

D. Deep Tissue

Building on your Swedish massage techniques, this segment addresses the link between what you know at this point, and what many clients will desire as additional benefits – deeper work.

How can you deliver what they need, while taking care of yourself?

Read on...

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52b Integration Massage: Deep Swedish

How can you satisfy the desire for deeper work?

Deep Swedish - what is it? How can you do it?

- Intentional
- Grounded
- Focused (technique)

How to deepen your Swedish

- Be clear about receiver wants
- Establish communication
- Relax and lean in, allowing the client's body to provide support
- Focus deeper (intention and visualization)
- Focus techniques:
 - Compressive effleurage (especially on short segments)
 - Lean some weight in on fulling
 - Deepen friction and stripping (warm and go slower)
 - Stay with your hands (don't rush ahead with your mind)
- Remain curious about what you feel

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53a Deep Tissue: Introduction

Deep Tissue Massage Soft tissue work usually employing more pressure and slower work into problem areas. May include trigger points, cross-fiber friction, myofascial release, facilitated stretches, active release techniques, and Deep Massage the Lauterstein Method (without the energetic intent).

Characteristics of Deep Tissue Massage

- Slower
- More pressure
- More focused
- Different tools
 - Forearms
 - Elbows
 - Fists
 - Knuckles
- Different strokes
 - Deep effleurage
 - Deep friction
 - Melting

53a Deep Tissue: Introduction

Considerations when working with more pressure and deeper tissues

Warming

Warming tissues prior to deeper work can serve several important purposes. The mechanical effects of warming tissues with Swedish strokes or friction include reducing tissue tone, increasing tissue flexibility, and dilating the capillary beds stimulating the flow of fluid in and out of the tissues (these tissues may possibly have had restricted flow due to chronic tension). Another important function of warming is the increased time within which your palpation may continue, and your understanding of the underlying pattern may develop.

- Warm the tissues you intend on addressing at a deeper level. Begin superficially at the first felt level of tension, and work progressively deeper.
- Do your warming work at a pace that is slow enough to respect any guarding or protective tension, but quick enough to produce the mechanical warming effects of friction. Don't work so quickly that you lose the awareness of the interface between yourself and your client.
- Employ a variety of techniques. Be creative.
- You will know when the tissues are warm, because they will FEEL warm.

53a Deep Tissue: Introduction

Considerations when working with more pressure and deeper tissues, continued

Palpation

Warming and palpation are the groundwork for gaining access to deeper levels in the body. Palpation can and should be interwoven into your strokes, not necessarily as something separate from that stroke, but as a level of awareness maintained throughout your work. Palpation is information gathering, and that information is valuable to both the therapist and client. Simply bringing awareness to an area can be the beginning of long-term release and/or healing. When someone's attention is brought to a very specific area, the result can be a very DEEP contact, without using heavy pressure.

- Use bony landmarks when possible to bring specificity to your palpation.
- When palpating, instead of thinking "I am looking for something," try the thought or intention "I am finding things."
- One possibly satisfying way of palpating an area of tension is to cross fiber that area gently from where you find tension, towards its origin or insertion. Palpation and massage don't necessarily have to be separate movements.

Intention

Intention entails having a specific purpose in performing an action or series of actions. Intentional behavior can be thought of as thoughtful and deliberate goal-directedness. Intention is necessary when performing deep tissue massage, in order to safely achieve therapeutic results. Work performed without clear intention may not "make sense" to your client.

53a Deep Tissue: Introduction

Considerations when working with more pressure and deeper tissues, continued

Feeling and Listening

While simply performing the physical action of massage may be challenging in and of itself, working at deeper levels requires even greater levels of attention and awareness. The mind will be drawn here and there, and must be brought back time and again, to the contact you are making. With time and practice, it will become easier to tune out the extraneous thoughts, by honing your intention and focus on the interplay occurring at your point of contact.

- **Feeling** is simply that. Feel within your own body, the surface of the tool you are using. Feel the skin, muscle and bone of your structure, as you apply that surface to your client. Feel the quality of the client's tissue, and feel for any change in the tissue's tension, mobility, temperature, etc. as you glide through.
- **Listening** is the conscious act of being open and attentive. Listen for tissue changes as a result of your work. Such as release of tension when the stroke is done well, or muscle contraction due to moving too fast at a deep level, or sinking in deep too quickly. A deep breath may indicate an assimilation of the work into the client's system, and a squirm may be telling you the pressure is too great. Listening is the first step in having a conversation with your client's body.

53a Deep Tissue: Introduction

Some general guidelines

- Begin strokes by sinking to the appropriate depth where possible.
- Work slowly when working at depth. Moving too fast in deeper layers can cause reactive contraction, which may be uncomfortable and possibly counterproductive.
- Load the tissue in the desired direction and allow it to relax and slide beneath your contact.
- Direct your force through your structure by keeping joints closer to straight where possible, allowing you to soften your tools by reducing the muscular tension needed to engage them.
- Use your non-working hand to support yourself where possible.

The techniques in this section were chosen based upon several factors. One important factor was that the stroke be easy enough to apply that the pressure required is not maximum output for the therapist. This allows the therapist control over the technique, and doesn't dull the therapists ability to feel by overloading pressure receptors in the therapist's chosen tool. If you find yourself giving maximum output, rethink your contact and approach. The techniques in this section do not represent a complete list of deep tissue techniques, nor are they intended to be performed in order as a routine or treatment. They are intended to elevate your massage by making it more engaging for both you and the client.

53a Deep Tissue: Introduction

Endangerment Sites

- **Popliteal fossa** The diamond shaped space located on the posterior knee. It is formed by the hamstrings above, and the heads of gastrocnemius and plantaris below. Several important vessels pass through the popliteal space, including the popliteal artery and vein, the tibial and common peroneal nerves, and several lymph nodes. This area is locally contraindicated for massage other than light effleurage, unless therapist has specialized training and experience.
- **Femoral triangle** The area formed by the inguinal ligament, adductor longus, and sartorius. Several important vessels, including the femoral artery, nerve, and vein, pass superficially through the femoral triangle.

53b Deep Tissue: Technique Demo and Practice – Posterior Upper Body

Overview: Posterior Upper Body

Infraspinatus and Teres Minor
Deep Effleurage

Triceps Brachii
Deep Effleurage

Upper Trapezius, Supraspinatus, and Levator Scapula
Deep Effleurage

Rhomboids
Deep Effleurage

Erector Spinae Group
Deep Effleurage

Quadratus Lumborum
Deep Effleurage

53b Deep Tissue: Technique Demo and Practice – Posterior Upper Body

Infraspinatus and Teres Minor

Deep Effleurage

- Warm, mobilize, and soften
- Hang the client's arm off the side of the table
- Stand alongside the client facing up the table
- Stand right next to the arm
- Work from origin to insertion using a loose fist of the inside hand
- Drop into your stance to achieve pressure
- Work more anteriorly than superiorly
- Feel and listen for adhesions, trigger points, or areas of tension

Triceps Brachii

Deep Effleurage

- Warm, mobilize, and soften
- Hang the client's arm off the side of the table
- Stand in a lunge alongside the client's waist facing up the table
- Outside hand grasps beneath the biceps and adducts the arm until your fingertips nestle against the table
- Work from insertion to origin using a loose fist of the inside hand addressing the medial and long heads of triceps brachii
- Drop into your stance to achieve pressure
- Inside hand switches to lightly traction the arm while the outside hand addresses the lateral head of triceps brachii
- Drop into your stance to achieve pressure
- Feel and listen for adhesions, trigger points, or areas of tension

53b Deep Tissue: Technique Demo and Practice – Posterior Upper Body

Upper Trapezius, Supraspinatus, and Levator Scapula

Deep Effleurage

- Warm, mobilize, and soften
- Standing at the head of the table facing down
- Use soft fist of inside hand, thumb/radial side up
- Brace your elbow against your abdomen and lean in to increase pressure
- Compressively effleurage from base of neck to acromion
- Lighten up over bony areas
- Feel and listen for adhesions, trigger points, or areas of tension

Rhomboids

Deep Effleurage

- Warm, mobilize, and soften
- Standing at the head of the table facing down toward the feet
- Use your lunge for movement
- If you are working on the right side of the body, use your right proximal ulna, and vice versa for the left side
- Stroke inferiorly across the rhomboid insertions close to the vertebral border of the scapula
- Feel and listen for adhesions, trigger points, or areas of tension

53b Deep Tissue: Technique Demo and Practice – Posterior Upper Body

Erector Spinae Group

Deep Effleurage

- Warm, mobilize, and soften
- Stand facing down the table near the corner
- Use the proximal ulna of the inside arm to make two passes of deep effleurage down the back, beginning near T1
- **First pass:** the ulna is parallel to spine and positioned just lateral to spinous processes (Be careful not to dig into them)
- Sink in, then glide down through the lamina groove, addressing spinalis and multifidi, and end on the sacrum
- It may be necessary to lift the hand to avoid running it into the gluteals as you approach the low back. Be aware of how this movement sharpens your contact and reduce pressure accordingly
- **Second pass:** begin in same spot as first, near T1 with ulna parallel to spine
- As soon as possible begin to angle the forearm laterally as you continue to stroke inferiorly
- This pass is more lateral, addressing longissimus and iliocostalis
- When you reach the ilium, use the soft forearm flexors to cross over the iliac crest and finish stroke in the upper gluteals
- Feel and listen for adhesions, trigger points, or areas of tension

Quadratus Lumborum

Deep Effleurage

- Warm, mobilize, and soften
- Stand in a lunge next to the lower ribs
- Face down the table toward the lumbar area at a 45° angle
- Use the forearm/proximal ulna of the foot hand to sink into the corner created by the spine and ilium
- Draw your contact laterally and anteriorly
- Move slowly and avoid contacting the 12th rib
- Be careful not to pinch the body near the table
- Feel and listen for adhesions, trigger points, or areas of tension

54b Deep Tissue: Technique Demo and Practice – Posterior Lower Body

Overview: Posterior Lower Body

Latissimus Dorsi, Erector Spinae, and Gluteals
Broad Cross Fiber

Gluteus Maximus
Deep Effleurage

Hamstrings
Deep Effleurage
Deep Transverse Friction and Melting

Gastrocnemius and Soleus
Deep Effleurage
Stripping

Endangerment Sites

- **Popliteal fossa** The diamond shaped space located on the posterior knee. It is formed by the hamstrings above, and the heads of gastrocnemius and plantaris below. Several important vessels pass through the popliteal space, including the popliteal artery and vein, the tibial and common peroneal nerves, and several lymph nodes. This area is locally contraindicated for massage other than light effleurage, unless therapist has specialized training and experience.

54b Deep Tissue: Technique Demo and Practice – Posterior Lower Body

Latissimus Dorsi, Erector Spinae, and Gluteals

Broad Cross Fiber

- Warm, mobilize, and soften
- Drape the prone leg so that the lumbar area is also exposed
- Standing at the iliac crest, facing across the table
- Use loose fists side by side, with iliac crest in between hands
- Stroke laterally from the midline
- Keep arms straight as possible without hiking shoulders
- Drop into stance to achieve pressure and movement
- Stop before pinching tissue against table
- Feel and listen for adhesions, trigger points, or areas of tension

Gluteus Maximus

Deep Effleurage

- Warm, mobilize, and soften
- Standing in a lunge next to the low back, facing down the table
- Use inside forearm or fist to stroke across the origins of gluteus maximus
- If using the forearm, position with ulna parallel to lateral edge of the sacrum
- Repeat deep effleurage in several passes by angling the forearm more perpendicular to the lateral edge of the sacrum
- Feel and listen for adhesions, trigger points, or areas of tension

54b Deep Tissue: Technique Demo and Practice – Posterior Lower Body

Hamstrings

Deep Effleurage

- Warm, mobilize, and soften
- Standing in a lunge by the calf, facing up the table
- Work from insertion to origin using the inside forearm/proximal ulna
- Begin more generally and superficially, with a broader tool
- Perform multiple passes and begin to isolate the individual bellies of the hamstrings as you sharpen your tool by using the proximal ulna
- Feel and listen for adhesions, trigger points, or areas of tension

Deep Transverse Friction and Melting

- Warm, mobilize, and soften
- Standing in a lunge at the hip, facing across the table
- Use supported fingers to apply deep transverse friction to medial and lateral hamstrings, working from origin to insertion
- Feel and listen for adhesions, trigger points, or areas of tension

54b Deep Tissue: Technique Demo and Practice – Posterior Lower Body

Gastrocnemius and Soleus

Deep Effleurage

- Warm, mobilize, and soften
- Standing in a lunge next to the client's lower leg, facing up the table
- Work from insertion to origin using the inside forearm or loose fist
- Effleurage the calf in multiple passes to address the medial and lateral aspects
- Begin more generally and superficially, with a broader tool
- Check in with client about pressure, and use caution and patience when approaching areas of tension
- Feel and listen for adhesions, trigger points, or areas of tension

Stripping

- Warm, mobilize, and soften
- Standing in a lunge next to the client's lower leg, facing up the table
- Work from insertion to origin using supported fingers or thumbs
- Check in with client about pressure, and use caution and patience when approaching areas of tension
- Feel and listen for adhesions, trigger points, or areas of tension

55b Deep Tissue: Technique Review and Practice – Posterior Upper and Lower Body

Posterior Upper and Lower Body

Infraspinatus and Teres Minor

Deep Effleurage

Triceps Brachii

Deep Effleurage

Upper Trapezius, Supraspinatus, and Levator Scapula

Deep Effleurage

Rhomboids

Deep Effleurage

Erector Spinae Group

Deep Effleurage

Quadratus Lumborum

Deep Effleurage

Latissimus Dorsi, Erector Spinae, and Gluteals

Broad Cross Fiber

Gluteus Maximus

Deep Effleurage

Hamstrings

Deep Effleurage

Deep Transverse Friction and Melting

Gastrocnemius and Soleus

Deep Effleurage

Stripping

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57b Deep Tissue: Technique Demo and Practice – Anterior Lower Body

Overview: Anterior Lower Body

Tensor Fasciae Latae

BMT Fiber Spreading

Sartorius and Vastus Medialis

Deep Effleurage

Rectus Femoris, Vastus Lateralis, IT Tract

Deep Effleurage

Gluteus Medius, Gluteus Minimus, and TFL

Stripping

Distal Quadriceps, and Quadriceps Tendon

Petrissage

Thumb Wringing/Fiber Spreading

Tibialis Anterior, and Extensors of the Ankle and Toes

Deep Longitudinal Stripping

Endangerment Sites

- **Femoral triangle** The area formed by the inguinal ligament, adductor longus, and sartorius. Several important vessels, including the femoral artery, nerve, and vein, pass superficially through the femoral triangle.

57b Deep Tissue: Technique Demo and Practice – Anterior Lower Body

Tensor Fasciae Latae

BMT Compression and Fiber Spreading

- Warm, mobilize, and soften
- Standing in a short lunge facing the TFL and across the body
- Head hand contacts TFL using a soft fist or the heel of the palm
- Either compress and hold, or perform fiber spreading laterally across TFL as the foot hand simultaneously rocks the leg medially and laterally
- Make sure the rocking hand is making contact broadly and softly
- Feel and listen for adhesions, trigger points, or areas of tension

Sartorius and Vastus Medialis

Deep Effleurage

- Warm, mobilize, and soften
- Standing in a lunge by the client's lower leg, facing up the table
- Begin at the distal end of vastus medialis, use the inside forearm to effleurage proximally to the ASIS
- Follow the line of sartorius or of the drape, whichever is lower
- Outside hand may brace inside forearm, or press into the table next to the leg for support
- Feel and listen for adhesions, trigger points, or areas of tension

57b Deep Tissue: Technique Demo and Practice – Anterior Lower Body

Rectus Femoris, Vastus Lateralis, and IT Tract

Deep Effleurage

- Warm, mobilize, and soften
- Standing in a lunge next to the client's lower leg, facing up the table
- To gain optimal contact and to avoid contacting the groin, position the leg into a neutral position by medially rotating it
- **First:** effleurage rectus femoris proximally using the inside forearm, beginning superior to the patella, and lightening up near the end of the stroke
- Brace your forearm with outside hand when possible to reduce effort
- **Second:** switching the roles of your arms, effleurage the anterolateral quads proximally using the outside forearm, beginning superior to the patella
- **Third:** effleurage the lateral quads proximally using the outside forearm, beginning superior to the patella, and lightening up near the greater trochanter
- Feel and listen for adhesions, trigger points, or areas of tension

Gluteus Medius, Gluteus Minimus, and TFL

Stripping

- Warm, mobilize, and soften
- Sit in a chair facing the hip at a 45° degree angle
- Using supported fingertips, sink in just superior to the greater trochanter and strip toward the iliac crest
- Repeat this stroke taking different angles away from the trochanter
- Adjust your body and tool to suit the client
- Feel and listen for adhesions, trigger points, or areas of tension

57b Deep Tissue: Technique Demo and Practice – Anterior Lower Body

Distal Quadriceps and Quadriceps Tendon

Petrissage

- Warm, mobilize, and soften
- Standing in a lunge by the lower leg, facing up the table
- Very similar to Swedish heel pinching, but on the distal quads
- Interlace fingers, placing palms on either side of leg above the knee
- Squeeze palms together, squeezing and lifting the distal quadriceps away from the femur
- Rock the contact toward the little fingers as you move forward in your lunge
- Feel and listen for adhesions, trigger points, or areas of tension

Thumb Wringing / Fiber Spreading

- Warm, mobilize, and soften
- Standing in a short lunge by the lower leg, facing up the table
- Use thumb tips to wring and spread fibers of quadriceps tendon and distal rectus femoris
- Repeat stroke multiple times
- Stand tall and drop into stance to achieve pressure
- Feel and listen for adhesions, trigger points, or areas of tension

57b Deep Tissue: Technique Demo and Practice – Anterior Lower Body

Tibialis Anterior and Extensors of the Ankle and Toes

Deep Longitudinal Stripping

- Warm, mobilize, and soften
- Standing in a lunge, facing up the table
- Placing your inside thumb on the tibialis anterior, cover it with your outside palm or fingers to strip proximally
- Inside hand uses proper alignment of the bony structures to provide forward movement, while the palm applies pressure down onto tip of thumb
- Work in sections and address the entire anterior compartment
- Feel and listen for adhesions, trigger points, or areas of tension

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58b Deep Tissue: Technique Demo and Practice – Anterior Upper Body

Overview: Anterior Upper Body

Pectoralis Major

Compressive Effleurage
Superficial and Deep Friction

Anterior Deltoid, Biceps Brachii, Brachialis, and Brachioradialis

BMT Fiber Spreading

Forearm Flexors and Extensors

Superficial and Deep Friction
Stripping with Traction

Thenar and Hypothenar Eminences

Cross Fiber Friction

58b Deep Tissue: Technique Demo and Practice – Anterior Upper Body

Pectoralis Major

Compressive Effleurage

- Warm, mobilize, and soften
- Standing in a lunge next to the client's torso, facing up the table
- Using the heel of the inside hand, compress pectoralis major and stroke toward the insertion with the fingers leading the way
- Using the outside hand, follow up with a lighter, soothing stroke leading with the heel of the palm
- Alternate between compressive and soothing strokes in a hand chasing hand fashion
- **Alternative:** use your outside hand to hold the client's forearm with the shoulder abducted 90 degrees and elbow bent, effleurage compressively with the inside hand
- Feel and listen for adhesions, trigger points, or areas of tension

Superficial and Deep Friction

- Warm, mobilize, and soften
- Standing in a short lunge near the client's shoulder, facing the table
- Using your fingertips, apply circular friction to pectoralis major
- Begin with superficial friction, sliding over the skin
- As you encounter areas of interest you may sink to a deeper level and apply deep friction (circular or cross-fiber) or melting
- Experiment with client's arm positioning and body position alongside table to introduce stretch or slack in the tissues.
- If client's arm is very heavy, the arm may remain by their side, or lie at the side or top corner of table if comfortable for client
- Feel and listen for adhesions, trigger points, or areas of tension

58b Deep Tissue: Technique Demo and Practice – Anterior Upper Body

Anterior Deltoid, Biceps Brachii, Brachialis, and Coracobrachialis

BMT Fiber Spreading

- Warm, mobilize, and soften
- Standing alongside the client, facing up the table
- Inside hand flexes the client's elbow to 90 degrees
- **First:** the outside hand compresses the anterior deltoid with the thenar eminence as the inside hand medially rotates the shoulder
- Add 90 degrees of shoulder abduction
- **Second:** inside hand compressions and spreads fibers of biceps brachii and brachialis as outside hand medially rotates the shoulder, shifting contact each time you reset to address the full length of the anterior humerus musculature
- **Third:** inside hand compressions and spreads fibers of biceps brachii and brachialis as outside hand laterally rotates the shoulder, shifting contact each time you reset to address the full length
- Reduce shoulder abduction to 30 degrees
- **Fourth:** Use the thenar eminence of your outside hand to compress brachioradialis and brachialis while the inside hand medially rotates the shoulder, extends the elbow, and pronates the forearm
- Feel and listen for adhesions, trigger points, or areas of tension

Forearm Flexors and Extensors

Superficial and Deep Friction

- Warm, mobilize, and soften
- Standing in a lunge alongside the client, facing up the table
- Using thumbs or fingertips, cross fiber friction the bellies of the forearm flexors and extensors
- Use whatever arm position allows you good access and contact, while properly supporting client
- Vary the pace and depth according to your intention: Circulatory emphasis (quicker/lighter) versus more structural (slower/deeper)
- Feel and listen for adhesions, trigger points, or areas of tension

58b Deep Tissue: Technique Demo and Practice – Anterior Upper Body

Forearm Flexors and Extensors

Stripping with Traction

- Warm, mobilize, and soften
- Standing by the thigh, facing up the table
- Grasp the forearm with both thumbs together on top, near the lateral epicondyle, and the fingertips curled into the forearm flexors on bottom
- Squeeze and strip distally by leaning back, drawing your contact through the bellies of the flexors and extensors
- Lighten up as you pass the midway point (the muscles becomes very tendinous and too much pressure near the wrist could be painful)
- Feel and listen for adhesions, trigger points, or areas of tension

Thenar and Hypothenar Eminences

Cross Fiber Friction

- Warm, mobilize, and soften
- Standing by the thigh, facing up the table
- Using thumb tips, apply cross fiber friction to the thenar and hypothenar eminences
- You may choose to interlace your fingers with those of the client, or not
- Feel and listen for adhesions, trigger points, or areas of tension

59b Deep Tissue: Technique Review and Practice – Anterior Lower and Upper Body

Anterior Lower and Upper Body

Tensor Fasciae Latae

BMT Fiber Spreading

Sartorius and Vastus Medialis

Deep Effleurage

Rectus Femoris, Vastus Lateralis, and IT Tract

Deep Effleurage

Gluteus Medius, Gluteus Minimus, and TFL

Stripping

Distal Quadriceps, and Quadriceps Tendon

Petrissage

Thumb Wringing/Fiber Spreading

Tibialis Anterior, and Extensors of the Ankle and Toes

Deep Longitudinal Stripping

Pectoralis Major

Compressive Effleurage

Superficial and Deep Friction

Anterior Deltoid, Biceps Brachii, Brachialis, and Brachioradialis

BMT Fiber Spreading

Forearm Flexors and Extensors

Superficial and Deep Friction

Stripping with Traction

Thenar and Hypothenar Eminences

Cross Fiber Friction

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61b Deep Tissue: Guided Full Body

Posterior Upper and Lower Body

Infraspinatus and Teres Minor

Deep Effleurage

Triceps Brachii

Deep effleurage

Upper Trapezius, Supraspinatus, and Levator Scapula

Deep Effleurage

Rhomboids

Deep Effleurage

Erector Spinae Group

Deep Effleurage

Quadratus Lumborum

Deep Effleurage

Latissimus Dorsi, Erector Spinae, and Gluteals

Broad Cross Fiber

Gluteus Maximus

Deep Effleurage

Hamstrings

Deep Effleurage

Deep Transverse Friction and Melting

Gastrocnemius and Soleus

Deep Effleurage

Stripping

61b Deep Tissue: Guided Full Body

Anterior Lower and Upper Body

Tensor Fasciae Latae

BMT Fiber Spreading

Sartorius and Vastus Medialis

Deep Effleurage

Rectus Femoris, Vastus Lateralis, and IT Tract

Deep Effleurage

Gluteus Medius, Gluteus Minimus, and TFL

Stripping

Distal Quadriceps and Quadriceps Tendon

Petrissage

Thumb Wringing/Fiber Spreading

Tibialis Anterior, and Extensors of the Ankle and Toes

Deep Longitudinal Stripping

Pectoralis Major

Compressive Effleurage

Superficial and Deep Friction

Anterior Deltoid, Biceps Brachii, Brachialis, and Brachioradialis

BMT Fiber Spreading

Forearm Flexors and Extensors

Superficial and Deep Friction

Stripping with Traction

Thenar and Hypothenar Eminences

Cross Fiber Friction

63b Integration Massage: Swedish, Passive Stretches, BMTs, and Deep Tissue

Posterior Upper Body

Swedish

BMTs

- 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

Stretches

- None

Deep Tissue

- Infraspinatus and Teres Minor
 - Deep Effleurage
- Triceps Brachii
 - Deep Effleurage
- Upper Trapezius, Supraspinatus, and Levator Scapula
 - Deep Effleurage
- Rhomboids
 - Deep Effleurage
- Erector Spinae Group
 - Deep Effleurage
- Quadratus Lumborum
 - Deep Effleurage

63b Integration Massage: Swedish, Passive Stretches, BMTs, and Deep Tissue

Posterior Lower Body

Swedish

BMTs

- Prone Leg Rocking Compressions
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- Ankle & Knee Mobilization with Plantar Compressions

Stretches

- Quadriceps femoris

Deep Tissue

- Latissimus Dorsi, Erector Spinae, and Gluteals
 - Broad Cross Fiber
- Gluteus Maximus
 - Deep Effleurage
- Hamstrings
 - Deep Effleurage
 - Deep Transverse Friction and Melting
- Gastrocnemius and Soleus
 - Deep Effleurage
 - Stripping

63b Integration Massage: Swedish, Passive Stretches, BMTs, and Deep Tissue

Anterior Lower Body **Swedish**

BMTs

- Supine Hip Rotation with Leg Compressions
- Pulsing Hip Traction from the Ankle
- Hip Medial Rotations from the Ankle

Stretches

- Gluteals
- Low Back
- Adductors
- Gastrocnemius/Soleus
- Tibialis Anterior

Deep Tissue

- Tensor Fasciae Latae
 - BMT Fiber Spreading
- Sartorius and Vastus Medialis
 - Deep Effleurage
- Rectus Femoris, Vastus Lateralis, and IT Tract
 - Deep Effleurage
- Gluteus Medius, Gluteus Minimus, and TFL
 - Stripping
- Distal Quadriceps, and Quadriceps Tendon
 - Petrissage
 - Thumb Wringing/Fiber Spreading
- Tibialis Anterior, and Extensors of the Ankle and Toes
 - Deep Longitudinal Stripping

63b Integration Massage: Swedish, Passive Stretches, BMTs, and Deep Tissue

Anterior Upper Body **Swedish**

BMTs

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

Stretches

- Pectoralis major
- Latissimus Dorsi
- Rhomboids
- Neck Lateral Rotation
- Neck Rotation

Deep Tissue

- Pectoralis Major
 - Compressive Effleurage
 - Superficial and Deep Friction
- Anterior Deltoid, Biceps Brachii, Brachialis, and Brachioradialis
 - BMT Fiber Spreading
- Forearm Flexors and Extensors
 - Superficial and Deep Friction
 - Stripping with Traction
- Thenar and Hypothenar Eminences (Cross Fiber Friction)