Effects of Massage Therapy & Massage Techniques

# Effects of Massage Therapy & Massage Techniques Class Outline

5 minutes Attendance, Breath of Arrival, and Reminders

10 minutes Lecture: AOIs of the rhomboids and triceps

5 minutes Active study skills for AOIs of new muscles

25 minutes Lecture: Effects and Techniques of Massage

15 minutes Active study skills: Effects and Techniques of Massage

60 minutes Total

# Effects of Massage Therapy & Massage Techniques Class Reminders

#### **Assignments:**

- 4a Autobiography and Photo (B-4) email to your instructor <u>AND</u> tims@tlcschool.com <u>Due Before Class Starts Today!</u>
- 7a Review Questions (A: 119-130)

#### **Quizzes:**

- 6a Kinesiology Quiz (A: 73 and 75-80)
  - 20 multiple-choice questions in 20 minutes
  - Study terms on page A-51 and
  - AOIs for deltoid, traps, lats, teres major, rhomboids, triceps, and erectors

### Preparation for upcoming classes:

- 5a A&P: Introduction to the Human Body Cells
  - Trail Guide: erector spinae group
  - Salvo: Pages 384-391
  - Packet E: 1-6
  - Packet A-128
- 5b Kinesiology: AOIs Posterior Upper Body
  - AOIs for deltoid, traps, lats, teres major, rhomboids, triceps, and erectors

## 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.

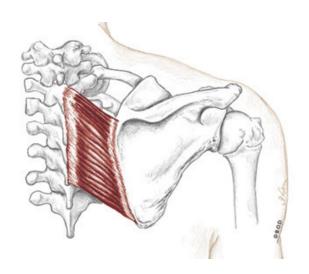
## Classroom Rules

## Cell Phones – Turn it off!



And put it away!

## Rhomboid Major and Minor Trail Guide, Page 82

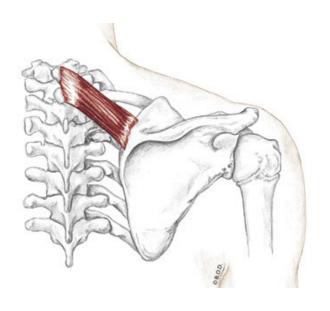


Posterior View

The rhomboids are named for their geometric shape.

A rhombus is a parallelogram with oblique angles and only the opposite sides are of equal length.

They are located between the scapula and the vertebral column.



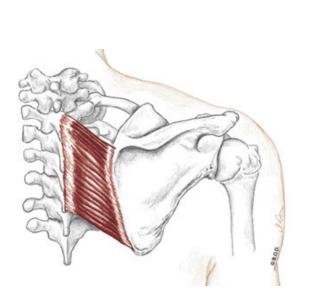
Posterior View

When do you use your rhomboids?

### Actions of the rhomboids



Scapulothoracic adduction



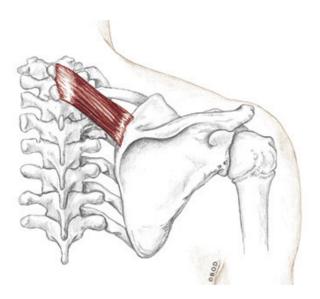
Rhomboid major Posterior View



Scapulothoracic elevation



Scapulothoracic downward rotation



Rhomboid minor Posterior View

Adduct the scapula (scapulothoracic joint)

Elevate the scapula (S/T joint)

Downwardly rotate the scapula (S/T joint)

Major:
Spinous process of T2 to T5

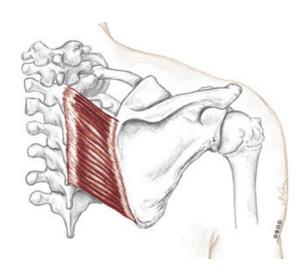
*Minor:* Spinous process of C7 and T1

Major:

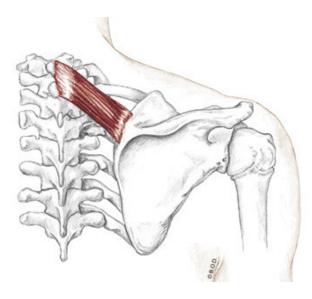
Medial border of the scapula between the spine of the scapula and inferior angle

### Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)

Elevate the scapula (S/T joint)

Downwardly rotate the scapula (S/T joint)

Major:
Spinous process of T2 to T5

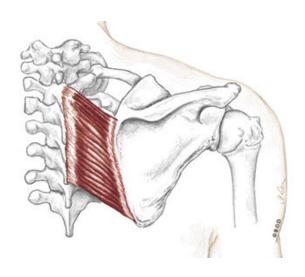
*Minor:* Spinous process of C7 and T1

Major:

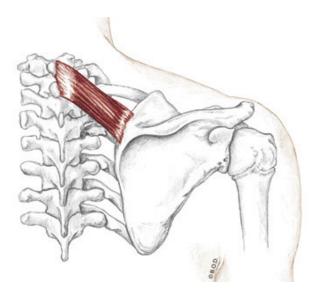
Medial border of the scapula between the spine of the scapula and inferior angle

Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)
Elevate the scapula (S/T joint)

Downwardly rotate the scapula (S/T joint)

Major:
Spinous process of T2 to T5

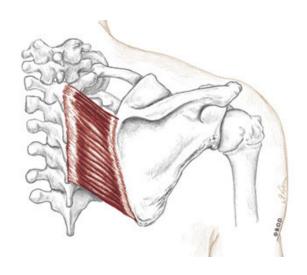
*Minor:* Spinous process of C7 and T1

Major:

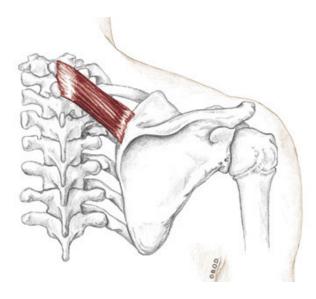
Medial border of the scapula between the spine of the scapula and inferior angle

Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)
Elevate the scapula (S/T joint)
Downwardly rotate the scapula (S/T joint)

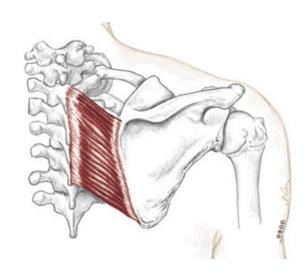
Major:
Spinous process of T2 to T5

*Minor:* Spinous process of C7 and T1

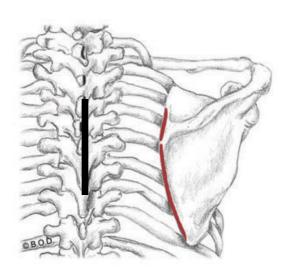
Major:
Medial border of the scapula between the spine of the scapula and inferior angle

### Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)
Elevate the scapula (S/T joint)
Downwardly rotate the scapula (S/T joint)

*Major:*Spinous process of T2 to T5

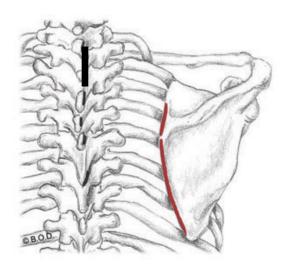
Minor:
Spinous process of C7 and T1

Major:

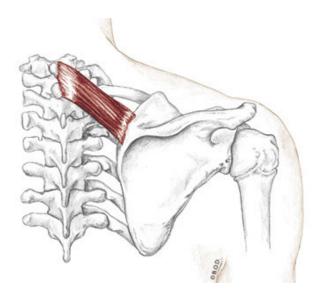
Medial border of the scapula between the spine of the scapula and inferior angle

### Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)
Elevate the scapula (S/T joint)
Downwardly rotate the scapula (S/T joint)

Major:
Spinous process of T2 to T5

*Minor:* Spinous process of C7 and T1

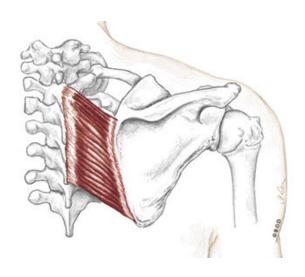
Major:

Medial border of the scapula between the

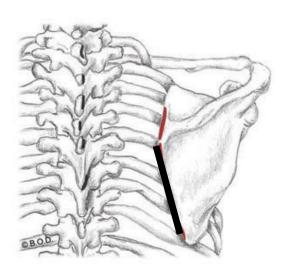
Medial border of the scapula between the spine of the scapula and inferior angle

### Minor:





Posterior View



Adduct the scapula (scapulothoracic joint)
Elevate the scapula (S/T joint)
Downwardly rotate the scapula (S/T joint)

Major:
Spinous process of T2 to T5

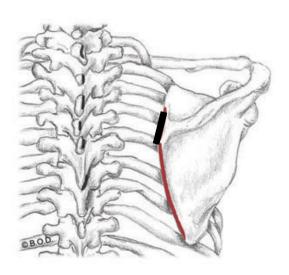
*Minor:* Spinous process of C7 and T1

Major:

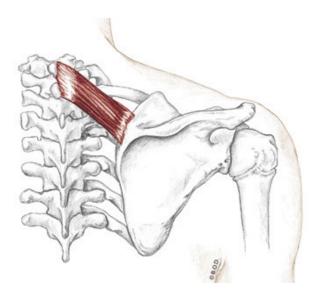
Medial border of the scapula between the spine of the scapula and inferior angle

### Minor:





Posterior View



## Triceps Brachii Trail Guide, Page 97

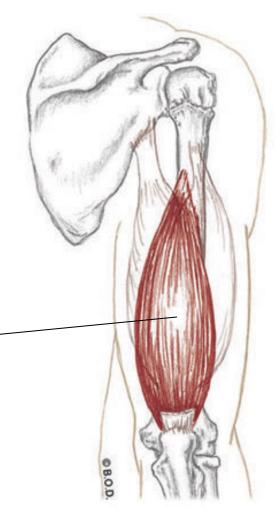
Triceps brachii is the only muscle located on the posterior arm.

The name means "three-headed muscle of the arm".

The three muscle bellies are:

- Long head
- Lateral head
- Medial head

When do you use your triceps brachii?

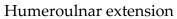


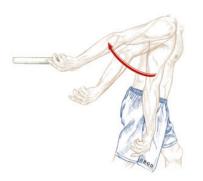
Posterior View

Posterior View

## Actions of the triceps brachii



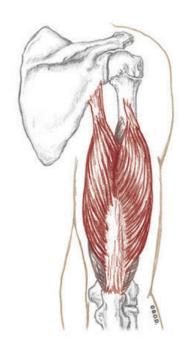


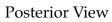


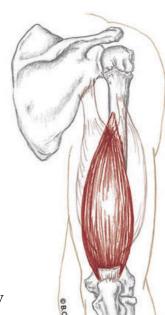
Glenohumeral extension



Glenohumeral adduction







All heads:

Extend the elbow (humeroulnar joint)

### Long head:

Extend the shoulder (glenohumeral joint)
Adduct the shoulder (G/H joint)

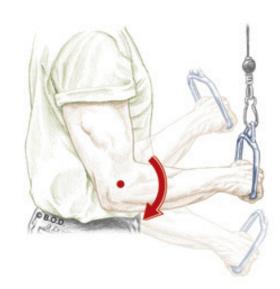
Long head:
Infraglenoid tubercle of the scapula

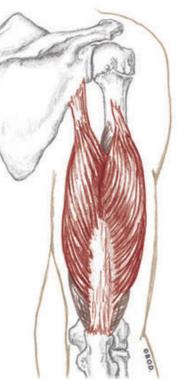
#### Lateral head:

Posterior surface of proximal half of the humerus

#### Medial head:

Posterior surface of distal half of the humerus





Posterior View

All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)

Adduct the shoulder (G/H joint)

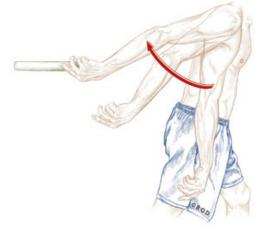
Long head:
Infraglenoid tubercle of the scapula

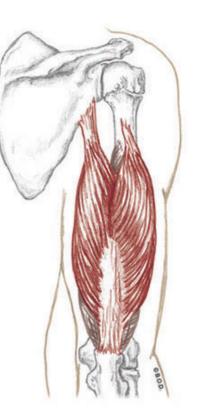
Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus





Posterior View

All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)

Adduct the shoulder (G/H joint)

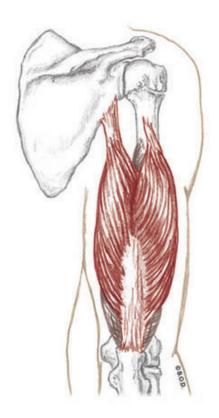
Long head:
Infraglenoid tubercle of the scapula

Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus



Posterior View



All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)
Adduct the shoulder (G/H joint)

O Long head:

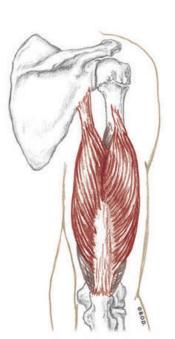
Infraglenoid tubercle of the scapula

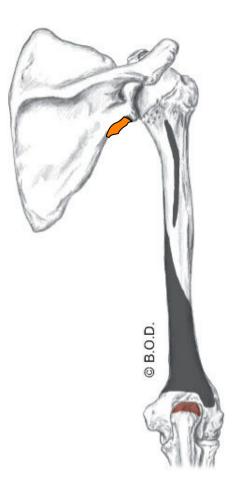
Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus





Posterior View

All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)
Adduct the shoulder (G/H joint)

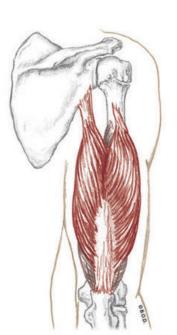
Long head:
Infraglenoid tubercle of the scapula

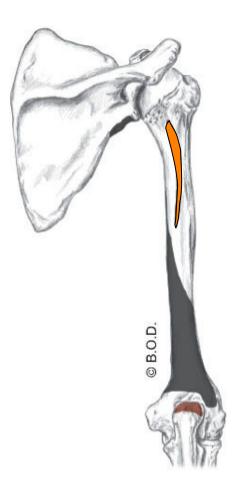
Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus





Posterior View

All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)
Adduct the shoulder (G/H joint)

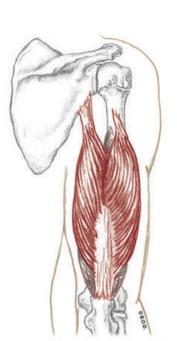
Long head:
Infraglenoid tubercle of the scapula

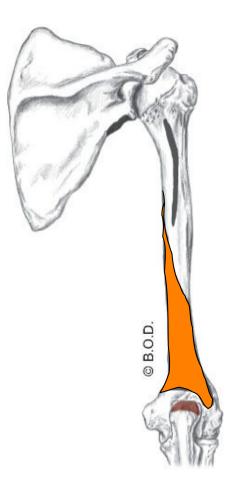
Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus





Posterior View

All heads:

**Extend** the elbow (humeroulnar joint)

Long head:

Extend the shoulder (glenohumeral joint)
Adduct the shoulder (G/H joint)

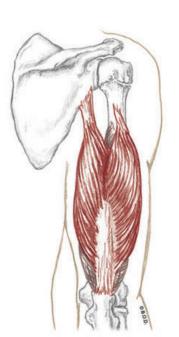
Long head:
Infraglenoid tubercle of the scapula

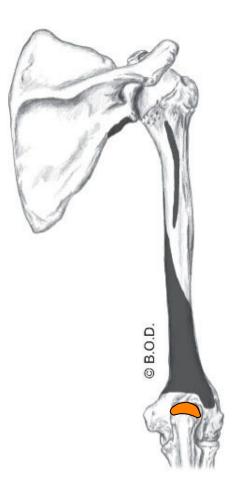
Lateral head:

Posterior surface of proximal half of the humerus

Medial head:

Posterior surface of distal half of the humerus





Posterior View

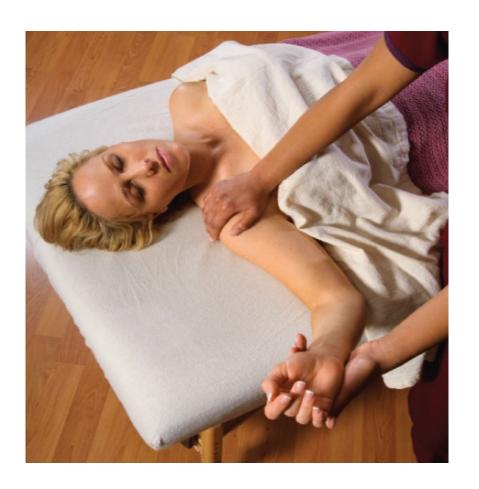
Effects of Massage Therapy & Massage Techniques F-25



Mechanical effects

Physiological effects

Psychological effects



**Mechanical effects** Massage effect category based on manual manipulation of soft tissue. Serves to push <u>blood</u> into and out of the tissue, create changes in muscle fibers, and move food through the digestive system. These effects results from:

Squeezing, compressing, pushing, pulling, rubbing and stretching.



**Physiologic effects** Massage effect category based on a direct result of mechanical and psychological effects. These effects can be measured objectively. These effects include changes in:

- » Blood pressure and <u>muscle</u> fiber structure.
- » Hormone and neurotransmitter levels.



**Psychologic effects** Massage effect category that can be measured subjectively, through the use of questionnaires, surveys, and interviews. These effects include:

- Tempered anxiety and <u>stress</u> levels.
- Improved well-being, and promotes a mind-body connection.
- Useful in treating hyperactivity disorders.
- Helpful in treating victims of violence and abuse.(with proper training for the therapist)

 $Response\ Moment\ ({\sf explain}\ {\sf these}\ {\sf to}\ {\sf your}\ {\sf partner}\ {\sf in}\ {\sf your}\ {\sf own}\ {\sf words})$ 

**Mechanical effects** 

Physiologic effects

**Psychologic effects** 

## Response Moment

**Mechanical effects** Manual manipulation. Change muscle, move blood and food.

**Physiologic effects** Reactions to mechanical and psychologic effects. Change blood pressure, muscle structure, hormone and neurotransmitter levels.

**Psychologic effects** Measured subjectively. Temper anxiety and stress, improve well-being, and promote a mind-body connection.

## How Massage Therapy Affects Specific Structures and Systems

Specific Systems A&P classes will address how massage affects each system.

### Introduction

Massage therapy \_\_\_\_\_ and scientific manipulation of the soft tissues of the body for the purpose of establishing and maintaining good health and promoting wellness. It involves techniques to accomplish the client's goals, established through treatment planning.

We begin our studies of massage therapy with Swedish massage.

The effects that result from applying the same techniques will vary, according to variations in the following **qualities**:

Intention

Touch

Depth of pressure

Direction of pressure

Excursion

Speed

Rhythm

Continuity

Frequency

Duration

Sequence

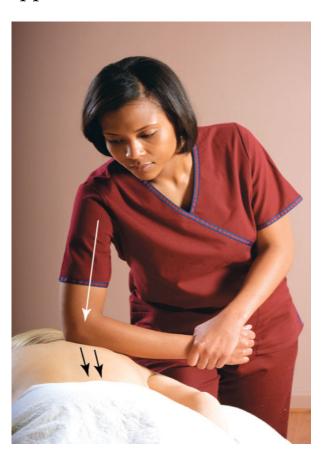
**Intention** Consciously sought goal. Defines the purpose of the session.



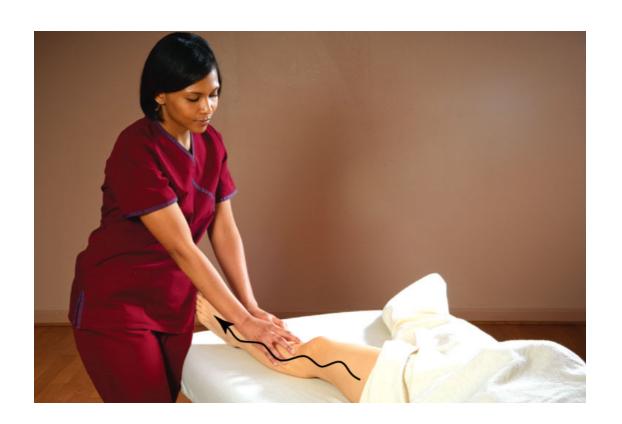
**Touch** Not casual. Full of meaning and intention.



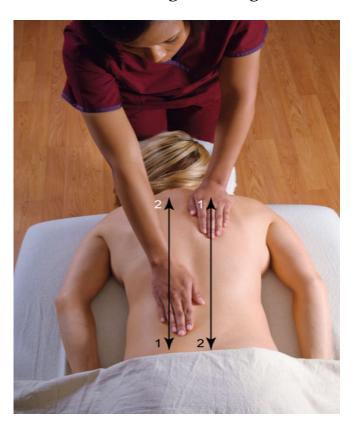
**Depth of pressure** Application of manual forces to the body surface.



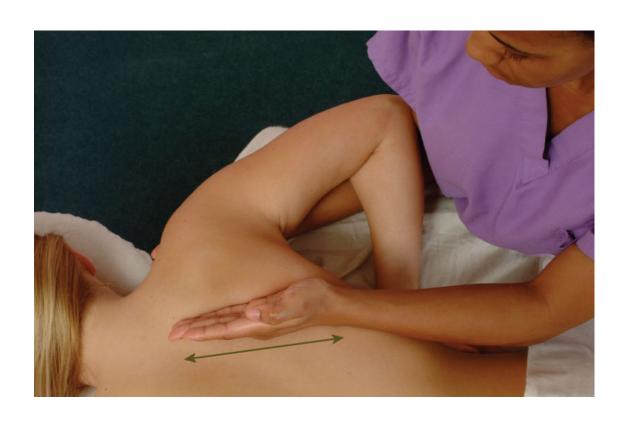
**Direction of pressure** Chosen based on anatomy and intent of stroke.



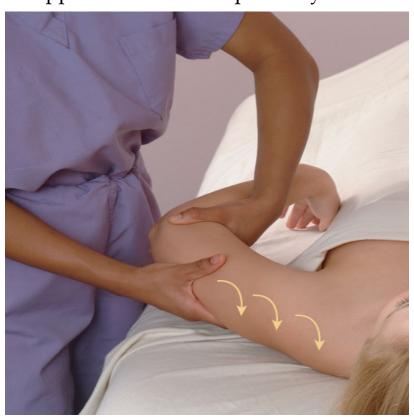
**Excursion** Distance traveled during the length of a massage stroke.



**Speed** Rate at which massage movements are applied.



**Rhythm** Regular application of technique is rhythmic.

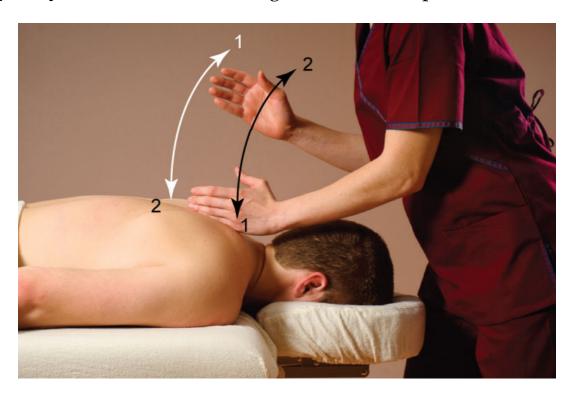


**Continuity** Uninterrupted flow of strokes.

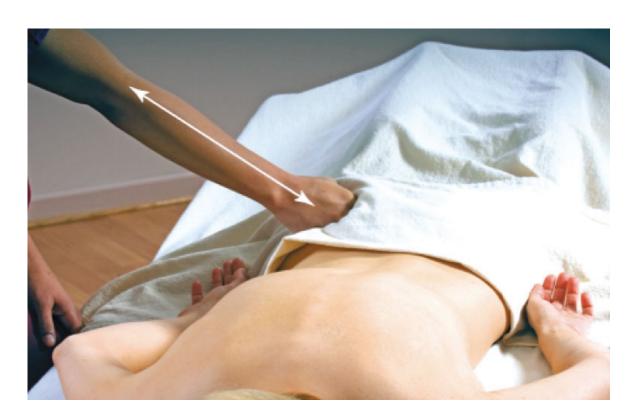
Unbroken transitions from stroke to stroke.



**Frequency** Rate at which massage strokes are repeated.



**Duration** Length of session time. Also length of time on an area.



**Sequence** Order of massage strokes.



Strokes done slowly are relaxing (except friction and tapotement).

Strokes done rapidly are stimulating and increase blood flow.

Effleurage, petrissage ,and friction promote absorption of inflammatory byproducts in injury.

#### Response Moment (explain these to your partner in your own words)

#### **Definition of massage**

#### Qualities of massage application

Intention

Touch

Depth of pressure

Direction of pressure

Excursion

Speed

Rhythm

Continuity

Frequency

Duration

Sequence

#### Response Moment

Definition of massage

Manual, scientific, soft tissue manipulation, wellness, client goals

Qualities of massage application

**Intention** Being conscious of our meaning and purpose.

**Touch** Meaningful, not casual.

**Depth of pressure** Applying manual forces to the body.

**Direction of pressure** Based on the anatomy and intention.

**Excursion** Distance traveled.

**Speed** Rate of application.

**Rhythm** Regularity of application.

**Continuity** Uninterrupted flow of strokes

**Frequency** Rate that strokes are repeated.

**Duration** Length of session time or area.

**Sequence** Order of strokes.

Effleurage (AKA: gliding) Application of gliding movements that are <u>repeated</u> and follow the <u>contour</u> of the body. Helps client and therapist become mutually accustomed to touch, and provides continuity in transitions between other techniques.



Petrissage (AKA: kneading) Lifting soft tissues vertically, and then compressing and releasing them. The compression is accomplished by either squeezing or rolling the tissues before releasing, using rhythmic alternating pressures. Reduces muscle soreness and improves range of motion.



**Friction** Rubbing one surface over another in several directions. Can be applied superficially \_\_\_, with hands gliding over the skin, or \_\_\_\_ deeply \_\_, while moving skin across underlying tissue layers. Superficial friction warms the skin and superficial layers of soft tissue. Deep friction may reduce post-traumatic scar tissue and adhesions.



Compression Non-gliding technique of sustained <u>pressure</u> or a sequence of rhythmic alternating pressures. Increases localized blood flow and improves range of motion.



**Tapotement (AKA: percussion)** Repetitive staccato <u>striking</u> movements of the hands, moving either simultaneously or alternately. May be delivered with the ulnar surface of the hand, loosely closed fist, tips or flats of the fingers, open or cupped palm, or knuckles. Reduces pain, loosens and mobilizes phlegm in the lungs.



**Vibration** Shaking, quivering, trembling or <u>rocking</u> movements, applied with the fingers, full hand, or appliance.



#### $Response\ Moment\ ({\sf explain}\ {\sf these}\ {\sf to}\ {\sf your}\ {\sf partner}\ {\sf in}\ {\sf your}\ {\sf own}\ {\sf words})$

Effleurage

Petrissage

Friction

Compression

Tapotement

Vibration

#### Response Moment

**Effleurage** Gliding, follows the contour, warming, relaxing.

**Petrissage** Kneading, LIFT-SQUEEZE-RELEASE. Muscle soreness.

**Friction** Superficial warms. Deep reduces adhesions and matures scar tissue.

**Compression** Non-gliding. Sustained pressure. Increased local blood flow.

**Tapotement** Rhythmic striking. Hacking, pounding, slapping, tapping, cupping.

**Vibration** Shaking, jostling. Relaxation and pain relief.

## 4a Swedish:

Effects of Massage Therapy & Massage Techniques