childhood Experiences
- Emotional, Physical, or Sexual Violence
- World Events
- Accidents
- “Death by a thousand cuts”



Being Trauma Informed

Trauma can show up in many ways in the massage therapy setting. From a pause or uneasy feeling to being frozen or paralyzed in shock, numbness or panic. Often the therapist might not be aware of this happening and the client may choose not to disclose that it did.

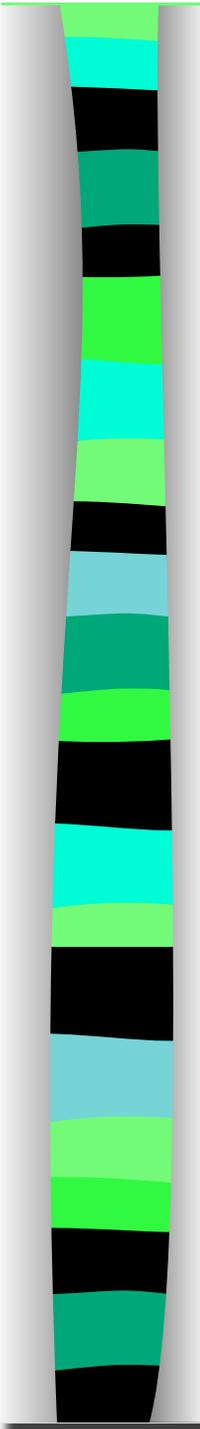
According to SAMHSA, the key trauma-informed practices are:

Realization: About trauma and people's experiences and behavior are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances.

Recognize: The signs of trauma. Emotional trauma symptoms - anxiety and panic attacks, fear, anger, irritability, emotional numbing and detachment, shame and guilt, transference. Physical symptoms - difficulty sleeping or staying asleep, easily startled, edginess, muscle tension, exhaustion, rapid heartbeat, sweating, avoidance, etc. Cognitive - nightmares, difficulty making decisions or concentrating, intrusive thoughts.

Respond: Using this knowledge to inform your policies, procedures, and practices.

Resist: Re-traumatization.



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In trauma-informed bodywork, the therapist should consider:

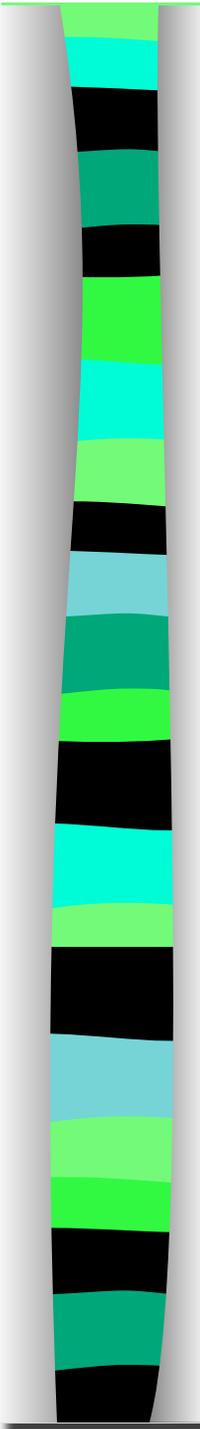
Realize - That by providing a safe therapeutic environment, healing is more likely to occur.

Recognize - That both the therapist and the client will learn from each other every session, sometimes for the better, sometimes not. That is ok and is part of the journey.

Respond - Take classes on trauma-informed care. Learn to hold space for yourself and others. Keep healthy boundaries.

Resist - Go above and beyond to create a safe space. Check on things that make loud noises (alarms, phones, etc.) or might fall/startle. Be clear on draping and how your client feels safe. Be conscious of the power differential.

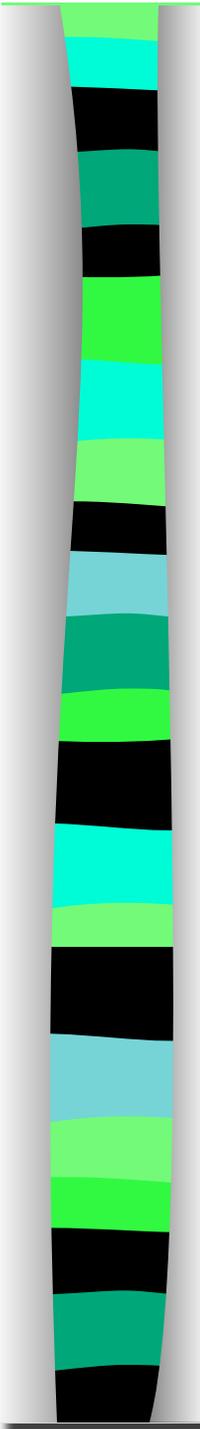
No one expects anyone to know everything all of the time. Together with our clients, we will learn and grow, creating new avenues to have a safe and trauma-informed practice.



Invitation Language

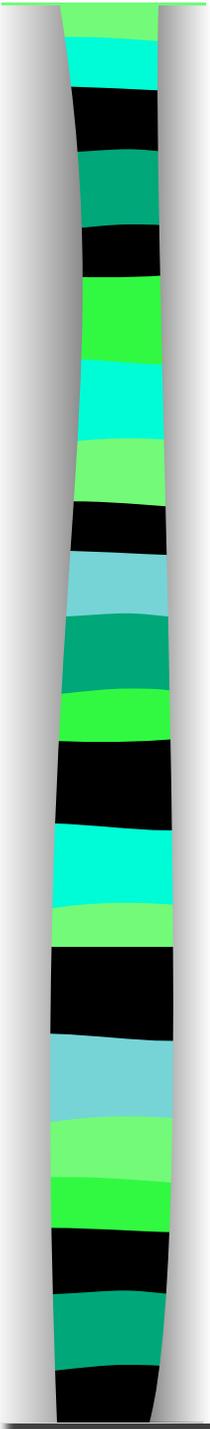
Remind your clients that all or most of your directions are optional. Consider making these changes when you speak:

- I invite you to close your eyes and take a deep breath.
- Feel free to close your eyes when you are lying face up on the table.
- You have the option to be massaged with all of your clothes on, some of them on, or without.
- If you're more comfortable, you can have a seat or stand for the interview.



Consent

- Written - Like check boxes or pictures.
- Verbal - They say whether they consent or not, this should be recorded in your SOAP notes.
- Informed - Do they know where their glutes, pecs, adductors, etc are? Consider showing them and discussing options.
- Physical contact - Consider discussing new or infrequently used techniques or movements before the session that day or before the next visit to give the client time to consider how receptive they are to the technique or movement. An example might be abdominal work or adductor stretches/techniques.



14a H&H:
Compassionate Care for All People