53a Deep Tissue: Introduction



### 53a Deep Tissue: Introduction Class Outline

5 minutes	Attendance, Breath of Arrival, and Reminders
10 minutes	Lecture: Quadratus Lumborum
25 minutes	Lecture:
<u>15 minutes</u>	Active study skills:
60 minutes	Total

### 53a Deep Tissue: Introduction Class Reminders

#### Assignments:

- 53a Internship Orientation Review Questions Due Now!!
- 55a Review Questions

#### Quizzes:

57a Quiz (45a/b, 47a, 48a, 49a, 50a/b, 51a/b, 52a, 54a, 55a, and 56a/b)

#### Preparation for upcoming classes:

- 54a A&P: Endocrine System
  Packet E: 123-132; RQ Packet A: 192-193.
- 54b Deep Tissue: Technique Demo and Practice Posterior Lower Body Packet D: 15-18.
- 56a/b Internship: *This class cannot be made up in the make-up room*. To schedule a sit-in, please contact the Student Administrator.
- 58a Clinical Assessment: Structural Anatomy (Part I)

### **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.



Unilaterally:

Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to extend the vertebral column

Bilaterally:

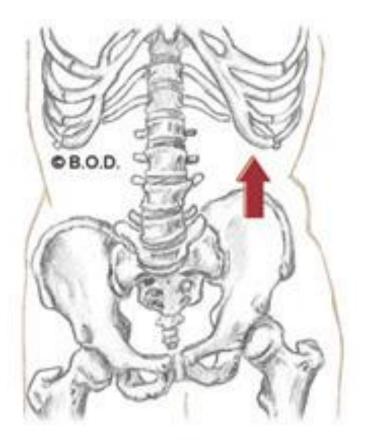
Fix the last rib during forced inhalation and exhalation



Posterior iliac crest

Last rib

Transverse processes of 1st-4th lumbar vertebrae



Anterior View



Unilaterally:

Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to extend the vertebral column

Bilaterally:

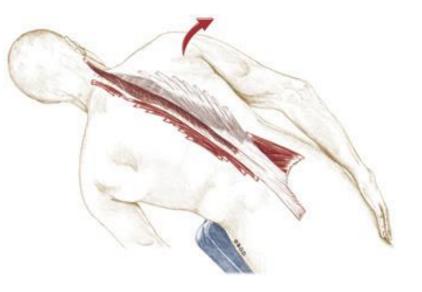
Fix the last rib during forced inhalation and exhalation





Last rib

Transverse processes of 1st-4th lumbar vertebrae



**Posterior View** 



Unilaterally: Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to extend the vertebral column

Bilaterally:

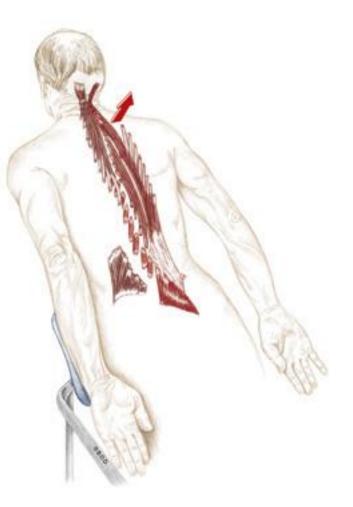
Fix the last rib during forced inhalation and exhalation



Posterior iliac crest

Last rib

Transverse processes of 1st-4th lumbar vertebrae



Posterolateral View



Unilaterally: Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to extend the vertebral column

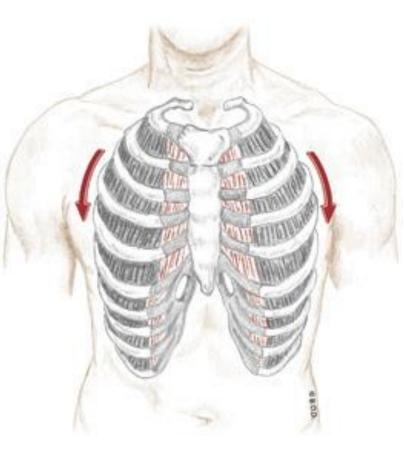
Bilaterally: **Fix** the last rib during forced inhalation and exhalation



Posterior iliac crest

Last rib

Transverse processes of 1st-4th lumbar vertebrae



Anterior View



Unilaterally: Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to the extend vertebral column

Bilaterally: Fix the last rib during forced inhalation and exhalation

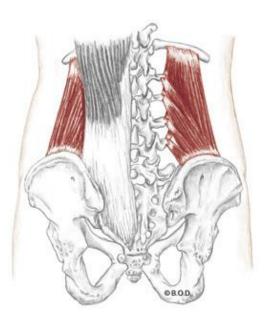


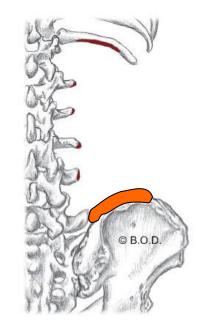
Posterior iliac crest



Last rib

Transverse processes of 1st-4th lumbar vertebrae





**Posterior View** 



Unilaterally: Laterally tilt (elevate) the pelvis

Laterally flex the vertebral column to the same side

Assist to the extend vertebral column

Bilaterally:

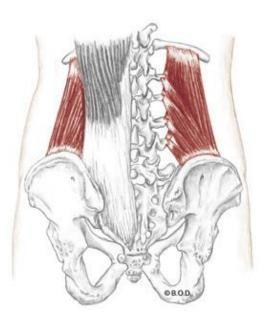
Fix the last rib during forced inhalation and exhalation

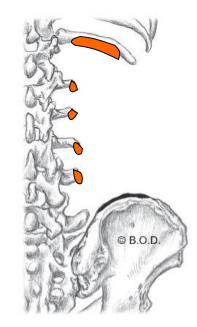


Posterior iliac crest

Last rib

Transverse processes of 1st-4th lumbar vertebrae





Posterior View

53a Deep Tissue: Introduction

Packet D - 5



## 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



## Characteristics of Deep Tissue Massage

- Different tools
  - Forearms
  - Elbows
  - Fists
  - Knuckles



## Characteristics of Deep Tissue Massage

- Different strokes
  - Deep effleurage
  - Deep friction
  - Melting

Warming

Palpation

Intention

Feeling

Listening

**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
- Dilating the capillary beds (stimulating the flow of fluid in and out of the tissues that may have had restricted flow due to chronic tension).

#### Warming

 Another important function of warming is the increased time within which your palpation may continue, and your understanding of the underlying pattern may develop.

#### Warming

- Warm the tissues you intend to address at a deeper level.
- Begin superficially at the first felt level of tension, and work progressively deeper.

#### Warming

- 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.

#### Warming

- You will know when the tissues are warm, because **they will FEEL warm**.
- Employ a variety of techniques. Be creative.

Palpation

 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

- 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.

Palpation

- Use **bony landmarks** when possible to bring specificity to your palpation.
- Instead of thinking "I am looking for something," try the thought or intention "I am finding things."

#### Palpation

 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 goaldirectedness.

#### Intention

- 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.

#### Feeling and Listening

- 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.

#### Feeling and Listening

 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 a 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.

Listening is the conscious act of being open and attentive.

- 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.



- 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 dangerous.



- 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 were chosen based upon several factors.

- 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.
- The techniques in this section are intended to elevate your massage by making it more engaging for both you and the client.

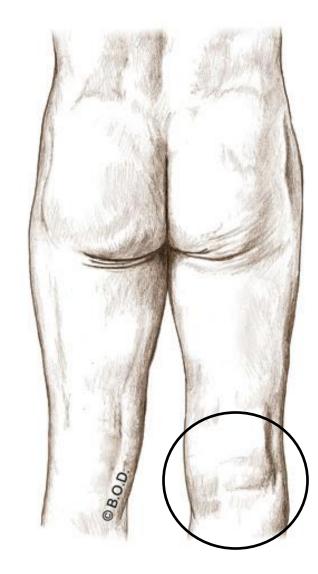


## **Endangerment Sites**

#### **Popliteal fossa**

- The diamond shaped space located on the posterior knee.
- 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.

### Endangerment Sites: Popliteal Fossa

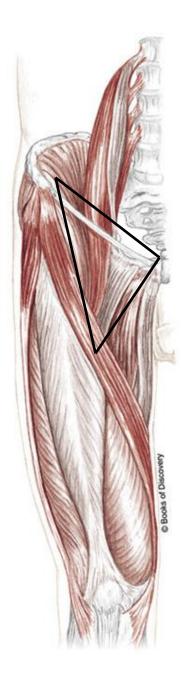






### **Endangerment Sites**

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.



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