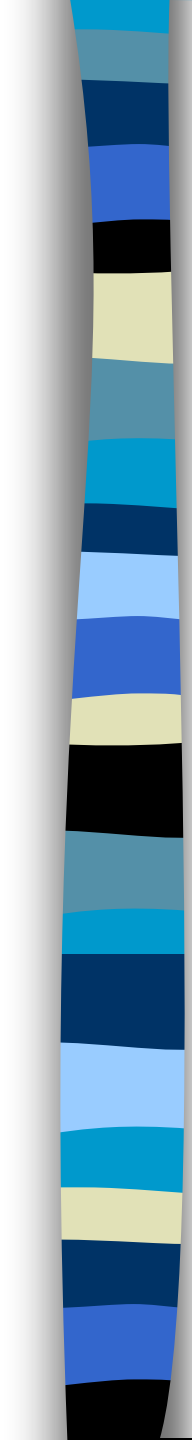




## 15a H&H: Compassionate Care for All People



## 15a H&H: Compassionate Care for All People Class Outline

5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture: Sternocleidomastoid, Levator Scapula
<u>45 minutes</u>	Lecture: Compassionate Care for All People
60 minutes	Total



# 15a H&H: Compassionate Care for All People

## Class Reminders

### **Assignments:**

- 17a Review Questions (A: 131-140)

### **Quizzes and Exams:**

- 17a Quiz
- 18a Kinesiology Quiz (biceps brachii, coracobrachialis, sternocleidomastoid, levator scapula, scalenes, frontalis, occipitalis, temporalis, masseter)
- 19a Quiz
- 21a Exam

### **Preparation for upcoming classes:**

- 16a A&P: Skeletal System - Synovial Joints
  - Trail Guide: scalenes
  - Salvo: Pages 418-427
  - Packet E: 21-24
  - RQ Packet A-138
- 16b Swedish: Technique Demo and Practice - Neck, Face, and Scalp
  - Packet F: 51-54



# 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.*

# Sternocleidomastoid

Trail Guide, Page 244



Anterolateral View

## **Sternocleidomastoid**

is located on the lateral and anterior aspects of the neck.

It has a large belly with two heads:

- A flat, clavicular head
- A slender, sternal head

The carotid artery passes deep and medial to the SCM.

The external jugular vein lies superficial to the SCM.

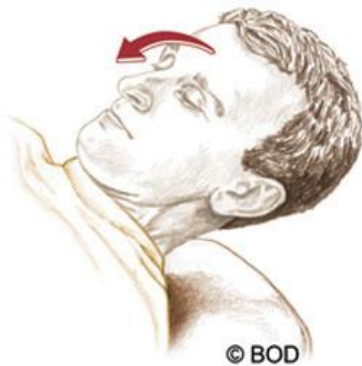
# Actions of Sternocleidomastoid



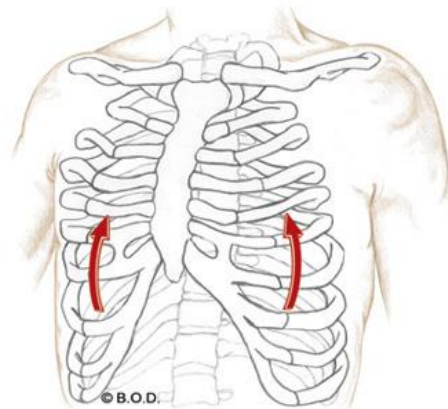
Lateral flexion of the head and neck



Rotation of the head and neck to the opposite



Flex the head and neck



Assist to elevate the ribcage during inhalation

# Sternocleidomastoid, page 244

**A** *Unilaterally:*

**Laterally flex** the head and neck to the same side

**Rotate** the head and neck to the opposite side

*Bilaterally:*

**Flex** the head and neck

Assist to **elevate** the ribcage during inhalation

**O** *Sternal head:*

Top of manubrium

*Clavicular head:*

Medial one-third of the clavicle

**I** Mastoid process of temporal bone

Lateral portion of superior nuchal line of occiput



Lateral View



# Sternocleidomastoid, page 244

**A** *Unilaterally:*  
**Laterally flex** the head and neck to the  
same side

**Rotate** the head and neck to the opposite  
side

*Bilaterally:*  
**Flex** the head and neck  
Assist to **elevate** the ribcage during inhalation

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Top of manubrium

*Clavicular head:*  
Medial one-third of the clavicle

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Lateral View





# Sternocleidomastoid, page 244

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*Bilaterally:*

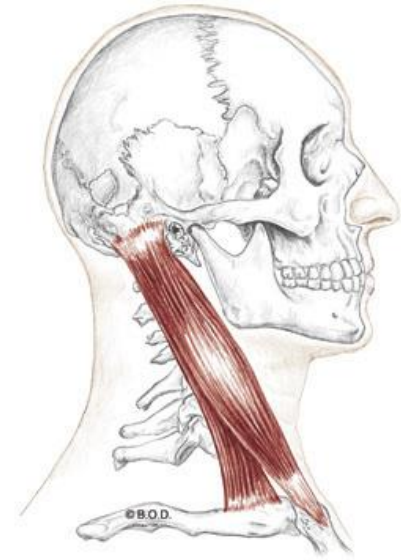
**Flex** the head and neck

Assist to **elevate** the ribcage during inhalation

**O** *Sternal head:*  
Top of manubrium

*Clavicular head:*  
Medial one-third of the clavicle

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Lateral View



# Sternocleidomastoid, page 244

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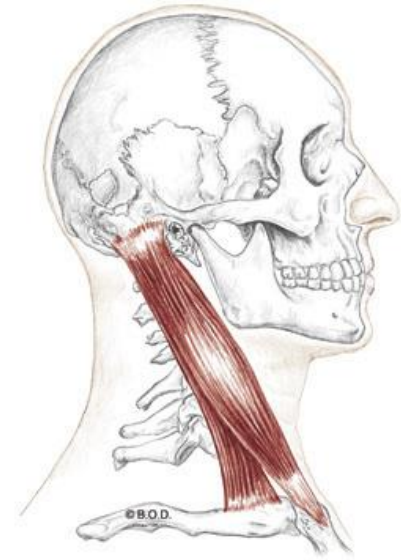
Top of manubrium

*Clavicular head:*

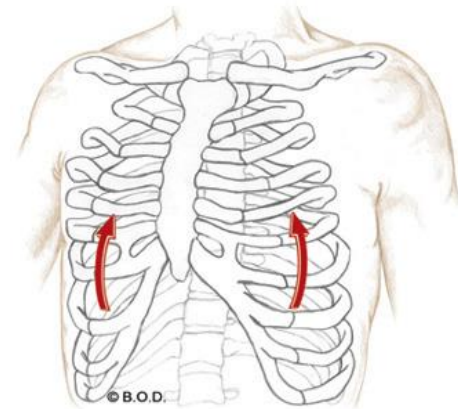
Medial one-third of the clavicle

**I** Mastoid process of temporal bone

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Lateral View



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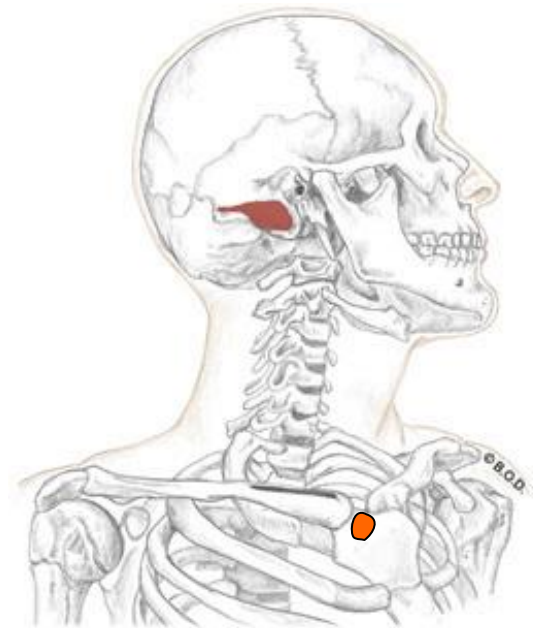
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Lateral View



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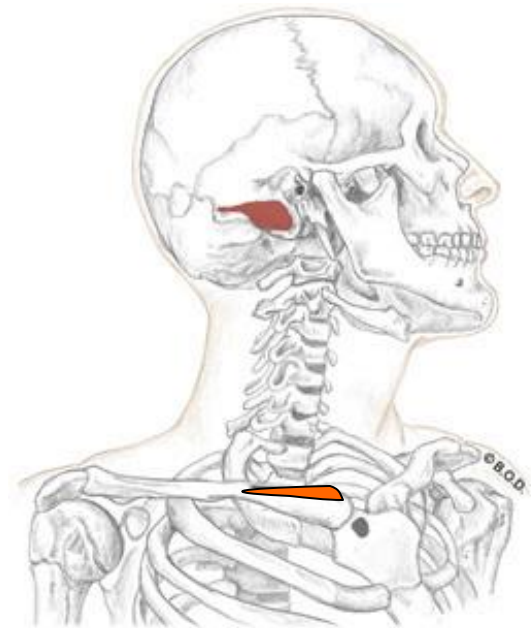
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Lateral View



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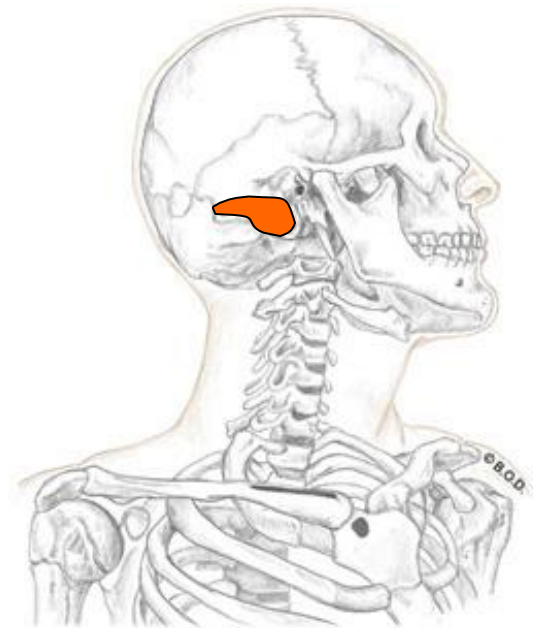
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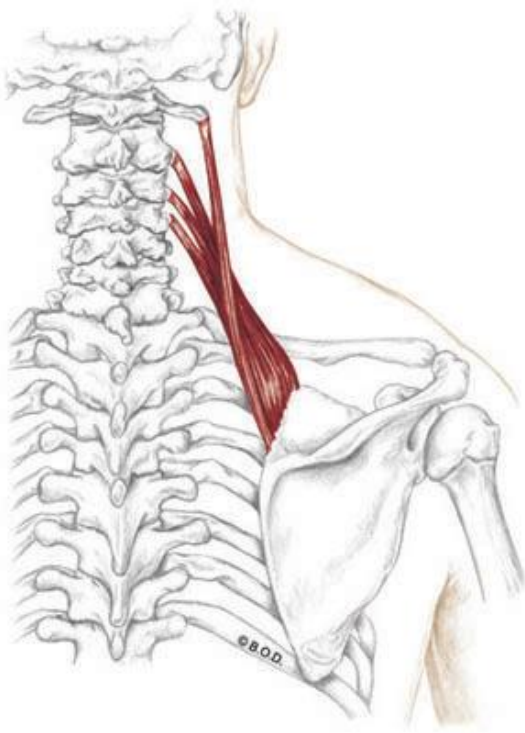


Lateral View



# Levator Scapula

## Trail Guide, Page 83



Posterior View

**Levator Scapula** is located on the lateral and posterior sides of the neck.

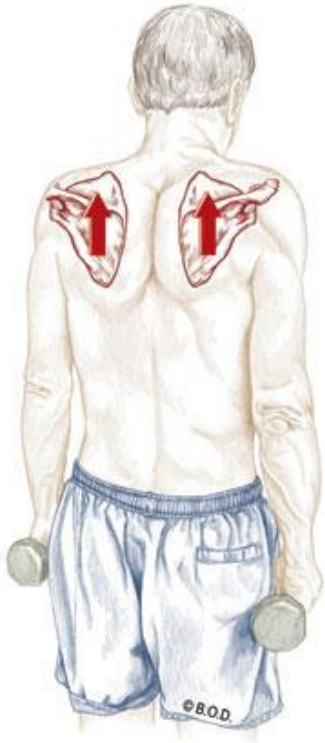
The inferior portion is deep to trapezius, but the superior portion is superficial on the lateral side of the neck.

Its belly is approximately two fingers wide with fibers that naturally twist around themselves.

What actions does the levator scapula perform?



# Actions of Levator Scapula



Scapulothoracic  
elevation



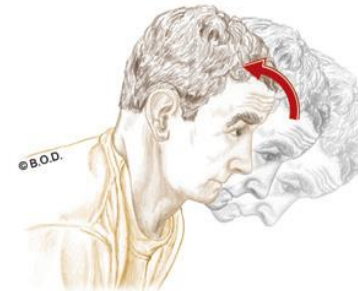
Scapulothoracic  
downward  
rotation



Lateral  
flexion of  
the head  
and neck



Rotation of the  
head and neck to  
the same side



Extension of  
the head and  
neck

# Levator Scapula, page 84

**A** *Unilaterally:*

**Elevate** the scapula, AKA: scapulothoracic joint

**Downwardly rotate** the scapula, AKA: S/T joint

**Laterally flex** the head and neck

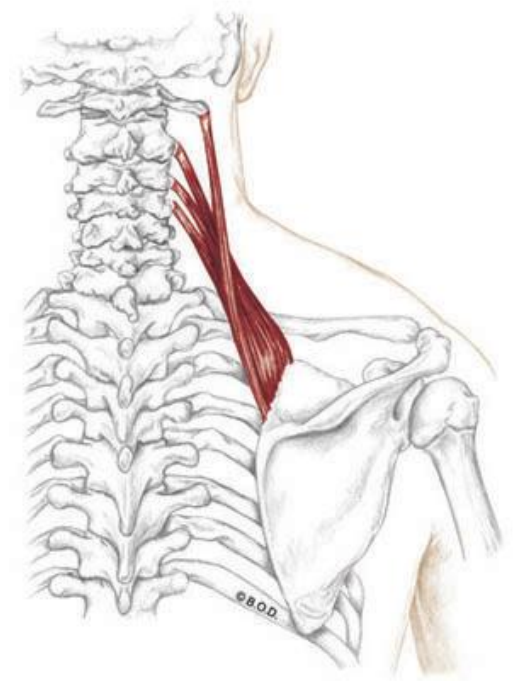
**Rotate** the head and neck to the same side

*Bilaterally:*

**Extend** the head and neck

**O** Transverse processes of first through fourth cervical vertebrae

**I** Medial border of scapula, between superior angle and superior portion of spine of scapula



Posterior View





# Levator Scapula, page 84

**A** *Unilaterally:*

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**Downwardly rotate** the scapula, AKA: S/T joint

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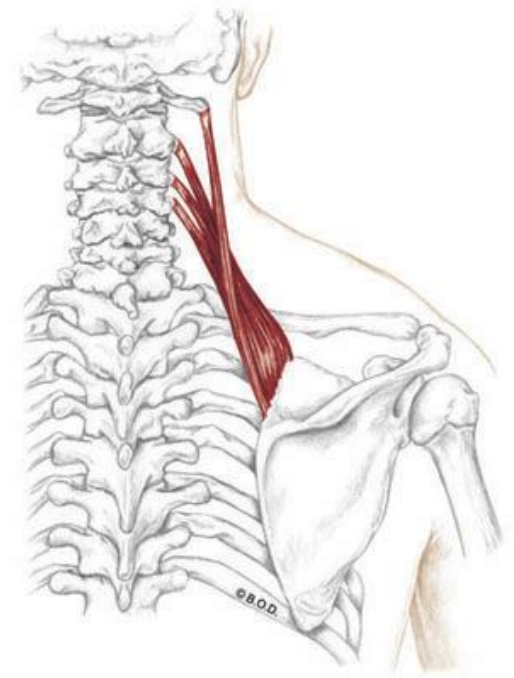
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Posterior View

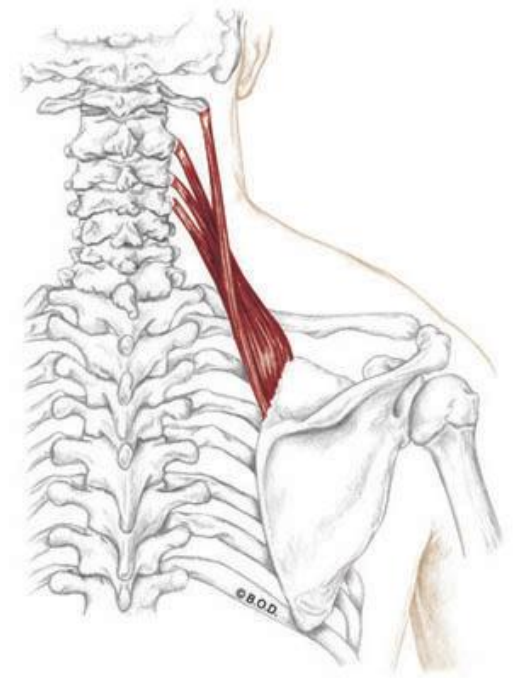


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Posterior View



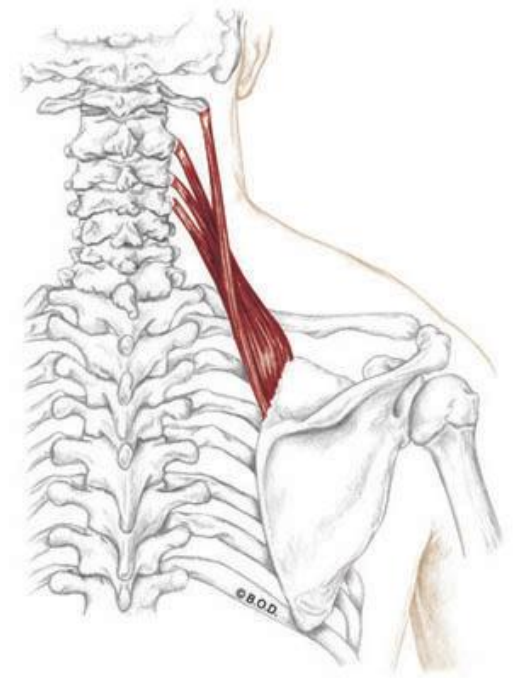
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Posterior View



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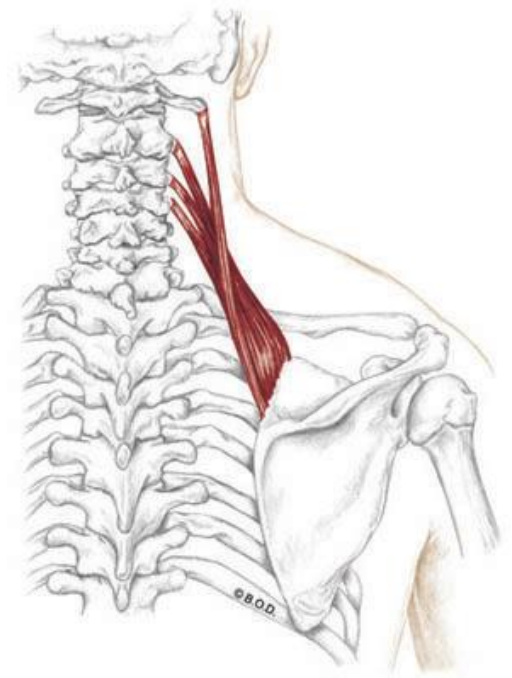
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Posterior View



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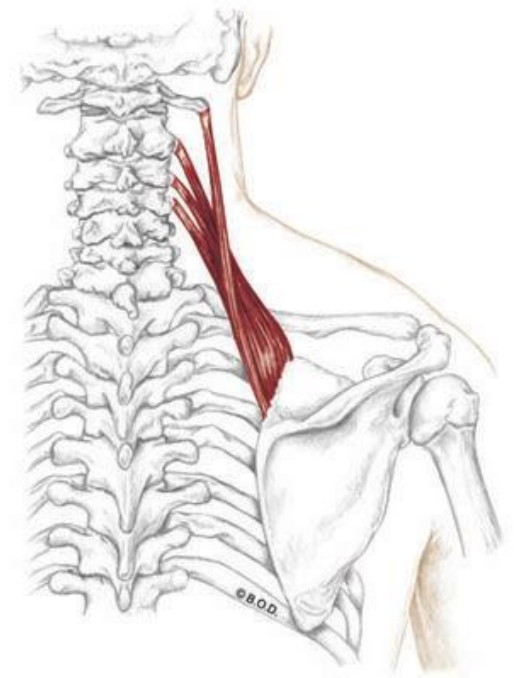
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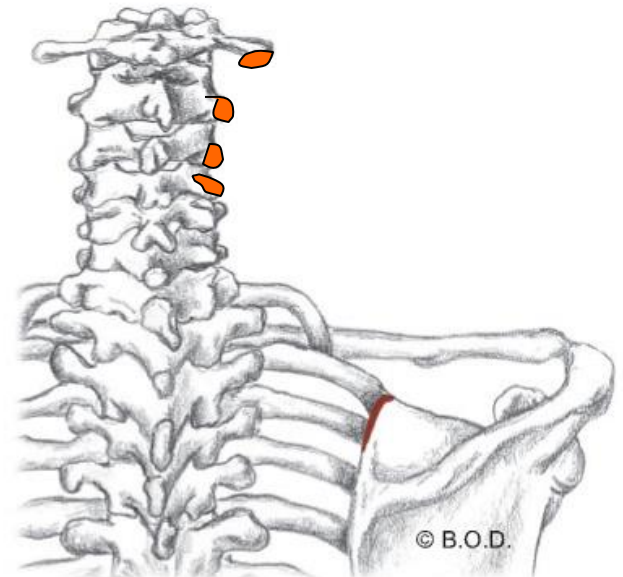
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Posterior View



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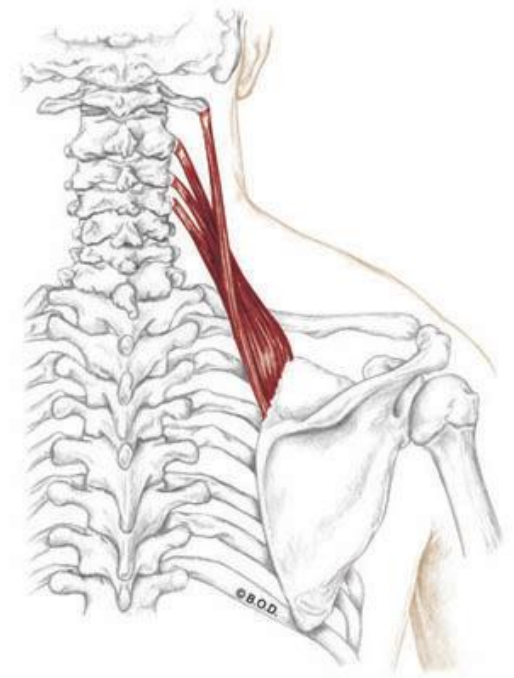
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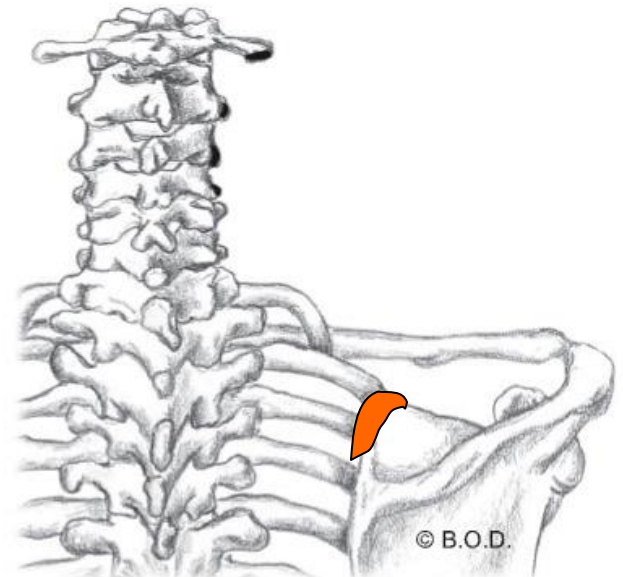
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Posterior View



# 15a 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.

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



# 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

**CAN'T WE JUST FIND THIS ARTICLE AND GIVE TO THE STUDENTS?**

# 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. Sex and gender may or may not be 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

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!

# Become Informed

Gender identities and gender expression are not pathologies, nor are they the same thing. This is an important distinction.

*Identity* is who one knows they are on the inside.

*Expression* is how one presents themselves to others.

These terms are also separate from *sexual orientation*, which refers to whom one is attracted, sexually.

The terms *transgender* and *intersex* are gender related and are medical terms.

# 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.

# Post Surgery

Many people do choose to undergo surgery as a part of coming into alignment with their identity and expression.

As massage therapists, we are most likely to be aware of 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. Of course, this is true of all our therapist/client interactions.

Any client who has undergone surgery may need extra bolstering or repositioning for comfort to avoid rupture or damage to surgery sites.



# Draping

Draping guidelines remain the same for all clients.

Never make assumptions about your client's body or their comfort level.

Don't assume that you know anyone's anatomy under the drape.

In the interview, discuss how you can respect their modesty and physical privacy.

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

# 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: \_\_\_\_\_

# Switching gears

Trauma-Informed Care

# 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 Administration (SAMHSA) 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

## Barriers to care

- Many 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.
- A person in survival mode may not be comfortable with touch. The potential (however slight) of exposure may also deter them from seeking bodywork.
- If someone has experienced abuse or harassment, the negative feelings may be amplified.
- Clients may have trouble seeing any space they approach as inherently “safe.” It is incumbent upon us as the holders of our spaces to make them as safe as possible. This enables clients to treat their surroundings as what may possibly be better referred to as a “brave space.” The more we can encourage this, the more able a client may be to allow us into their healing space.

# 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.

# Being Trauma Informed

## **Respond:**

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

## **Resist:**

Re-traumatization.



# Being Trauma Informed

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 or keep them open when you are lying on the table.
- You may undress to your comfort level – whatever that means for you. I can work with anything.
- 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.

# Client-focused Care

- Ultimately, the point is that each person who comes to us is looking for relief from what ails them.
- No matter who our client is, we don't truly know what is happening in their life, and it is our responsibility to treat everyone with the same level of care, respect, and understanding of who they are on the day they see us. Assumptions are detrimental.

15a H&H:  
Compassionate Care for All People