F. Swedish

- 125 hours of Swedish Massage
- Basic Swedish strokes and imaginative applications of them
- Mastering the motor skills of massage
- Creating the environment in which good massage can work its magic.
- Sensitivity and respect, humility and courage, attentiveness and candor

Please see the Class Schedule (Packet A: 1-28) and the Assignment Grid (Packet A: 29-32) for grading information.

On a daily basis we will encourage you to give each other honest feedback about your experience of receiving one another's work. At major evaluation points we will provide you with the opportunity to give written feedback, which does not affect your partner's grade.

The next few pages spell out the criteria that we will comment upon and/or grade you on at various times in the program. Some of them are carried from beginning to end (draping, biomechanics, etc.) - we expect you to improve throughout the training. Others show up later. Sometimes two categories may be combined, but the basic definitions and expectations will go along with them.

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2b H&H: Tools of the Trade

Salvo: Chapter 3

Introduction

Your career as a massage therapist depends on many things:

- Education
- Knowledge
- Skills
- Wise use of the Tools of the Trade

Tools of the Trade:

- Massage table or massage chair
- Related accessories
- Linens
- Lubricants
- The environment where the massage takes place

Massage Tables

Massage Tables:

- Will outlast the life of your automobile so choose wisely
- $200-$600 price range
- 95% of all massage tables sold are portable
- Hinged in the middle to be folded in half
- Primary advantage is portability

Selecting a Table Manufacturer

Feeling Confident in your Purchase:

- Major expenditure (second only to your massage education)
- Professional-grade equipment provides comfort, safety, and security

Well-established and reputable companies:

- Great customer service
- Trial period to make sure you are satisfied
- Best warranties
- Good resale value if you need to sell it
- Easy to buy the right replacement parts

2b H&H: Tools of the Trade

Salvo: Chapter 3

Massage Table Features

Guiding principles:

- The table should suit your body
- The accessories should accommodate the multitude of clients that you will encounter

Width:

- Most are 28 inches wide, but range from 28 to 33 inches
- Difficult to reach across and apply pressure? TOO WIDE!
- Arms of large-framed clients hang off the table? TOO NARROW!

Height:

- Range from 22 to 34 inches
- Adjusting table height is done by raising or lowering the legs in 1-inch increments
- Aluminum table legs have nested tubes with spring-loaded adjustment buttons
- Wooden legs are attached with one or two bolts

Length:

- Most are 72 -73 inches long
- The face rest adds 10-12 inches of length when prone (face down)
- A 6-8 inch bolster will shorten the leg length when placed under the knees or ankles

Frames:

- Made of wood or aluminum
- Aluminum frames: lighter, easier to transport, quicker leg length adjustment

Padding:

- It should adapt to and support your client's body
- Density: higher density last longer and are more durable
- Loft: ranges from 1.5 to 4 inches. thinner for deep pressure
- Durability: high-quality padding can last 10 years or more
- Some tables have recesses for breast comfort

Table Fabric:

- This is the skin that covers your table or accessories
- Lower quality: vinyl
- Higher quality: polyurethane fabrics, long-lasting, easy to clean
- A fitted table pad can reduce slipperiness and protect the fabric

Table Fabric Maintenance

Keep it Covered:

- When it's set up, protect it with a sheet or table pad
- When it's folded up, keep it in a carrying case

Keep it Cool:

- Temperatures above 95° F and below 32°F will lead to brittleness, cracking, and stretch marks
- Allow it to come back to room temperature before using it

Cleaning Table and Accessory Fabric:

- Use a non-abrasive and non-alcohol cleanser, but not at full strength because it will damage the fabric
- Combine 4 parts water and 1 part cleanser such as green Windex, 409, Fantastik
- Vinegar is also an acceptable cleanser
- Citrus oil-based cleansers will degrade most polyurethane fabrics

Disinfecting Table and Accessory Fabric:

- Disinfect when fabric comes into contact with body fluids
- Combine 10 parts water and 1 part household bleach
- Wear disposable gloves
- After disinfection, wash the fabric with mild soap and water to remove residue

2b H&H: Tools of the Trade

Salvo: Chapter 3

Table Accessories

Face Rest:

- Also called a face cradle
- Keeps the head and neck relatively straight while lying prone (face down)
- The cushion is attached to the frame with Velcro
- It can be widened and narrowed to accommodate a range of facial structures
- Adjustable face cradle frames allow comfort for a wider range of clients
- Designed to only hold the weight of the head and neck
- Instruct clients to scoot down before turning over to prevent face rest damage

Arm Shelf

- Provides a place for arms to rest while lying prone (face down)
- They are more stable if attached to the table frame than to the face rest
- Not intended to be pressed down on with heavy pressure
- Instruct clients to scoot down before turning over to prevent arm shelf damage

Bolsters and Cushions

- Enhance client comfort and relaxation
- Support the neck, knees, and ankles
- Behind the knees: reduces lower back strain by decreasing the lordotic curve
- Front of the ankles: relieves hip, knee, and foot strain

- Shapes: tubular, half-moon, square, rectangle, wedged, and wavy
- Materials: foam, feathers, buckwheat, flaxseed
- Sizes: 6 inch knee and ankle bolster is most popular, but range from 3 to 8 inches

- Use a protective drape over the bolster that is changed with each session
- Side-lying massage: use 4-6 standard size pillows with pillowcases

Stool

- Easy to sit and move while working
- Large inflatable physioball is another option

Carrying Case

- Protects table fabric from damage
- Easier to lift and carry the table
- Zippered pockets for supplies

Table Carts

- Roll your table instead of carrying it

2b H&H: Tools of the Trade

Salvo: Chapter 3

Massage Linens

Sheets

- Top and bottom sheets for the table (flat and fitted, or 2 flat sheets)
- Bolster and face rest covers, including pillowcases

- Fabrics: flannel, cotton, cotton blends, and percale
- Sizes: Twin or specially made massage table size
- Colors: white or light colors wash and wear best. Dark colors show stains easily
- Weight and thickness: thin sheets are see-thru

Towels

- Some therapists use bath-size towels instead of sheets
- Can provide easier access and maneuverability
- We will only use towels/pillowcases for breast draping

Blankets and Table Warmers

- Body temperature drops as clients relax
- Feeling chilled will inhibit further relaxation

- A table warmer can be placed under all of the table coverings
- Turn it on low before the session begins
- Check in with the client so that the temperature can be adjusted

- A woven cotton or woolen blanket does not replace the top sheet
- Use a blanket from the beginning of the session if the client is not hot
- The warmth and the weight provide comfort and a sense of security
- Use a blanket made from a heavier fabric that is machine washable

2b H&H: Tools of the Trade

Salvo: Chapter 3

Massage Linen Care

Normal Linen Care

- Launder linens after each use
- Replace linens that are stained, odorous, or threadbare
- Even if they are clean, they may appear unclean to the client

If Linens Become Contaminated

(Contamination can come from sneezing, blood, or breast milk)

1. Wash and dry your hands
2. Remove the linens with gloved hands
3. Wash linens in hot water; use laundry detergent and ¼ cup of household bleach. Dry linens using hot air.
4. After donning a new pair of disposable gloves, clean the table and accessory fabric with soap and water, and then disinfect using paper towels and 1 part bleach mixed with 10 parts water
5. Discard the gloves and paper towels
6. Finally re-wash and dry your hands

2b H&H: Tools of the Trade

Salvo: Chapter 3

Types of Lubricants

Purpose

- Reduces friction between your hands (forearms and elbows) and the client's skin

Cream

- Best selling lubricant since the 1990s
- Moisturizing and hydrating. Very good staying power (glide lasts a long time)
- Less likely to spill because it's thick, and less likely to stain linens

Butter

- Made from fruits, nuts, or seeds such as cocoa, shea, and jojoba
- Thicker than cream

Oil and Gel

- Excellent value
- Nuts and seeds such as sesame, grape, and hemp
- Vitamin E: often added as a preservative to delay rancidity
- Not to be used on oily skin
- Sensitive skin: gel is better because it doesn't contain mineral oil or alcohol
- Messy especially when spilt

Lotion

- Quickly absorbed results in reduced staying power and more control
- Rehabilitation or deep tissue formula: least glide, most control
- Spa or hydrating formula: used as a finishing treatment after exfoliation and mineralization

Powder

- Cornstarch
- Reduces friction without leaving a greasy residue. Not good for hairy areas
- Uses: lymphatic massage or during labor
- Apply carefully to avoid triggering sneezing and coughing

Liniment

- Not a lubricant
- Analgesic properties (pain reducer)
- Rubefacient (irritation causes reddening of the skin and increased local circulation)
- Avoid applying to hands, feet, near mucous membranes, or before hot or cold treatments

2b H&H: Tools of the Trade

Salvo: Chapter 3

Choosing a Lubricant

Ingredients

- Mineral oils and isopropyl alcohol can clog pores and deplete skin nutrients
- Avoid parabens (may mimic the hormone estrogen which plays a role in the development of breast cancer)
- Stearyl and cetyl alcohols are emulsifiers and stiffeners that are found to be safe

Skin Reaction

- Fair-complexion is more likely to react negatively to lubricant ingredients
- Ask clients about any allergens to avoid skin problems
- Always have a hypoallergenic option available

Scented Versus Unscented

- Before using a scented lubricant, place a small amount on the back of your client's hand and allow them to smell it. Once approved, proceed with the massage

Linen Reaction

- Replace any sheets that are stained or that emit an unpleasant, rancid odor

Cost

- Quality lubricants are expensive, but may be worth the cost to you and your client

Dispensing Lubricant

Cross-contamination

- Dispensing massage lubricant from an open container contaminates the lubricant if the same container is used for multiple clients.
- Containers that prevent cross-contamination: single-use, pump, or flip-top
- The container and holster must be cleaned after each client

How Much Lubricant

- Warm the lubricant before applying it**.** Wipe off any excess with a small towel
- Creams, butters, oils, and gels require less lubricant and reapplication
- Skin Dryness: requires more lubricant and reapplication
- Lots of body Hair: hair requires more lubricant and reapplication
- Relaxation/Non-specific Massage: usually more lubricant and reapplication
- Orthopedic/Specific Massage: requires less lubricant and reapplication
- Less is Better; adding more is easier than removing it

Lubricant Storage and Shelf Life

- Store lubricants in a cool, dark location out of direct sunlight
- 18 months shelf life

2b H&H: Tools of the Trade

Salvo: Chapter 3

Supplies

Introduction

- To assist with a clean, sanitary, and comfortable massage environment
- Some are used for the massage itself; others are convenient personal care items

Checklist

- Lubricant
- Liquid soap (TLC)
- Vinyl gloves and finger cots (TLC)
- Cleaning supplies (TLC)
- Facial tissues (TLC)
- Paper towels (TLC)
- Toilet paper (TLC)
- Cotton balls
- Disposable cups (TLC)
- Contact lens solution
- Makeup remover
- Toner/astringent
- Moisturizing cream
- Clay masque (TLC)

Supplies or Massage Classes

- For each "b" class bring 2 clean sheets, 2 pillowcases, a hand towel, and some type of waterless hand cleaner in a pump dispenser.

- Beginning with class 4b Swedish: Posterior Upper Body, also bring your own massage lubricant (preferably crème), and a holster.

- Beginning with class 16b Swedish: Neck, Face, and Scalp, also bring facial toner (for sensitive skin) cotton squares or balls, and facial massage crème.

- Some type of nifty kit for holding all of this stuff will be a good idea.

2b H&H: Tools of the Trade

Salvo: Chapter 3

Professional Dress – Below are the requirements for working in our internship clinic

- TLC Clinical Internship- **Requires Black Pants and White shirts**
- Clothing should be neat, unwrinkled, clean, and in good repair.
- Clothing should be loose enough to allow freedom of movement while adequately covering the body.
- Clothing should be free of emblems, images, or texts (other than official school shirts)
- Workout clothing is not acceptable, including sweat pants and running shorts.
- Undergarments should not be visible through clothing.
- See-through clothing is not permitted.
- Rings, bracelets and watches should not be worn during massage.
- Long necklaces should be removed or tucked into the shirt.
- Hair should be neat, clean and pulled back (or up) if long. A sweatband may be worn only during the session, not when greeting or interviewing the clients.
- Breath and body odor should be pleasant or absent.
- Because many people are allergic or sensitive to strong scents, interns are asked to use only lightly scented bath and body products and to avoid perfume or aftershave on massage days.
- Interns must wear closed-toe shoes at all times. No flip-flops, sandals, high heels, or bedroom slippers.
- Yoga pants, slacks, and scrubs are permitted
- Knee length shorts are permitted
- "Cut offs" are not permitted
- Collared Polo shirts are preferred
- White tee shirts and scrub tops are also acceptable
- Shirts should be short sleeved (above the elbow) or rolled above the elbow
- No halter tops or bare midriffs

Dress Code Golden Rule: If in doubt, don't wear it.

2b H&H: Tools of the Trade

Salvo: Chapter 3

Furnishings

Introduction

- These items help to create the proper massage atmosphere

Mirror

- For clients to groom and for therapists to aid in posture assessment

Clocks

- To time sessions and treatments such as ice packs for body masques

Wastebasket

- For disposal of paper towels, facial tissues, and gloves

Supply Cabinet

- Storage of massage linens, supplies, and lubricant

Chairs

- A place to sit while undressing or dressing
- Point out to the client that the chair is them and the rolling stool is for you

Place for Personal Items

- Hooks or hangers for clothing
- Small dish or basket for eyeglasses, jewelry, and cell phone

2b H&H: Tools of the Trade

Salvo: Chapter 3

Massage Room Environment

Introduction

- The atmosphere of your massage room sets the tone for your client
- Sports and rehabilitative massage or relaxation and wellness massage?
- Be sure that you and your client turn off your cell phones

Light

- For several purposes and differing amounts of light
- Filling out paperwork, getting undressed, and safely maneuvering around the table, getting on and off the table, getting dressed, and exiting the office
- Assessing the skin's condition before and during the massage
- Natural light or indirect lighting is good and adjustable
- Candles are a fire hazard; consider flameless candles

Music

- Soft and slow music helps clients relax and helps you maintain a soothing rhythm when applying massage movements
- Keep an assortment of music selections on hand
- Trickling water may stimulate the urge to void in some clients

Wall Decor

- For ambiance: warm/soft colors are calming, bright/intense colors are stimulating
- For educational reference: anatomy or trigger point charts
- For a sense of professionalism: framed diplomas, certifications, and awards

Window Treatments

- Blinds, shades, or drapery for decoration, sound and light reduction, and privacy

Flooring

- Carpet: non-slip, and insulates sounds and warmth

Temperature

- Approximately 72°- 75° F is comfortable
- Too cool for the client: difficult to relax. Use a blanket or heating blanket
- Too warm for the therapist: wear fabrics that breathe like cotton

Color

- Warm colors: red, brown, yellow, and orange are cozy if not too bright
- Cool colors: blue, violet, and green are soothing but can feel cool

2b H&H: Tools of the Trade

Salvo: Chapter 3

Safety Guidelines

Checklist

- Comply with building codes for fire and safety
- Current liability insurance (your ABMP student membership)
- Maintaining a working fire extinguisher and heat/smoke detectors
- Have a fire escape route posted with building exits clearly marked
- Provide safe and unobstructed passageways for people in public areas
- No slipping or tripping hazards such as area rugs
- Choose only non-slip flooring
- Bathrooms should be accessible to individuals with disabilities and should include a wheelchair-height lavatory with lever-style faucets. Grab bars should be located near the toilet for transferring to and from the toilet seat
- Use lever-style door handles
- Designated handicapped-accessible parking space. Slopes and ramps, not steps.
- Public telephones should have adjustable volume control
- The street address should be outside the building in clear view so that it is easy to locate your business in an emergency
- Maintain all massage equipment in safe condition: this includes checking and tightening massage table hinges, knobs, and locks

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3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Introduction

Before giving massage, it is important to learn to apply principles of:

- Effective body mechanics
- Client position
- Draping

Body Mechanics

- Use of postural techniques, foot stances, leverage techniques and other elements to deliver massage with efficiency and minimal trauma to the therapist
- Includes principles of alignment, delivery of force, stamina, breathing, stability, and balance
- Positively influences execution of the massage, decreases therapist fatigue and discomfort, and helps prevent repetitive stress injuries (RSIs)
- Many elements are similar to those used in katas of martial arts such as kendo or aikido

Elements of Body Mechanics

- **Strength** – without adequate strength you will fatigue faster and be more prone to RSIs
- **Stamina** – to gain or maintain stamina include cardiovascular training (30-60 minutes daily) in your fitness program, eat a balanced diet, and get plenty of rest
- **Stability** – the therapist needs a stable base with both feet on the ground to initiate movement
- **Breathing** – proper breathing technique enhances the quality of massage – relax your face, breathe from your *hara*, and quietly synchronize your breath with your movements
- **Balance** – effective body mechanics include working with the laws of gravity
- **Centeredness** – preparing yourself mentally and emotionally, as well as physically, helps you become a more compassionate and sensitive therapist

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Foot Stances

Foot placement influences the depth of pressure and direction of the massage stroke

Bow Stance

- AKA: archer stance or lunge position
- Used when applying effleurage
- Whole body follows direction of leading foot
- Keep spine straight/neutral
- Bend from knees and hips (not waist) as you lunge forward

Horse Stance

- AKA: warrior stance
- Used for strokes that do not involve traversing long distances
- Feet slightly wider apart than hip-distance
- Knees slightly flexed
- Shift weight from side to side
- To lift or lower, bend at knees/hips, not back

Guidelines for Effective Body Mechanics

Use Proper Table Height

- Allows use of leverage to increase pressure without compromising body mechanics
- Proper height will vary with technique, client position and size
- May fall in between where your fists reach and where your fingertips reach when standing beside table with relaxed shoulders

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Guidelines for Effective Body Mechanics, continued

Wear Comfortable Attire

- Clothing should look professional, be comfortable, and allow freedom of movement
- Shoes should have good arch support and low-to-no heels

Warm Up Before Massage

Stretch During Massage

Use a Variety of Strokes

- Changing from stroke to stroke involves changing positions
- If one hand or side is fatiguing, switch to the other

Keep Wrists and Digits as Straight as Possible

- At times moving the wrists out of alignment will be necessary, but the greater the pressure the straighter the wrists
- Use braced thumb techniques to prevent joint hyperextension

Align Your Spine

- Spinal alignment is easier to accomplish with shoulders back and rib cage lifted slightly
- Spinal alignment allows ease of breathing to stay relaxed

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Guidelines for Effective Body Mechanics, continued

Check In with Lower Back, Hips and Feet

- Reduce exaggerated lumbar curve
- Keep hips level and knees slightly flexed
- Keep feet firmly planted while standing
- Shift weight from one foot to the other to reflect what your hands are doing

Relax Shoulders

- Keep shoulders relaxed and dropped
- Do not round shoulders while working
- Keep shoulders over hips and arms close to body when possible

Get Behind Your Work

- Position yourself directly behind your work
- Both arms and legs should face in the direction you are working

Sit Down Occasionally

- It is okay to sit on a stool while working the client's face, neck, shoulders, feet or hands
- Keep both feet on the floor with the back straight

Use Effective Body Mechanics During Related Professional Activities

Adapt As You Age

- Use a stool more often
- Schedule fewer clients per week

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Some Principles of "Wristfullness"

1. Work with the correct table height for you.
2. Maintain wrist/hand directional integrity.
3. Maintain hip/pelvis orientation in the direction of the stroke.
4. Don't overuse any one part of your hand (i.e. your thumbs). Be creative.
5. Be aware of daily activities/habits: hand positions while driving seasonal activities (raking, shoveling, weeding) sports (volleyball, tennis) sleeping positions Adjust any habits that seem to be abusive to the hand/wrist joints.
6. Don't work in contraction (bound flow). Use he breath to facilitate free flow through your shoulders and arms.
7. Wear gloves when doing activities that may negatively impact the skin of the hands (doing dishes, yard work, raking.)
8. Be aware of repetitious activities (work related: factory, dental hygienist, typing, sports/play related and/or housework related: sewing, vacuuming, ironing).
9. Regularly stretching shoulders, neck, back and upper body in general in preparation to do massage.
10. Use bow stance to do compressions so as to be better able to "rock" body weight to create pressure. Hands and wrists are relaxed. Elbows bent.
11. When working under neck and upper thoracic region allow client's body weight to create the pressure. Do not try to press upwards while flexing the wrists.
12. When doing the fine detail work (occipital ridge, face, into trigger points) relax hands and allow free flow to continue though in a smaller range of motion.
13. Try to maintain a consistent level of practice of massage and/or gradual increase when developing new techniques (i.e. trigger point work, cross-fiber, athletic).
14. When working in a seated position, try to maintain a sense of stance and grounded-ness so as to best use body weight.
15. When reaching across the table to do techniques on the opposite side of the body, be careful about over-extending.

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Bolsters

- These include pillows and cushions
- Assist client comfort by supporting and enabling proper alignment, which helps muscles relax
- Rolled up towel, blanket or pillow works
- Always cover with a clean drape, or place beneath the bottom drape, to avoid direct contact of the bolster fabric with client's skin
- Remove before client gets up to avoid it becoming an obstacle

Client Positioning

Client intake and interview will help you decide which positions to use for maximum comfort, safety and effectiveness

Prone Position

- Person is lying face down
- Ankles, face, and occasionally, female breasts will require bolstering
- Allow the client to decide on the ideal position of an adjustable face rest
- Arm shelf or stool placed under the face rest may provide added client comfort

Supine Position

- Person is lying on his or her back
- Most commonly supported areas are neck and knees
- Avoid hyperextending the neck with a pillow that is too thick
- If client complains of low back pain while using a knee bolster, try a higher bolster, or raise the feet as well, on a pillow

Semi-reclining

- Sometimes the client's upper body needs to be elevated while supine
- Some tables are designed to be used in this way
- Pillows or wedges may also be used for this purpose
- At some point in the process your pregnant clients will need this position, as well as an additional small wedge to tilt the pelvis sideways

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Client Positioning, continued

Side-Lying Position

- Client lies on left or right side
- Overweight, frail and elderly clients can more readily relax
- Clients with neck and back issues find this position more comfortable
- The position offers unparalleled access to hip, shoulder girdle and neck
- This position is best for clients in advanced pregnancy
- There are many other situations in which this positioning is preferred

Seated Position

- Used to give massage while client is seated in a regular chair, stool, massage chair or wheel chair
- This position is preferred if a table, or adequate space for it, is not available
- Also useful if a full massage is not appropriate or the client has reservations about removing clothing
- You may use a stack of pillows on a table so the client can lean forward and be supported
- Devices are available that sit or clip onto a table to help support the client

3b Swedish: Body Mechanics, Client Positioning, and Draping

Salvo: Chapter 7

Draping

Draping Covering the body with cloth, and allows the client to be undressed while receiving massage.

- Draping provides a professional atmosphere, support the client's need for emotional privacy (modesty) and sense of security, and provide warmth.
- All reusable draping must be freshly laundered for each client. Only the area to be massaged is undraped. Sheets or towels may be used
- Avoid lifting or fluffing the drape when changing the position of the drape

Towel Draping

- Use of towels for draping has a number of possible variations

Sheet Draping

- Twin size sheets are preferred
- Fitted sheet is used to cover the table
- Flat sheet is arranged neatly on top of the bottom sheet, and folded down to give an inviting appearance

Refer to these for draping images and videos:

- F: 29, 31-33, 39-41, 43-44, 47-48, and 51
- https://www.tlcmassageschool.com/students/current-students/student-video-resources/draping-techniques/

4a Swedish: Effects of Massage Therapy & Massage Techniques

Salvo: Chapter 6

How Massage Therapy Works

Mechanical Effects:

Massage effect category based on manual manipulation of soft tissue. Serves to push ____blood_____ 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 ____muscle_____ 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 _____stress_____ 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)

How Massage Therapy Affects Specific Structures and Systems

Specific Systems:

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

4a Swedish: Effects of Massage Therapy & Massage Techniques

Salvo: Chapter 8

Introduction

Massage therapy _____Manual_____ 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.

Qualities of Massage Application

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

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.

Massage Techniques and Their Effects

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.

4a Swedish: Effects of Massage Therapy & Massage Techniques

Salvo: Chapter 8

Massage Techniques and Their Effects, continued

Effleurage (AKA: gliding) Application of gliding movements that are ___repeated__ and follow the _____contour_____ 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 _____pressure_____ or a sequence of rhythmic alternating pressures. Increases localized blood flow and improves range of motion.

Tapotement (AKA: percussion) Repetitive staccato _____striking_____ 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 _____rocking_____ movements, applied with the fingers, full hand, or appliance.

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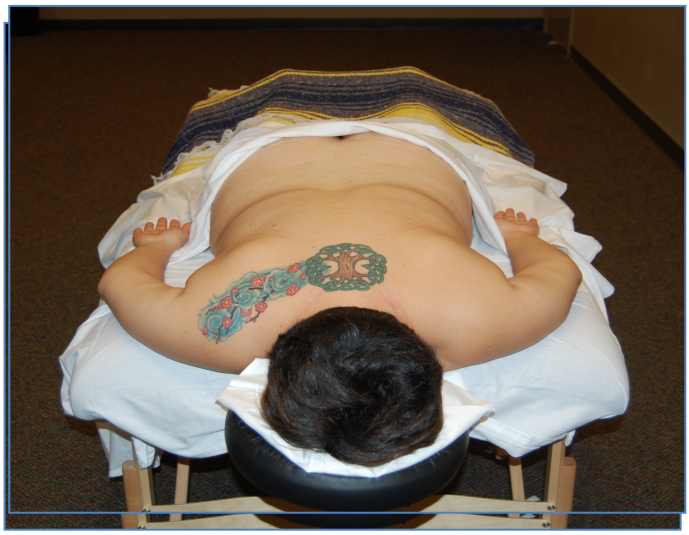
4b Swedish: Technique Demo and Practice – Posterior Upper Body

Begin with the drape fully covering the shoulders. Fold the sheet over the blanket 8 to 12 in.

To undrape move the blanket down to the top of the hips first, then move the sheet to the place where the gluteal cleavage begins.

Place the clients hands on top of the drape.



4b Swedish: Technique Demo and Practice –

Posterior Upper Body

Establish contact at the sacrum and occiput, and relax

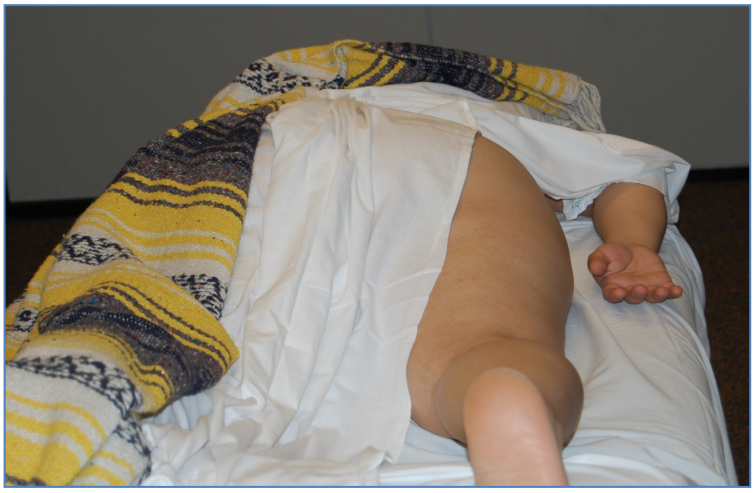
Effleurage the whole back to apply oil, warm, and soften (3-6 times).
Each effleurage of the whole back should be done from the head of the table. It should start at upper trapezius and go to the drape (include the sacrum), with a return stroke along lateral ribs and axilla, around deltoids and up to occiput.

1. While effleuraging down the back, transition to the side, and begin to pull and wring up the opposite side, up to and including the shoulder girdle
2. Return to the head of the table and effleurage the whole back
3. ***Repeat 1 and 2 starting from the opposite side of the table***
4. Move to side, face up table and support client's shoulder girdle with your outside hand. Apply circular effleurage up medial to the scapula, out over the top, and down posterior axilla (also effleurage out the scapula medial-lateral)
5. Move arm to hang over the edge (elbow at 90°) and apply lubricant to the arms. Facing down the table, knead back of neck and upper trapezius. Facing up the table, knead deltoids and triceps.
6. Return arm to table and full down the arm and squeeze the hand
7. Using your down-table hand on top of the other, deep effleurage up from the low back, medial to the scapula, over the top of the shoulder, and continue down the arm and hand
8. Standing at the head facing down the table, compress your thumb tips into upper trapezius – move the skin and superficial fascia towards the ceiling, then towards the table, with moderate pressure into the deeper layers. Work your way from base of neck to acromion process
9. Using thumbs strip out upper trapezius and rhomboids
10. With your lateral hand on the skin, covered by your medial hand, apply circular effleurage down the middle, around the bottom, up the side, and across the top of the scapula
11. Full effleurage of the whole back
12. ***Repeat 4 through 10 on other side***
13. Standing at the head facing down the table, do alternating thumb circles across the erectors bilaterally down to the sacrum. Continue thumb circles to the bottom of the sacrum and cover sacrum with thumb work. Return up to the neck with a rocking, raking motion.
    a. Repeat thumb circles and return, OR
14. Apply unilateral thumb circles lateral to spine on each side, including sacrum and iliac crest
15. Moving to side, apply figure eight stroke over lumbar area, sacrum, and upper gluteals
16. Standing at the head, apply alternating effleurage to both sides of the back
17. Effleurage whole back to connect
18. Apply tapotement to back, arms, and hands
19. Full effleurage of back to close
20. Move to the side and apply nerve strokes down the back, arms and hands to finish

7b Swedish: Technique Demo and Practice – Posterior Lower Body

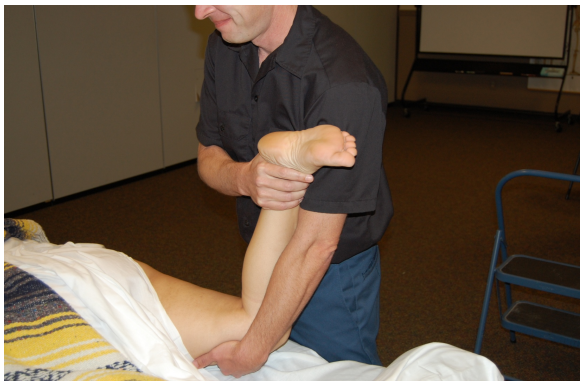
Begin to undrape by moving the blanket halfway across the table.

Grasping the sheet at the edge of the table move the sheet to uncover half of the leg at a slight angle.

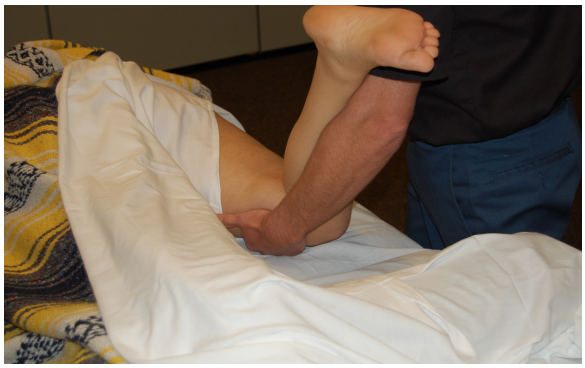


7b Swedish: Technique Demo and Practice – Posterior Lower Body

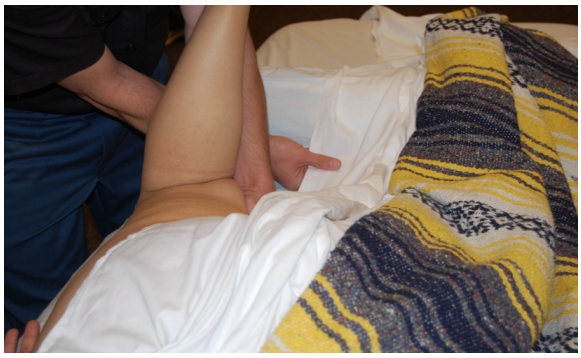
Bend the lower leg to 90 degrees. Lift the leg with the hand closest to the head of the table.



With the hand closest to the foot, grasp just above the knee.

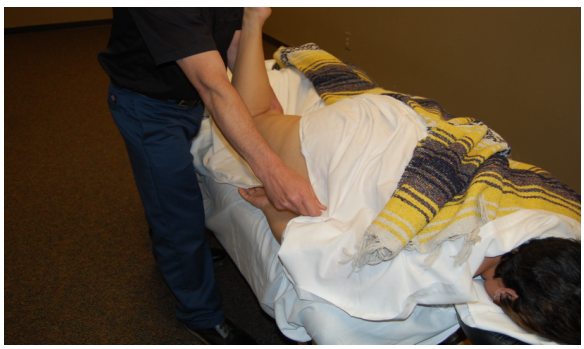


At the level of the knee reach across and grasp the edge of the drape.



Lift the leg slightly and pull the drape toward the head of the table.

Adjust the top of the drape so that it lies above the iliac crest. Do not expose the gluteal cleavage. If the drape is high enough it won't fall down or be in your way when you work.



7b Swedish: Technique Demo and Practice – Posterior Lower Body

The Flip & Cover

Hold the blanket and sheet on the far side of the table. You secure the drape on your side by leaning against the table. Ask the client to turn over and scoot down so their head is on the table. After they flip adjust the drape to cover the shoulders for warmth.

7b Swedish: Technique Demo and Practice – Posterior Lower Body

1. Starting at the ankle, effleurage whole leg to apply oil, warm and soften (3 times). Each effleurage of whole leg should start at the ankle and go up to and include iliac crest with a return stroke back down to foot, unless the draping covers the gluteal area. In that case, effeurage reaches only as far as the gluteal fold.
2. At the top of a full leg effleurage, if the gluteals are exposed, transition to circular effleurage of gluteals, stroking up lateral to the sacrum, then out around the top, alternately following above and below the iliac crest
3. Knead gluteus maximus and medius, and, using a soft fist, apply twisting compression to gluteals
4. Effleurage gluteals to close

Note: *If gluteals are covered, apply compressions with loose fist, through the drape, unless gluteal work was ruled out.*

5. Effleurage posterior thigh
6. Full thigh, superior to inferior
7. Wring thigh, superior to inferior
8. Knead thigh in 3 passes, starting at top of lateral thigh
9. Effleurage thigh to close
10. Apply gentle circular thumb effleurage behind knee
11. Effleurage calf from below the ankle to above the knee (3 times)
12. Full calf from the knee down
13. Wring calf from the knee down
14. Knead calf (include achilles tendon and calcaneus in kneading)
15. Effleurage calf to close
16. Squeeze the foot

Note: Once the Massage of Feet class has been taught, remainder of *prone routine for foot* inserts here for full body massage:

Circular thumb friction from calcaneus to toes in 5 lines
Heel pinching

17. Effleurage whole leg to connect
18. Tapotement of hip, thigh, leg and foot - best done parallel to muscle fibers where possible
19. Full effleurage to close
20. Nerve strokes down the leg to finish

10b Swedish: Technique Review and Practice – Posterior Upper and Lower Body

- Resting Stroke

- Back Effleurage
- Transition to the low back; pull and wring
- **Repeat steps on the other side**

- Circular effleurage to the scapula
- Move arm to hang over the edge (elbow at 90°) and apply lubricant to the arm.
- Knead back of neck, upper trapezius, deltoids, and triceps
- Return arm to table; full down the arm and squeeze the hand
- Deep effleurage up low back, over the shoulder, and down arm and hand
- Deep cross-fiber friction/transverse circular friction to the rhomboids
- Strip out upper trapezius and rhomboids
- Circular effleurage to the scapula
- Full back effleurage
- **Repeat steps on the other side**

- Bilateral, alternating thumb circles down erectors to the sacrum
- Thumb circles on the sacrum
- Return up to the neck with a rocking, raking motion.
- Unilateral thumb circles down the erectors
- Figure eight stroke over lumbar area, sacrum, and upper gluteals
- Alternating effleurage to both sides of the back
- Full back effleurage
- Tapotement to back, arms, and hands
- Full back effleurage
- Nerve strokes down the back, arms and hands
- Cover the back and uncover one leg

- Gluteals: circular effleurage, knead, loose fist compressions, effleurage
- Posterior thigh: effleurage, full, wring, knead, effleurage
- Circular thumb effleurage behind knee
- Calf: effleurage, full, wring, knead, effleurage
- Squeeze the foot
- Circular thumb friction from calcaneus to toes in 5 lines
- Pinch the heel
- Full leg effleurage
- Tapotement: hip, thigh, calf, and foot - parallel to muscle fibers where possible
- Full leg effleurage
- Nerve strokes down the leg to finish
- Cover the leg
- **Repeat steps on the other leg**

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11b Swedish: Technique Demo and Practice – Posterior and Anterior Foot

The following is a sequence of foot techniques for both supine and prone positions. Practice all of these movements diligently and apply them within your treatment as you see fit. Be sure to cover the entire foot and ankle thoroughly and respond sensitively to the particular tension patterns of the foot.

Prone Position

1. Squeeze the foot
2. Apply circular thumb friction from calcaneus to toes in 5 lines
3. Pinch the heel
4. Conclude with tapotement and effleurage of hip, leg, and foot

Supine Position

5. Apply palmar effleurage to dorsum of ankle while holding foot
6. Do bilateral superficial fingertip friction around malleoli
7. Supporting lateral side, apply fingertip friction along medial side of Achilles tendon
8. Supporting medial side, apply fingertip friction along lateral side of Achilles tendon
9. Apply thumb friction across the retinacula
10. With finger pad support on bottom of foot, full dorsum of foot
11. With thumbs on top, squeeze foot
12. With thumbs on bottom, wring from heel to toes and back - don't crush metatarsals
13. For each metatarsal and its toe
    1. With thumbs together, thumb strip between metatarsals from toes to ankle
    2. Mobilize by scissoring metatarsals
    3. Hygiene permitting, slide index finger or side of a thumb in between toes (from top down or bottom up)
    4. Petrissage from metatarsal head to tip of toe (emphasis where toe meets metatarsal)
    5. Rotate, flex, hyperextend and traction each toe
14. Apply thumb compressions to the arches of the foot
15. Repeat wringing of the foot
16. Apply two-handed vibration to foot at ball and ankle
17. Apply tapotement to the foot

(*once supine leg routine is learned, include thigh and leg*) *Once supine leg routine is learned - Conclude with effleurage and nerve strokes down the leg*

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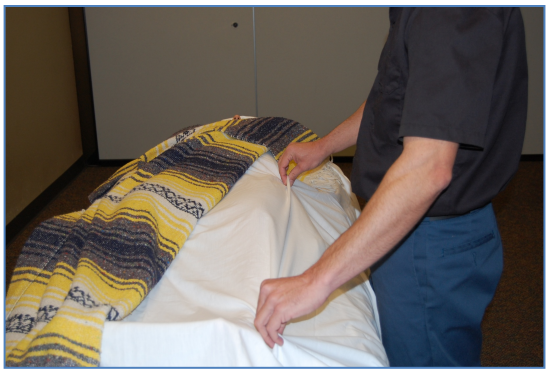
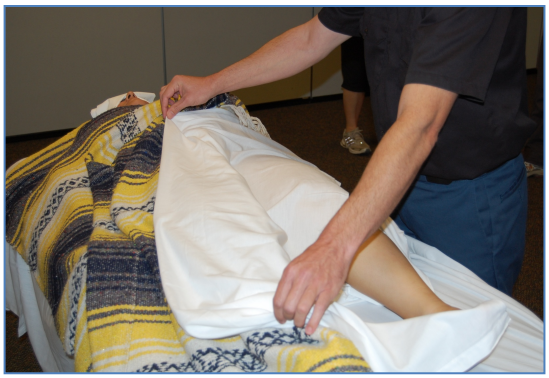
12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

Fold the blanket half way across the table to keep the blanket out of your way.

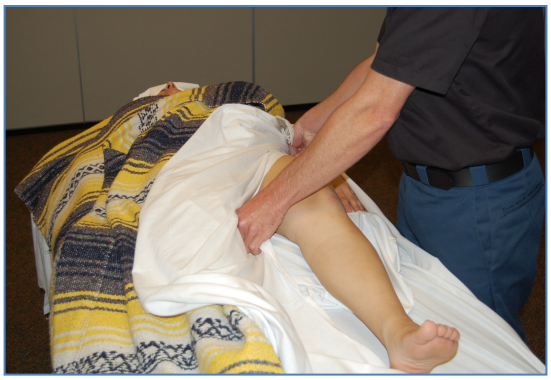
Grasp the sheet at the edge of the leg closest to you.



Move the drape across the leg. Make sure that the drape stays in contact with the leg.

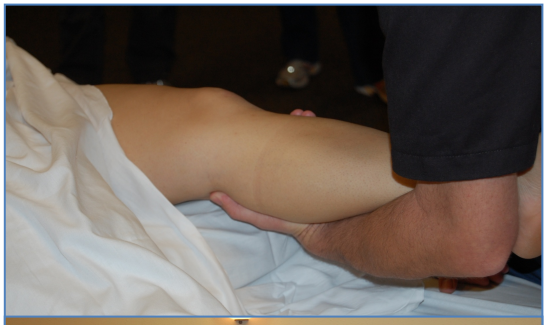


Move the drape up the leg so that 2/3 of the thigh is undraped.



12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

Lift the leg by sliding your "inside hand" under the leg just below the knee and lean back to lift.



Please note that you do not have to lift very high to get the sheet in place.

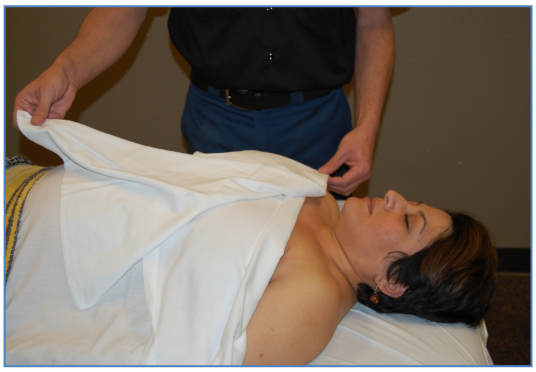
Reach underneath the leg at the level of the knee and pull the drape towards the head of the table. Now set the leg down.

The top of the drape should follow a line just below the crease in the leg. Tuck the top part of the drape under the hip. Be sure to have an ample amount of drape hanging off the side of the table.

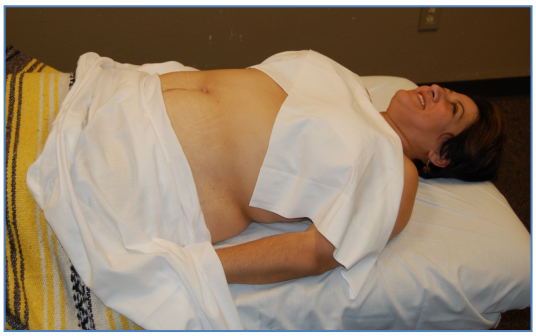
12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

Move the blanket down to the level of the ASIS. Fold the sheet down so there is some of the upper chest uncovered.

Lay the breast drape over the top of the sheet with the top edge higher than the top edge of the sheet.



Anchor the breast drape with your hand or forearm and pull the main drape down to uncover the abdomen.



12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

Anterior Lower Body

1. Effleurage whole leg 3 times (always start at the foot and go up to the ASIS)
2. Effleurage the thigh 3 times to open
3. Full thigh, superior to inferior
4. Wring thigh, superior to inferior
5. Knead thigh in 3 passes, beginning at the top of the lateral thigh
6. Effleurage thigh to close
7. Full gently around the patella
8. Effleurage lower leg 3 times to open
9. Full down lower leg
10. Apply thumb circles to tibialis anterior and fibularis longus
11. Apply thumb tip compressions down lower leg in two lines, covering tibialis anterior and fibularis longus
12. Effleurage lower leg to close
13. Apply palmar effleurage to dorsum of ankle while holding foot
    - **NOTE -** *In full body massage, entirety of Supine Foot Routine belongs here*
    - With finger pad support on bottom of foot, full dorsum of foot
    - With thumbs on top, squeeze foot
14. Apply tapotement to IT band, quadriceps, lower leg, top of foot
15. Effleurage whole leg to connect and close
16. Apply nerve strokes down the leg to finish

Repeat on other leg

Abdomen

17. With appropriate draping, expose abdomen
18. Engage your client with soft hands or words to prepare them for initial abdominal contact
19. Use hand-following-hand circular effleurage (clockwise direction) to spread lubricant around abdomen and sides
20. Starting at the iliac crest, pull up the sides of the abdomen, pulling fingers up between the ribs to the xiphoid process, then thumb effleurage down and out beneath the costal border (lighten pressure at the floating ribs)

Repeat 2 – 3 times - Maintaining gentle contact, move to the other side

21. Repeat pulling up opposite side
22. Effleurage up the abdomen to sternum (on rectus abdominis), out and around to sides, sweep down the sides to the waist, dip under to iliac crest and pull up, following the iliac crest, back to the starting point

Repeat 2-3 times

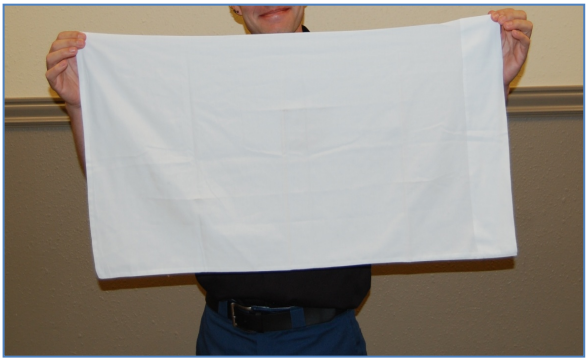
23. Repeat circular effleurage 2-3 times
24. Cover torso
25. Transition to chest by using gentle contact (e.g. circular friction/melting) to move from alongside lower sternum up between the ribs to clavicles, then bilaterally out below clavicles to near axillae. This will specifically address origins of pectoralis major, and energetically connect the chest and abdomen. Relax and make centered contact in this area.

12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

<u>Breast Drape Variation One:</u>
Hold the drape at each corner, one hand on the upper corner and one hand at the lower corner and fold in half.

<u>Breast Drape Variation Two:</u>
Fold the drape in thirds.

<u>Breast Drape Variation Three:</u>
Use the full width of the drape.

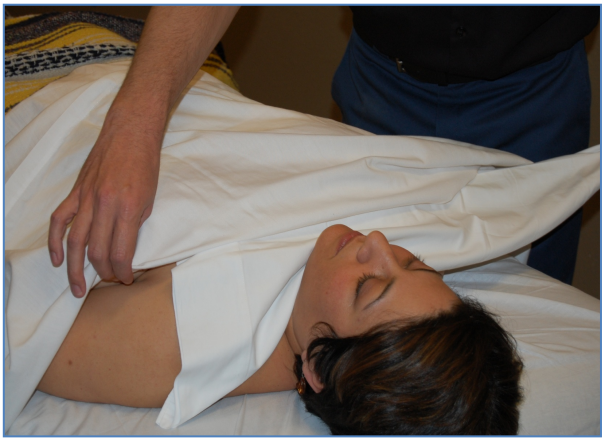


The size of the area you have to cover will determine which variation you will use.

12b Swedish: Technique Demo and Practice – Anterior Lower Body and Abs

To tuck the breast drape, bring the arms out to the side. With the inside hand, pin the drape on the arm, and
set the arm back down on top of the drape.

To remove the breast drape, fold the sheet back over the torso covering
the breast drape, then pull the breast drape out to the side while holding
the sheet at the far side of the



14b Swedish: Technique Review and Practice – Feet, Anterior Lower Body, and Abs

Supine Position

- Full leg effleurage
- Thigh: effleurage, full, wring, knead, effleurage
- Full gently around the patella
- Lower leg: effleurage and full
- Tibialis anterior and fibularis longus/brevis: thumb circles, and thumb tip compressions
- Lower leg effleurage
- Palmar effleurage to dorsum of ankle while holding foot
- Fingertip friction around malleoli
- Fingertip friction along medial and lateral sides of Achilles tendon
- Thumb friction across the retinacula
- Full dorsum of foot
- Squeeze foot
- Wring from heel to toes and back
- For each metatarsal and its toe:
  - Strip between metatarsals from toes to ankle
  - Mobilize by scissoring metatarsals
  - Slide index finger or side of a thumb in between toes
  - Petrissage toes
  - Rotate, flex, hyperextend and traction each toe
- Thumb compressions to the arches of the foot
- Foot wringing

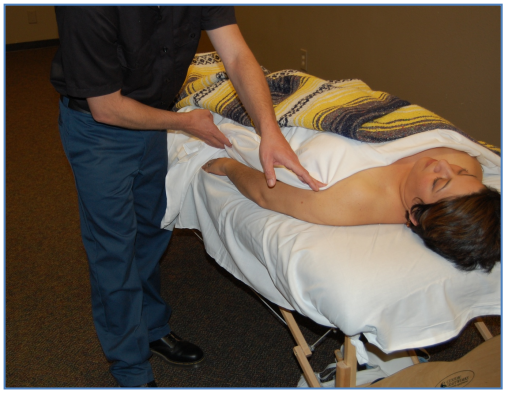
14b Swedish: Technique Review and Practice – Feet, Anterior Lower Body, and Abs

- Two-handed vibration to foot at ball and ankle
- Full leg effleurage
- Tapotement to IT band, quadriceps, lower leg, top of foot
- Full leg effleurage
- Nerve strokes down the leg to finish
- Cover the leg
- **Repeat steps on other leg**
- With appropriate draping, expose abdomen
- Engage your client with soft hands or words to prepare them for initial abdominal contact
- Abs: circular effleurage, pulling, and thumb slide along costal border.
- **Repeat steps on the other side**
- Effleurage up the abdomen to sternum (on rectus abdominis), out and around to sides, sweep down the sides to the waist, dip under to iliac crest and pull up, following the iliac crest, back to the starting point
- Circular effleurage abs
- Cover torso

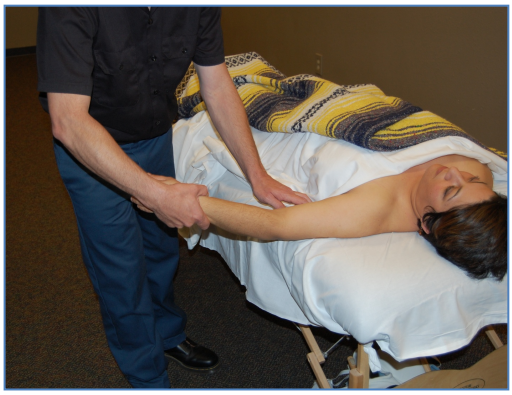
15b Swedish: Technique Demo and Practice – Chest and Arms

To undrape the arms, fold the blanket over and lay it onto the torso.

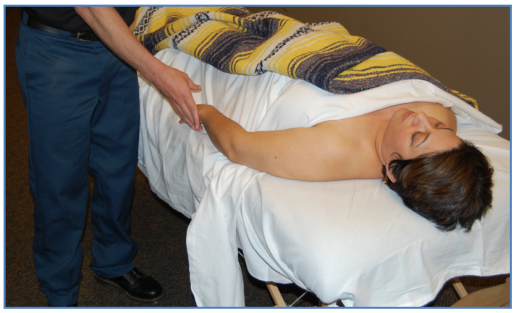
Pin the drape at the shoulder and move the drape over to uncover the arm.



Lift the arm and set it on top of the sheet.



Return the arm to the table.



15b Swedish: Technique Demo and Practice – Chest and Arms

To re-drape the arms, bring the arm out to the side so you can move the drape up over the arm to cover the shoulders.

Fold the sheet up over the shoulder.

Slide the arm underneath the drape to the table.

15b Swedish: Technique Demo and Practice – Chest and Arms

Standing at head

For client's without a chest drape:

1. Full torso effleurage (down alongside sternum, out over lower ribs, return via lateral ribs and pecs, around deltoids, through upper traps, and continue up posterior neck musculature to the occiput)

For client's with a chest drape:

1. Effleurage the upper torso across pecs, around deltoids (stroke out from center of sternum, across pec major, around deltoids, through upper traps, and continue up the posterior neck to the occiput).

Standing at side, facing up the table

2. Effleurage whole arm 3 times to warm and soften.
3. Each arm effleurage should have gentle traction at the wrist with the non-working hand, while the working hand effleurages from wrist up to acromion process or axilla, and back down. Switch hands to work both the anterior and posterior surfaces of the arm.

Return to head of table with client's arm

4. Effleurage from elbow to axilla, including latissimus dorsi
5. Knead lat, deltoids and triceps
6. Effleurage from elbow to axilla, including pecs by dropping elbow out
7. Knead pecs, deltoids and biceps
8. Supporting elbow and wrist, bend your knees and lift arm straight toward ceiling by straightening your knees, lower until shoulder rests on table, and circumduct the arm over the client's head, around, and down to client's side

Standing at side

9. Effleurage whole arm
10. Effleurage the forearm (from wrist to above the elbow) 3 times to open
11. Using one hand or two, petrissage the forearm, anterior and posterior
12. With the client's palm up, starting at the ulnar side, apply thumb stripping from wrist to elbow (providing gentle traction at wrist) all the way around forearm
13. Apply thumb circles over wrist, and full dorsum of hand
14. Thumb effleurage distally between metacarpals & through the webbing of the fingers
15. Scissor metacarpals
16. Open the palm and apply thumb circles
17. With emphasis where finger meets metacarpal, squeeze out each finger (front, back, and sides of finger), also twist and pull gently
18. Apply tapotement to whole arm
19. Effleurage whole arm to connect and close
20. Apply nerve strokes to finish

Standing at head

21. Use upper torso effleurage as transition stroke, **Repeat on other arm**

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16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

Cover the Shoulders for Neck & Head Work

The draping should cover the shoulder for warmth by folding the sheet at the shoulders, up and over towards the head of the table.

16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

1. Effleurage across pecs, around shoulders and up neck
2. Cradling the head in one hand, effleurage down the side of the neck, out the pec major, around the shoulder and back up to the occiput (large triangle)
3. Effleurage from mastoid process down sternocleidomastoid, across above the clavicle, and up the upper trapezius (small triangle)
4. Apply circular friction to the same side of the neck
5. Iron the upper trap on that side
6. Apply circular friction to back of neck (esp. sub-occipital region)

Repeat 1) – 5) on other side of neck

7. Return head to center and use bilateral circular friction to the back of the neck (slide hands underneath to start)

Clean your hands
Use toner to clean client's face thoroughly with upwards strokes. (For men, press toner through beard area.)

1. Apply cream lightly to fingers and apply to face
2. Apply fingertip effleurage (alternating) up between eyebrows
3. Full from the middle of forehead out to temples in several passes
4. Apply fingertip circles at temples
5. Make circles around orbits - under zygomatic bone and above eyebrows
6. Make circles at temples, and down masseter, continuing along mandible to chin
7. Apply thumb over thumb strokes to chin
8. Pull out from the middle under mandible
9. Effleurage behind ears, gently kneading, then circumducting in both directions
10. Apply circular friction unilaterally to scalp, superficial and deep - work from occiput to forehead, from ear to midline, cradling head in opposite palm
11. Repeat circular friction on other side of head
12. With head in neutral position, apply superficial friction in a zig-zag pattern with thumbs opposing to top of the head
13. For final resting stroke, cradle occiput in palms, OR place hands on shoulders OR close with holding feet

16b Swedish: Technique Demo and Practice – Neck, Face, and Scalp

Face Hygiene

1. Make sure you have informed the client that face and scalp are included in the massage (especially if it appears they have spent a lot of time and energy on styling these)

2. **Always clean your hands before giving face massage:** Recommended: soap and water, antibacterial cleanser or mixture of (10%alcohol, 20% witch hazel, 70% water, plus few drops of any clean smelling essential oil)

3. You will want to clean the skin on the face before massage so you do not grind make-up, dirt, or airborne pollutants into the skins pores.

4. To clean the clients face we recommend a sensitive skin formula facial toner such as a very gentle astringent with no alcohol or harsh smell. Apply with cotton pads or triple-size cotton balls.

5. For face massage use a mineral oil free cream, formulated especially for facial skin massage (has good "slip")

6. Always ask if the client has skin product concerns regarding their face.

7. After facial massage you may want to remove facial cream residue by cleansing the skin again with toner and cotton balls

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18b Swedish: Technique Review and Practice – Chest, Arms, Neck, Face, and Scalp

Supine

- Upper chest effleurage
    a. **For clients without draped chest:** Full torso effleurage
    b. **For clients with draped chest:** Upper chest, shoulder, and neck effleurage
- Full arm effleurage
- Go to head of table with client's arm
- Effleurage deltoids, triceps, and latissimus dorsi
- Knead deltoids, triceps, and latissimus dorsi
- Effleurage pecs, deltoids, and biceps
- Knead pecs, deltoids, and biceps
- Traction and circumduct the arm
- Full arm effleurage
- Effleurage the forearm
- Petrissage the forearm
- Strip from wrist to elbow
- Thumb circles over wrist
- Full dorsum of hand
- Thumb stripping distally between metacarpals & through the webbing of the fingers Scissor metacarpals
- Thumb circles to the palm of the hand
- Squeeze out each finger also twist and pull gently
- Full arm effleurage
- Whole arm tapotement
- Full arm effleurage
- Nerve strokes down the arms
- Upper chest effleurage as transition stroke
- **Repeat steps on other arm**

18b Swedish: Technique Review and Practice – Chest, Arms, Neck, Face, and Scalp

- o Upper chest effleurage
- o Large triangle neck effleurage
- o Small triangle neck effleurage
- o Circular fingertip friction to the side of the neck
- o Ironing the neck
- o Loose fist cross-fiber friction to the upper trapezius
- o Circular friction to back of neck
- o Bilateral fingertip circular friction to the back of the neck
- o **Repeat steps on other side**

- o **Clean your hands**
- o Clean client's face thoroughly using facial toner and upward strokes.
- o Face effleurage
- o Alternating fingertip effleurage up between eyebrows
- o Full from the forehead
- o Fingertip circles at temples
- o Circles around orbits – under zygomatic bone and above eyebrows
- o Fingertip circles at temples, and down masseter, continuing along mandible to chin
- o Thumb over thumb strokes to chin
- o Pull out from the middle under mandible
- o Ears: effleurage, knead, and circumduct
- o Unilateral circular friction to scalp. Repeat on other side of head
- o Superficial friction in a zig-zag pattern with thumbs opposing to top of the head
- o Resting stroke

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

Record Keeping Format Sheet

The Treatment Record/SOAP is the form used by the therapist to keep a record of what occurs during a session. This record needs to be legible, specific and accurate. Please refer to the other side of this page for a copy of the blank Treatment Record form used at the Internship Clinic.

General session note procedures-

- All 5 categories must be completed for each session.
- Common abbreviations may be used and you may use phrases in lieu of complete sentences.
- Please do not use medical terminology that was not taught or used in massage school.
- Use only professional wording. Due to H.I.P.A.A. regulation, clients have complete access to their records.

Download, print, or edit SOAP notes from our website. Example included-
Https://www.tlcmassageschool.com/students/current-students/outside-massage-forms-and-soap-notes/

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

The following are explanations of the 5 categories of information you will complete for each massage:

S = Subjective or what the client reports to you about their status.

- Client goals, expectations, and preferences
- Client functional limitations
- Physician's diagnosis or clearance
- These are notes taken during the client interview and apply to *today's* session.

O = Objective or findings made by the therapist.

- Client posture
- Client movement
- Palpation of client during interview
- Details of treatment on the area(s) of focus
  - Techniques used
  - Names of structures addressed
  - Duration of treatment in minutes

A = Assessment or how the client rates the pain or discomfort of a focus area.

- Scale of 0-10 (0 is no pain, 5 is moderate pain, 10 is the worst possible pain)
- Recorded first during the interview for each area of focus
- Recored again after the treatment for each area of focus

P = Plan or a strategy for further care

- Client education
- Self care such as movement or stretches
- Future massage session ideas
- Referrals

Personal reflection or meaningful insights made by the therapist about the therapist

- List any learning, surprise, satisfaction or dissatisfaction that you took away from the session.
- Please include meaningful insight and avoid vague phrases such as "session went well".
- Name something you enjoyed about the session or something that challenged you.

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

INTAKE FORM (Instructor Role Play)

Name ___***John Doe***_____ Preferred Phone: __*555-5555*_____ m/h/w Date_____

Address ____*555 No Where Ave*_____ Alternate Phone: _____ m/h/w

City ___Austin_____State *TX*__ Zip _____ DOB **2/24/67** Gender:__*Male*_____

Email *noneofyourbusiness@gmail.com* Occupation: ***Phys Ed Teacher***_____

Emergency Contact: _____ Relationship: _____ Phone: _____

What types of healthcare are you receiving? *(Physician, Chiropractor, Acupuncture, Homeopath, etc.)*

_____

Do you currently have, or recently had, any of the following conditions:
(This information is confidential and may be important to your therapy.)

☐Diabetes	***X*** Numbness or Tingling	***X*** High Blood Pressure
☐Arthritis	☐ Headaches_____	☐Heart Condition
☐Cancer (history)	☐ Skin Conditions	☐Varicose Veins
X Allergies __*Hay Fever*_____	☐Autoimmune Disease _____	

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

_____***Marathon Runner for 15 yrs. Pain in ankles, knees and low back***_____

Please list any medications or supplements you are currently taking for <u>any of the above conditions</u>:

_____***Advil, Vit C, B, Calcium***_____

Are you pregnant or trying to become pregnant? ___ No ___ Yes: Due Date _____

<u>Clients are asked to keep the clinic informed on any changes to the above information</u>.

Previous massage/bodywork experience: __ Never __ Occasionally ***X*** Often – Type(s) ***Sports & Deep***

I understand that: Massage therapy (Which may include styles of: Swedish, Sports or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. <u>This is a full-body massage unless otherwise</u> <u>requested. Neither breasts nor genitalia will be massaged.</u> I may itemize here any areas on my body that <u>I wish to be avoided,</u> and these will be totally avoided (itemize here if relevant):

_____

<u>If I am uncomfortable for any reason I may request to end the session and it will end promptly</u>.

If client is under the age of 17, written consent from client's guardian or parent is required.

I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: _____ Therapist Signature:

20a Treatment Planning: Intake, Assessment, and Documentation

Salvo: Chapter 10

INTAKE FORM

Name _____***Jane Doe***_____ Preferred Phone: ***555-5555***____m/h/w Date:_____

Address ___Primrose Blvd____ Alternate Phone: _____ m/h/w

City __***Austin***__ State *TX* Zip _____ DOB __***2/5/84***__ Gender:__*Female*_____

Email _____ Occupation ___***Dental Hygienist*** _____

Emergency Contact: _____ Relationship: _____ Phone: _____

What types of healthcare are you receiving? *(Physician, Chiropractor, Acupuncture, Homeopath, etc.)*

☐Diabetes	***X*** Numbness or Tingling	☐High Blood Pressure
☐Arthritis	***X*** Headaches_____	☐Heart Condition
☐Cancer (history)	☐ Skin Conditions	☐Varicose Veins
☐Allergies _____	☐ Autoimmune Disease _____	

Please note any recent injuries, surgeries, major accidents, or serious illness/conditions:

I have dull pain between my shoulder blades. Dr. says its due to posture at work_____

Please list any medications or supplements you are currently taking for any of the above conditions:

_____

Are you pregnant or trying to become pregnant? _**X** No ___ Yes: Due Date _____

Clients are asked to keep the clinic informed on any changes to the above information.

Previous massage/bodywork experience: **X** Never __ Occasionally __ Often – Type(s) _____

I understand that: Massage therapy (Which may include styles of: Swedish, Sports or Deep Massage) involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. Draping will be used at all times. This is a full-body massage unless otherwise requested. Neither breasts nor genitalia will be massaged. I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

_____

If I am uncomfortable for any reason I may request to end the session and it will end promptly.

If client is under the age of 17, written consent from client's guardian or parent is required.

I affirm that I am able to receive Massage Therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me from receiving Massage I must provide physicians written consent prior to services.

Client Signature: _____ Therapist Signature:_____

TLC Approved Abbreviations

Eff.- effleurage
Pet. - petrissage
Fric. - friction
Vib. - vibration
Comp. - compression
Tap. - tapotement
TP - trigger point

Flex. - flexion
Ext.- extension
Abd.- abduction
Add. - adduction
Med. rot. - medial rotation
Int. rot. - internal rotation
Lat. rot. - lateral rotation
Ext. rot. - external rotation
Rot. - rotation
Dorsi. - dorsiflexion
Plantarf. - plantarflexion
Inver. - inversion
Ever. - eversion
Dev. - deviation

Ant - anterior
Post. - posterior
Sup. - superior
Inf. - inferior
Med. - medial
Lat. - lateral
Prox. - proximal
Dist. - distal
Int. - internal
Ext. - external
Bil. - bilateral

ROM - range of motion
BMT - Body Mobilization Technique
Tib. - tibia
Fib. - fibula
Clav. - clavicle
Hum. - humerus
Scap. - scapula
C1-C7 - cervical vertebrae

SI - sacroiliac
A/C - acromioclavicular
S/C - sternoclavicular

ACL - anterior cruciate ligament
ASIS - anterior superior iliac spine

Mus.- muscle
Maj. - major
Min. - minor
Delt. - deltoid
Pect. - pectoralis
Trap - trapezius
SCM - sternocleidomastoid
Lat. - latissimus
Glut. - gluteus

CTS - carpal tunnel syndrome
TOS - thoracic outlet syndrome

HBP - high blood pressure
LBP - low back pain

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28b Integration Massage: Swedish and Hydrotherapy

Hydrocollator Packs and Cold Packs will be made available during these full body sessions. Do an interview with full SOAP notes. Determine are area that would benefit from either a hot pack or a cold pack. Refer to the hydrotherapy packet pages for criteria and treatment specifications.

Prone

Posterior Upper Body

Posterior Lower Body

Supine

Anterior Lower Body and Abs

Chest and Arms

Neck, Face, and Scalp

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30b Passive Stretches: Technique Demo and Practice – Upper Body

Benefits of Mobilization:

- For the therapist, joint mobilization is useful as a tool of assessment of quality and range of motion
- For the client it may serve several purposes
    - If debilitated, promotes circulation and stimulates nerves and muscles to prevent atrophy
    - Lubricates joint capsule
    - Done slowly, helps client identify areas of disruption in smooth movement patterns
    - Induces state of extraordinary consciousness

Principles of Mobilization

- Move smoothly, not too quickly
- Support any joints that might feel vulnerable to hyperextension
- Move to edges of possible range of motion without triggering stretch reflex

Benefits of Stretching

- Maintains (or increases) length of the connective tissue component
- Relaxes the contractile component of the muscle, resulting in greater length
- Induces greater sense of relaxation in the whole system
- Feels good

30b Passive Stretches: Technique Demo and Practice – Upper Body

Principles of Stretching

- Each stretch should be preceded and followed by joint mobilization
- Stretching (especially of another person) should be done slowly and gently
    - Mechanism called the ***muscle spindle*** exists within the skeletal muscle. It monitors length and tension of the muscle fiber. If length increases too much or too fast, the ***stretch reflex*** fires, causing the muscle being stretched to contract. For stretching purposes this is counter-productive and dangerous.
    - Use only enough force to move to the point of resistance which is comfortably effective for the client
- Person being stretched should be able to relax completely, and breathe fully and deeply (if they hold their breath it indicates a lack of relaxation to begin with).
- Use just a little traction to open up the joint before you stretch it
- Once the person being stretched indicates they feel a stretch, lean into the stretch gently but firmly and ask them to let you know when it feels just right (thus the person being stretched has the ability to limit the process). At that point hold the stretch for 3 of your breath cycles.
- When working with people who are hypermobile (i.e. have extremely wide range of motion) avoid a tendency to needlessly increase their range, as this could result in damage to ligaments or joint capsules.
- When possible it will be more effective to massage a muscle group *before* stretching it.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
PECTORALIS MAJOR

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

With client's elbow flexed, shoulder laterally rotated and abducted to 90 degrees (so fingers point above the head), horizontally adduct it to about a 45 degree angle to the table. Foot hand supports below the lateral distal humerus. Head hand is placed on the medial distal humerus, opposite the foot hand, with fingers of opposing hands pointing in opposite directions. Traction the humerus distally, then maintain traction while lowering the arm towards the floor. Repeat with arm moved from 90 degrees to 135 degrees away from the trunk in the coronal plane (closer to the head).

Repeat the mobilization after the stretch is finished.

LATISSIMUS DORSI

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

Start with the arm over the head, therapist facing down table. Both hands grasp proximal to the elbow (fingertips facing opposite directions - outside hand on the bottom, inside hand on top). Ask client to laterally flex their neck to the opposite side ("Please slide your ear closer to your shoulder"). Traction the humerus distally. Alternately move the arm closer to the head (medially) and closer to the table, stair-stepping to the end of the stretch.

Repeat the mobilization after the stretch is finished.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
RHOMBOIDS

Joint Mobilization – *Shoulder (glenohumeral joint):*

Stand by the shoulder to be mobilized, facing across the table. Flex the client's shoulder to 90 degrees, then flex the elbow to 90 degrees, and rotate the shoulder medially, so that the forearm is perpendicular to the trunk. Foot hand supports forearm at the wrist to prevent accidental contact with the breast or face. Head hand holds upper arm, just proximal to the elbow. Circumduct the shoulder widely in both directions.

Traction and Stretch:

Standing on opposite side of the table from the rhomboids to be addressed, reach across and grasp the opposite arm, bringing it across the body towards you. (or should we say you should have brought it with you from the other side?). Head hand grasps the proximal forearm just distal to the elbow, as foot hand reaches across and around to the back. Fingers curl to grasp the medial border of the scapula. Simultaneously traction the humerus towards you and towards the ceiling, as you move the scapula away from the spine. You may stop at the point that the torso starts to roll towards you (the limit of the rhomboid stretch), or continue with the stretch of the upper torso by continuing further.

Repeat the mobilization after the stretch is finished.

Alternate method:

If size and/or strength disparities exist, such that stretch cannot be effectively or safely done as above, stand on the same side as the rhomboids to be addressed. Foot hand grasps proximal forearm just distal to the elbow, flexing the shoulder to 90 degrees, and rotating it medially, so that the forearm is perpendicular to the trunk, with the elbow flexed. The head hand reaches under the back, curling fingers to slide under the medial border of the scapula. As the foot hand tractions towards the ceiling and across the body, the head hand pulls the scapula away from the spine.

Repeat the mobilization after the stretch is finished.

30b Passive Stretches: Technique Demo and Practice – Upper Body

SUPINE:
NECK MUSCLES (numerous)

Joint Mobilization – *Neck (atlanto-occipital and cervical intervertebral facet joints):*

Sitting at the head, facing down the table, apply traction by gently pulling the skull superiorly. With the client's skull remaining in contact with the table, A) Roll the neck to one side, then the other, several times; B) With your hands palm-up, fingers contacting the neck lateral to the spinous processes, and with the client's occiput on the table, alternately slide your hands superiorly (bringing the occiput with you) and inferiorly (fingertips move skin and fascia on back of neck inferiorly) so that the chin alternately tucks and rises; C) Slide head to one side (ear towards the shoulder), and then the other, several times.

Traction and Stretch:

Lateral flexion - Stand up. Apply traction, and slide head towards the shoulder, keeping the nose pointing at the ceiling. Stand up and move laterally, continuing the traction and movement of the head laterally until the stretch is accomplished. Transfer lateral hand to temporal bone on other side of the head, just above the ear, as medial hand moves to the shoulder, gently pressing it inferiorly and laterally. Repeat the stretch in the other direction.

Rotation – Traction slightly, and slide the head laterally, about half-way to the shoulder. Inside hand slides away from the head as outside hand gently rotates the head in the opposite direction (bringing it back towards the center). Outside hand re-establishes traction, as inside hand contacts the temporal bone just above the ear and continues the rotation. Repeat in the other direction.

Repeat the stretch in the other direction.

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31b Passive Stretches: Technique Demo and Practice – Lower Body

PRONE:
QUADRICEPS FEMORIS

Joint Mobilization – *Hip (coxal joint) and Knee (tibiofemoral joint):*

Standing by the knee, facing the table, use the lower hand to scoop under the ankle and flex the knee to 90 degrees or so. Palm of the upper hand rests on the sacrum. Lower hand moves the foot through a circular range that involves flexion & extension of the knee and medial & lateral rotation of the hip. Increase the amplitude of the movement in all directions until you begin to feel resistance.

Traction and Stretch:

The lower hand flexes the knee to 90 degrees or so. The upper hand contacts the proximal portion of the gastroc belly and tractions the tibia away from the femur. Lower hand continues with flexion of the knee as upper hand releases the gastrocnemius and moves out of the way. Upper hand moves to contact the sacrum as the stretch is continued by the lower hand, moving the calcaneus toward the buttocks, on a line towards the ischial tuberosity. If the low back tends to hyperextend (seen as anterior pelvic tilt) as the quads are stretched, move the upper hand to the ilium on the near-side to provide a counteracting inferior and anterior pressing force. This is done with the fingers pointing towards the client's feet. Contact is between the heel of the therapist's hand and the client's upper gluteal area, lateral to the sacrum and just inferior to the upper margin of the ilium.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line to the coccyx, and/or the greater trochanter.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:
GASTROCNEMIUS / SOLEUS

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of the inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.

Traction/Stretch:

Standing alongside the leg, with the calcaneus in the palm of the inside hand and the ball of the foot against the forearm, use the outside hand to stabilize the limb beside the knee, keeping it in a neutral alignment, so that the hip is neither medially nor laterally rotated. Inside hand tractions the calcaneus distally. Using pressure of the forearm on the ball of the foot, lunge slowly forward to take the ankle into dorsiflexion. As you lunge, ask the client to pull the toes up towards the knee, to facilitate the stretch.

Repeat the mobilization after the stretch is finished.

TIBIALIS ANTERIOR

Joint Mobilization – *Ankle (talocrural joint):*

With the therapist at the foot of the table facing up, standing in a lunge position or kneeling, outside hand grasps Achilles tendon, as the heel of inside hand contacts the ball of the foot at the metatarsal heads, with fingers pointing in the same direction as the toes, and dorsiflexes the ankle, with inversion, then eversion, in this dorsiflexed position; then the fingers of inside hand slide around the medial arch to contact the dorsal surface of the metatarsals, plantarflexing the ankle, with inversion, then eversion, in this plantarflexed position. Finish by circumducting the ankle.

Traction/Stretch:

With therapist standing in a lunge position, at the foot of the table facing up, outside hand grasps the calcaneus, shifting it superiorly to initiate plantarflexion. Then inside hand grasps the foot with the palm on the dorsum and the fingers wrapped around the medial arch, and tractions distally while applying pressure on the foot to continue plantarflexion. Finally, use inside hand to add slight eversion.

Repeat the mobilization after the stretch is finished.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:
GLUTEALS

Draping: With the leg draped as ready for massaging, bring the hems of the drape above and below the hip together at the table, just inferior to the greater trochanter, and make the drape snug against the thigh. Then hand the drape to the client to manage.

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction:

Simultaneously lower the calcaneus and lift the calf, creating traction in the hip joint.

Stretch:

Maintaining the lift from traction and an angle of about 90 degrees at the knee, continue to flex the hip by moving the leg and foot superiorly, on a line toward the coracoid process of the scapula.

Repeat the mobilization after the stretch is finished.

Additional stretches may be done at different angles, in a similar fashion, using a line toward the sternum, and/or the ipsilateral deltoid.

31b Passive Stretches: Technique Demo and Practice – Lower Body

SUPINE:
LOW BACK
Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction/Stretch:

From a position of knee and hip flexion, place arch of the foot outside opposite knee, on the bolster. Foot hand moves to tibial tuberosity area to stabilize the knee flexion. Head hand moves to upper IT Band. Head hand initiates traction distally on the femur. Foot hand moves to lateral thigh, inferior of head hand, and continues pressing the thigh across the other leg. Head hand may assist movement of the thigh, or move to the shoulder to stabilize upper torso from coming off the table.

Repeat the mobilization after the stretch is finished.

ADDUCTORS

Joint Mobilization – *Hip (coxal joint):*

Standing alongside the leg near the ankle, take the calcaneus in the foot hand, and place the head hand on the upper posterior calf, just below the knee. Lift with the head hand and push with the foot hand, flexing the knee and hip towards 90 degrees. Keeping the knee mostly over the hip joint, explore range of motion in the hip by making circles, clockwise and counter-clockwise. Increase the amplitude of the movement in all directions until you begin to feel resistance (thus assessing the conservative edges of the range of motion).

Traction/Stretch:

From a position of knee and hip flexion, set the foot beside (medial to) the contralateral knee. Head hand stabilizes the knee, and the foot hand stabilizes the foot. Slowly lower the client's femur into abduction, supporting it on the lateral side with the head hand. Foot hand moves to the medial distal femur, opposite the head hand – fingers perpendicular to the femur. Pull the femur distally to initiate traction, then press the femur towards the floor. Head hand may be moved to stabilize the contralateral ASIS, in which case the therapist will turn their body to face more towards the table.

Repeat the mobilization after the stretch is finished.

32b Passive Stretches with Joint Mobilizations: Guided Full Body

Prone Lower

Joint mobilization hip and knee

Quadriceps femoris

Supine Lower

Joint mobilization ankle

Tibialis anterior

Gastrocnemius and soleus

Joint mobilization hip and knee

Low back

Gluteals

Adductors

Supine Upper

Joint mobilization shoulder

Pectoralis major

Latissimus dorsi

Rhomboids

Joint mobilization neck

Neck lateral flexion

Neck rotation

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35b Integration Massage: Swedish and Passive Stretches With Joint Mobilizations

Prone Upper

Swedish massage of back

Prone Lower

Swedish massage of gluteals, leg and foot

Joint mobilization hip and knee

Quadriceps femoris

Supine Lower

Swedish massage of leg and foot

Joint mobilization ankle

Tibialis anterior

Gastrocnemius and soleus

Joint mobilization hip and knee

Low back

Gluteals

Adductors

Supine Upper

Swedish massage of abdominals

Swedish massage of chest, arms and hands

Joint mobilization shoulder

Pectoralis major

Latissimus dorsi

Rhomboids

Swedish massage of neck

Joint mobilization neck

Neck lateral flexion

Neck rotation

Swedish massage of face and scalp

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38b BMTs: Technique Demo and Practice – Prone

The following techniques constitute a thorough and informational approach to physical structure and integrity. This approach utilizes passive stretching movements, joint mobilizations, and traction techniques in order to promote a balanced, energized, and structurally efficient support system

Body Mobilization Techniques (BMTs): are ideal for runners, athletes and physically active people. Practiced on a regular basis, you will observe an increase of joint range-of-motion, overall body harmony and an increase in athletic performance. It is particularly effective when combined with soft tissue techniques and shaking movements.

- You will need to practice BMTs on a regular basis to insure hands-on efficiency and procedural confidence. It is a non-fatiguing treatment and all movements are to be performed evenly and without strain.
- Be certain to work with your partner and watch closely for muscular resistance, adhesions or chronically armored areas. In its entirety, BMT can be performed in thirty minutes or less.
- Be careful to take all movements to the point of resistance and no further. When this technique is mastered, you may wish to add cross-fiber massage or deep friction to trigger points and adhesions to assist the normal range-of-motion.
- Always be cognizant of the relative and absolute contraindications for massage therapy and be certain of the safety and smoothness of all of these techniques.

Distraction Principle:

Deceptively simple, the Distraction Principle affords your client the opportunity to assimilate and internalize information without the usual guilt-producing emphasis on "following orders" without deviation. It is clear that good postural habits are more easily learned by placing a book on your head than by attempting rigid compliance with dozens of various postural dictates. The same principle applies to Body Mobilization Techniques. Rather than aggressively working out (or in some cases gouging) the body's trigger points, it is far more practical and effective to combine gentle stretching and joint mobilizations while, simultaneously applying pressure to the trigger point. Mobilizations, combined with pressure points, send the brain simultaneous impulses, drastically reducing the potential invasiveness of direct compression. Your client will be far more receptive to your methods and a very real sense of cooperation will be realized, promoting effective tissue release. Furthermore, the Distraction Principle often becomes a game; there is a sense of fun which, in itself, is a valuable therapeutic component.

Our thanks to Bob King and Barbara White for developing these techniques!

38b BMTs: Technique Demo and Practice – Prone

Contraindications:

Contraindications are conditions unique to the individual client that render Body Mobilization Techniques harmful or at least therapeutically pointless. BMT contraindications include, but are not limited to, the following:

- Inability to relax or respond to the movements
- Joint inflammation including rheumatoid arthritis.
- Severe nerve root or radiating pain.
- Advanced diabetes
- Bone disease including osteomyelitis.
- Severe heart condition or untreated high blood pressure
- Prolonged use of steroids
- Spinal or skeletal paralysis
- Pregnancy (no rotary movements after fourth month and no manipulations of any kind if there is any danger of miscarriage)
- Conditions or persons subject to obsessional neurosis regarding vertebral displacement

Keep in mind that no movements are to be performed when pain is present. The client's ability to move and allow specific muscle lengthening techniques must be the ultimate guideline. Work in a close cooperative fashion with your client. Let BMT principles and concepts serve each person on which you lay your hands. Let every treatment be as unique as each person with whom you are working.

"Above all, do no harm!"
-Hippocrates

Spinal Rotation & Release with Erector Compressions:

1. Inferior hand gently lifts pelvis behind opposite ASIS.

2. As you begin to lower the pelvis, superior hand applies palmar compression to the erectors on opposite side, allowing the pelvis to roll back down. Work up and down the erectors. Do not dig in. Make sure your pressure is not jabbing - more of a melting in. Do not slide across the surface.

3. Variation: Let your superior hand lift the mid-thoracic area as your inferior hand compresses the lumbar erectors and sacroiliac area. Then lift at the mid-thoracic with the inferior hand as the superior hand compresses into the thoracic erectors.

38b BMTs: Technique Demo and Practice – Prone

Shoulder Mobilization with Trapezius Compressions:

1. Face down the table. Outside arm grasps upper arm, alternately bringing it towards and away from the therapist.

2. Simultaneously, as the arm moves towards the therapist, inside hand applies melting compression with the thumb, along the superior edge of the shoulder from the base of the neck to the acromion process, working into upper trapezius, supraspinatus and levator scapula. Keep the arm in the coronal plane (parallel to table). Move inside hand to a new location when arm is furthest from the therapist (adducted).

Scapular Mobilization with Trapezius & Deltoid Compressions:

Facing up the table sit with inside hip on the table, draping client's upper arm over your leg at the elbow. Lift, squeeze, and jostle the upper trapezius, deltoid, and triceps.

Deltoid & Triceps Brachii Coarse Vibration:

Stand up and, supporting with inside hand under the biceps, use your outside hand to shake loosely down through the elbow, lower arm, hand and fingertips. Then vibrate down through the elbow, lower arm, hand and fingertips.

Gluteal & Hamstring Compressions with Knee & Hip Mobilization:

1. Inferior hand grasps front of leg near ankle and makes a circle with the lower leg.

2. Simultaneously, superior hand compresses gluteals and hamstrings. Use the fist for twisting compression on the gluteals. Use the palm for general compression on hamstrings. Once muscles are warmed you may use thumb or fingertips for more specific work.

3. Reverse the direction of the circling occasionally.

38b BMTs: Technique Demo and Practice – Prone

Ankle Mobilization with Gastrocnemius Compressions:

1. Flex client's knee and place their lower leg on top of the quads of your leg (the one closer to the foot of the table). Make sure you leave enough room to fully dorsiflex the ankle.

2. Superior hand grasps gastrocnemius while inferior hand holds foot across longitudinal arches. Perform complete ankle ROM while squeezing and compressing the achilles and gastroc/soleus. Use heel of upper hand to compress into gastrocnemius while dorsiflexing ankle, release and re-position working hand during plantarflexion. After the muscle is warmed you may also do more specific compressions using fingertips or thumb.

One Handed Gastrocnemius & Soleus Jostling:

Face up the table toward client's head. With inside hand lift the foot by grasping medial arch. With outside foot forward, shift your weight from front to back foot while shaking the leg back and forth with loose wrist (clients knee will flex and extend somewhat as you move).

Ankle & Knee Mobilization with Plantar Compressions:

1. Facing up the table, grasp foot with thumbs on the plantar surface. Perform dorsiflexion, plantarflexion, and circumduction on the ankle (knee will flex and extend slightly).

2. Simultaneously, apply pressure with thumbs. Press and release in rhythm with range of motion, working to cover the entire plantar surface.

3. Variation: alternate compressions/dorsiflexion with pulsing traction to entire leg (grasp front of ankle with outside hand, medial arch with inside hand).

Prone Full Body Rocking Compressions:

1. Working up and down the erectors, lean your weight in and rhythmically compress muscle belly.

2. Continue rhythmic squeezing, rocking and compression to gluteals, thighs, calves and feet.

39b BMTs: Technique Demo and Practice – Supine

Supine Hip Rotation with Leg Compressions:

1. Facing the table, grasp the leg loosely above and below the knee. Press and roll. Then hands move together up and down the leg, continuing to press leg and roll medially.

Pulsing Hip Traction From The Ankle:

1. Squeeze the foot and toes.
2. Grasp medial arch of foot with inside hand and heel with outside hand.
3. Perform pulsing traction.

Hip Medial Rotation & Release From The Ankle:

Grasp ankle with outside hand. Rhythmically alternate between medial rotation of the hip and allowing it to laterally rotate to start position.

Unilateral Ribcage Compression and Mobilization:

1. Rock the torso from pelvis to lower ribs.
2. Face the table at a 45 degree angle to the shoulder. On the side you are standing, with head hand on the pec and foot hand on the ribcage, press the ribs down and towards the center of the body. Release and repeat.

Bilateral Upper Ribcage Compressions:

Standing at the head and facing down the table, place hands on pecs with palms medial to the coracoid process, thumbs under clavicles and fingers on the sternum; press down and toward the feet.

Shoulder Mobilization with Pectoral Compressions:

Facing down the table, use outside hand to grasp client's arm at the elbow, and circumduct the shoulder joint. Simultaneously, compress pectoralis major with your inside hand, pressing down and forward. Be sure to avoid pressing on clavicle, coracoid, or acromion process directly.

39b BMTs: Technique Demo and Practice – Supine

Supine Deep Lateral Friction & Release on the Rhomboids:

Kneeling at the shoulder (foot of top leg is on the ground, and that thigh is parallel the top edge of the table - knee of other leg is on the ground), slide both hands under the shoulder so that scapula is in palms of your hands. Curl fingertips gently into rhomboid area about half-way between the spine and the scapula. From this point on, skin and superficial fascia go with the fingertips (no sliding over the skin). Slide fingertips towards the spine. Curl fingers a bit more, increasing pressure to the back. Pull back towards yourself as far as the skin stretches, reduce pressure, and slide fingers back towards the spine. Repeat several times, then find a new starting point and repeat again.

Wrist, Elbow & Shoulder Mobilization:

Outside hand supports the elbow. Inside hand interlocks fingers with client and applies static digital compression between metacarpals. Then freely combine movements for the shoulder (adduction/abduction, medial/lateral rotation, circumduction), elbow (flexion/extension, pronation/supination), and wrist (flexion/hyperextension, adduction/abduction). Shift your weight back and forth as you move.

Head & Neck Rotation with Posterior Cervical Compressions & Release:

Standing in a lunge across the head of the table, slide the palm of one hand under the neck so the fingers stick out the other side. Curl the fingers flatly, squeezing into the muscles on the back of the neck to hold your grip. Keep your hand in the same place; do not slide your palm and fingers out from under the neck and across the spine back towards you. Lifting the back foot to lunge forward, allow the head to roll onto your fingers. Other hand assists in returning the head to the starting position. Address the length of the neck. Switch hands and repeat on the other side.

Alternating Scapular Depression with Trapezius Compressions:

Cupping the shoulder joints flatly in the palm of your hands, curl fingers loosely around middle deltoid. Alternately push one side, then the other, down towards their feet, allowing the head to gently roll from side to side. Then, walk the heels of the hands in towards the base of the neck, compressing into the upper trapezius.

40b BMTs: Guided Full Body

Prone:

- Spinal Rotation & Release with Erector Compressions
- Shoulder Mobilization with Trapezius Compressions
- Scapular Mobilization with Trapezius & Deltoid Compressions
- Deltoid & Triceps Brachii Coarse Vibration
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- One Handed Gastrocnemius & Soleus Jostling
- Ankle & Knee Mobilization with Plantar Compressions
- Prone Full Body Rocking Compressions

Supine:

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

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43b Integration Massage: Swedish, Passive Stretches, and BMTs

PRONE

Back

- 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
- Abbreviated Swedish

Legs

- Prone Full Body Rocking Compressions (leg only)
- Gluteal & Hamstring Compressions with Knee & Hip Mobilization
- Ankle Mobilization with Gastrocnemius Compressions
- One Handed Gastrocnemius & Soleus Jostling
- Ankle & Knee Mobilization with Plantar Compressions
- Abbreviated Swedish for the thigh
- Stretches: quadriceps femoris
- Abbreviated Swedish for the lower leg and foot

SUPINE

Legs

- Supine Hip Rotation with Leg Compressions
- Pulsing Hip Traction from the Ankle
- Hip Medial Rotation & Release from the Ankle
- Abbreviated Swedish
- Stretches: low back, gluteals, adductors, tibialis anterior and gastrocnemius & soleus

Torso

- Unilateral Ribcage Compression and Mobilization
- Bilateral Upper Ribcage Compressions
- Abbreviated Swedish

Arms

- Shoulder Mobilization with Pectoral Compressions
- Supine Deep Lateral Friction & Release on the Rhomboids
- Wrist, Elbow & Shoulder Mobilization
- Abbreviated Swedish
- Stretches: pectoralis major, latissimus dorsi, and rhomboids

Neck, Face, and Scalp

- Head & Neck Rotation with Posterior Cervical Compressions & Release
- Alternating Scapular Depression with Trapezius Compressions
- Abbreviated Swedish
- Stretches: neck lateral flexion and neck rotation

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45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Introduction

Massage Therapy is the manipulation of soft tissue using compression and decompression/traction for clinical, therapeutic, and palliative purposes or for wellness and self-care purposes.

The history of massage is long and multifaceted. Over the centuries, massage has been referred to in history and literature as well as by physicians and philosophers.

Origin of the word "massage"

Perhaps from the Hebrew root *mem-shin-het* – *mashah* meaning "to anoint with oil" (cf. *mashiah* = Messiah, "The Anointed One")

Other sources - Hebrew word – mashesh, Greek masso and massein (touch, handle, squeeze), Latin massa (mass, dough), Arabic mass'h (touch feel, handle), later French masser (to press softly)

Prehistoric times

Prehistoric refers to the period between the appearance of humans and the invention of writing systems.

Historians and archeologists have uncovered artifacts depicting the use of massage during that time. For example, European cave paintings (c.15,000 BCE) portray what appears to be the use of massage after battle.

Massage-like grooming behaviors are also observed in animals such as primates, which may play a role in social structures.

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Salvo: Chapter 1

Ancient World

The ancient world is the period from the invention of writing systems to the end of the Roman Empire in 476.

The use of massage during this period is well recorded, and there are extensive written and pictorial records.

Countries where evidence exists on the use of massage includes China, India, Egypt, Persia (Iran), Japan, Greece, Italy (Rome), and the Americas.

Most ancient cultures described massage combined with other traditional treatments, particularly herbal remedies and various types of baths.

China

Written records regarding the practice of massage go back to 3,000 BEC in China. At the time of Hwang Ti, various ideas and beliefs were compiled under the name of the Yellow Emperor (died in 2599 BCE), which later became the classis scripture of traditional Chinses medicine known as the *Nei Chang*.

Written around 2760 BCE, this work contains detailed descriptions of massage procedures as well as herbal medicines.

During the Tang dynasty, four primary types of medical practitioners were recognized: physicians, acupuncturists, masseurs, and exorcists.

The term used to describe massage was *amma, amna, or anmo.* In fact, amma is now regarded as the original massage technique and precursor to all other Chinese therapies, manual and energetic.

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Salvo: Chapter 1

China, continued

Amma later became tuina (twee-nah). It translates in English to "push/pick up". This correlates with compression/decompression, which is out current definition of massage.

Acupuncture wasn't mentioned in Chinese medical writing until 90 BCE.

India

Knowledge of amma massage traveled to the subcontinent of India from China, and massage became a part of Hindu tradition.

Massage is described in India's first great medical texts, the Ayurveda books of wisdom (approximately 1800 BCE), which recommend massage as an indispensable healing procedure.

Later Ayurvedic texts, such as the Samhitas (mantras, prayers, litanies, and hymns to God) and the Manav Dharma Shastra (one of many legal texts), also mention massage.

Egypt

Massage traveled from China to Egypt and Japan by the sixth century BCE, and these ancient cultures used massage in conjunction with plant essences such as essential oils.

The temple of ancient Egyptian pharaoh Nyuserre Ini depicts the king enjoying what appears to be a foot massage. The tomb of Ankhmahor is a drawing that depicts two people massaging the hands and feet of two other people.

There is much debate whether this is massage or another procedure such as manicures, pedicures, or surgery. The ancient Egyptians were the first to study essential oils and codify their effects.

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Japan

In Japan, amma was practiced for many years and evolved into shiatsu, which means finger pressure. Shiatsu is a Japanese method based on the same traditional Chinese medicine concepts as Chinese acupuncture- energy flows in the body through streams called channels or meridians.

Pain, discomfort, and illness may occur when these channels are blocked or depleted. Acupuncturists use needles at specific points to balance the flow of energy, whereas shiatsu practitioners use their fingers, thumbs, forearms, elbows, and even their knees to press into points called *tsubos*. Tsubos are openings into the channels.

Greece

The ancient Greeks used massage widely to maintain health and promote beauty. Various ideas of healing treatments in Greece merged into a *techne iatriche*, or healing science.

Among the followers of this new science was Hippocrates of Cos (460 to 375 BCE). He is believed to have been a fine physician, founder of a medical school, author of numerous books, and advocated for the use of massage or 'rubbing'.

Hippocrates is generally recognized as the father of Western medicine, and he believed physicians should avoid causing harm to patients. 'First- do no harm'.

The Hippocratic Oath is perhaps the most widely known of Greek medical texts.

A later follower of Hippocratic medicine was Galen of Pergamon (130 to 201). Galen was the most famous physician in the Roman Empire and wrote extensively on the topic of massage.

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Greece, continued

He combined the Greek knowledge of anatomy and medicine and included exercise, baths, and massage. Galen's influence on all aspects of medical thinking cannot be overstated, and it is probably because of him, massage survived long after the fall of Rome.

Middle Ages

The Middle Ages began after the collapse of the Roman Empire in CE 476 and ended in the 15th century with the fall of Constantinople in 1453.

The use of massage continued but fell into decline in Europe and Asia during the early part of the Middle Ages. The era was "the Dark Ages," when many aspects of ancient culture and practice abandoned.

One of the greatest Persian physicians of this era, Avicenna (also known as Ibn Sina, 980 to 1037), excelled in the assessment of conditions and comparison of signs and symptoms. He also advocated for the use of analgesics, which included massage.

He wrote the *Canon of Medicine* and it became the standard medical text at many medieval universities and remained in use until 1650.

Much of the ancient culture and traditions, including massage, were abandoned during the Middle Ages (or Dark Ages), with the exception of a physicians, like Avicenna.

Massage did remain an important procedure for folk healers and midwives, but no compilations of techniques or procedures were untaken during this time period.

However, the revival of the Galenic tradition centuries later played an important part in the rise of scientific thought during the Renaissance.

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European Renaissance

The European Renaissance began in the 14th century and ended in he 16th century. The word *renaissance* means rebirth, and it was an exciting period in history of medicine and medical treatments.

Classical Greek learning resurfaced and Western medicine was revitalized by new translations of old Greek and Latin texts. Ambroise Pare (1515 to 1590), the famous French surgeon, was among the earliest individuals in this era to discuss the effects of massage, and he used friction to treat dislocated joints and other orthopedic conditions.

In England, William Harvey (1578 to 1657) discovered the circulation of blood in 1628, and his writings did much to promote the acceptance of massage as a treatment measure.

Modern Era

The modern era began in the 17th century and is the current era: it is also referred to as the *Information Age.* During this time, a wide variety of physicians and authors advocated for the use of massage and some developed their own systems.

The most famous and enduring influence on massage is the contribution made by Swede Pehr Henrik Ling (1776 to 1839). Ling accepted a post as gymnastic and fencing master at a university.

He developed his own system of massage and exercises or gymnastics, the latter of which consisted of four types- educational, military, medical, and esthetic. This system was called the *Swedish Remedial Massage and Exercise,* the *Swedish Movement Cure,* or simply the *Ling System.*

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Modern Era, continued

Ling quickly gained international recognition, and modifications of his basic concepts have been used throughout the globe. The tern *Swedish massage* was used to describe the massage component of Ling's system. For this reason, Ling is regarded as the father of Swedish massage.

Dutch physician Johann Mezger (1839 to 1909) also developed his own style of massage and made massage a fundamental component of physical rehabilitation. French was the international language in the 19th century, and Mezger is credited with introducing the terminology to describe massage techniques (effleurage, petrissage, tapotement), which is still used in massage legislation, medical insurance billing codes, and massage curricula.

Florence Nightingale (1829 to 1910) of England, founder of modern nursing, took care of wounded soldiers during the Crimean War. She developed a standard of care for patients, and massage was an integral part of car.

When nurse training was developed, massaged was provided to patients as part of their comfort measures. The use of massage declined as analgesics became more popular, and massage was removed from the nursing curriculum in the 1970s.

World War I provided countless opportunities for the use of massage and exercise to rehabilitate injured soldiers. French physician Just Lucas-Championniere (1843 to 1913) advocated for the use of massage and passive movements to treat soft tissue injuries and fractures.

45a History of Massage: Prehistoric through Modern Era

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Modern Era, continued

British physicians James B. Mennell (1880 to 1957) and Sir William Bennet (1852 to 1931) were impressed with Lucas-Championniere's work and began using massage at the St. Thomas Hospital and St. George's Hospital, respectively; both hospitals are in London.

In the United States Drs. George Henry Taylor (1829 to 1899) and Charles Fayette Taylor (1827 to 1899) sailed to Sweden to study the Ling system and returned to the US to open the Remedial Hygienic Institute of New York City in 1856.

The institute was an orthopedic clinic specializing in Ling's system of massage and exercise. "Water cures" (hydrotherapy) and nutrition were incorporated into their treatment regimen.

American physician Douglas Graham (1848 to 1928) authored several texts on massage, one of which focused on massage for specific conditions. He defined massage more comprehensively by stating the *what*, *where*, and *why*.

He described massage as "a term now generally accepted by European and American physicians to signify a group of procedures usually done with the hands, such as friction, kneading, manipulations, rolling, and percussion to the external tissues of the body in a variety of ways, either with a curative, palliative, or hygienic object."

Norwegian gymnast Hartvig Nissen (1857 to 1924) opened the Swedish Health Institute of Washington, DC, in 1883. This is considered the first massage school in the United States. Together, Graham's and Nissen's works are generally credited with promoting the use of massage within the US medical profession.

45a History of Massage: Prehistoric through Modern Era

Salvo: Chapter 1

Modern Era, continued

While the Taylor brothers, Graham, and Nissen, were advocating for massage within the medical community, Dr. John Harvey Kellogg (1852 to 1943) of Battle Creek Michigan, promoted massage to the general public.

He was the director of the Battle Creek Sanitarium, where massage, hydrotherapy, vegetarian diets, enemas (for functional intestinal flora), phototherapy/sunbaths, vibration, electrotherapy, and more were a central aspect of the health regimen for patrons.

Organizations

The massage profession began to take shape during the beginning of the 20th century. As massage gained popularity, unscrupulous schools began to offer massage training in which schools provided students with lodging while enrolled and work after they graduated. However, the work establishments were often brothels.

In 1894 the Commissioners of the British Medical Journal published a report titled "The Scandals of Massage" to expose these practices. This prompted nine British nurses and midwives to form a counsel of trained masseuses.

In 1895, the Society of Trained Masseuses, was founded. The Society established a massage practice model through a published massage curriculum and accreditation of massage schools, which included regular inspections and use of only qualified massage instructors.

In 1900, the Society was incorporated and became the Incorporated Society of Trained Masseuses. By the end of World War I (1918), the Society had nearly 5000 members. In 1920, the Society merged with the Institute of Massage and Remedial Exercises.

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Salvo: Chapter 1

Organizations, continued

These two bodies were then granted a Royal Charter by King George and became the Chartered Society of Massage and Medical Gymnastics. By 1939, the Society had approximately 12,000 members.

World War II saw the emergence of physical therapy as large numbers of soldiers returned from the war. Massage as a specific and exclusive manual modality played a smaller role on physical rehabilitation as other methods were developed.

For this reason, in 1943, the Society decided to change its name to the Charted Society of Physiotherapy, which remains today. By 1947 the field of physical therapy and rehabilitation was established as a separate medical specialty.

In 1943, postgraduates from the College of Swedish Massage in Chicago created the American Association of Masseurs and Masseuses, the first massage association in the US.

They eventually became the American Massage Therapy Association (AMTA). Currently AMTA is the largest massage organization, with state chapters in all 50 states and Washington, DC.

In 1987 the Associated Bodywork and Massage Professionals (ABMP) was founded and is currently the second largest organization serving the massage profession.

In 2005, the Federation of State Massage Therapy Boards (FSMTB) was formed after the ABMP convened a meeting of massage regulators and educators. One of their initial goals was to create a valid and reliable licensing examination, and this came into fruition in 2008 with the publication of the Massage and Bodywork Licensing Exam (MBLEx).

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

Position client on their side

- Note side of major discomfort – if severity of discomfort is not too bad, work the unaffected side first (this takes attention away from the affected side and helps the affected side to relax).

- Use of pillows will vary depending on gestation of pregnancy and areas to be worked. Generally, have 4 firm pillows, foam wedge, and an option of a neck roll.

- Keep the neck mostly even with the thoracic spine

- Keep the shoulders "stacked" on one another, arm supported and even with the edge of the hips and table

- Keep hips even with shoulders and edge of the table

- Bolster the knee and lower leg so that their height is similar to the height of the greater trochanter

- Be sure that there is cushioning between the malleoli of the ankles

Sequence

1. With client in sidelying position (with upper leg flexed and lower leg out straight), begin with a resting stroke:
   - Head-hand on the mid-back with fingers pointing toward the head.
   - Foot-hand on the lateral abdomen between the ribcage and iliac crest

2. Do a very brief and gentle rocking motion starting at shoulders of client and go down the entire side of the body to the feet.

3. Drape legs appropriately – 2 ends of sheet tucked under the knee of the upper leg, create a window with the sheet and tuck for security (should expose lateral side of upper leg, upper hip and glutes, and medial side of lower leg and foot.

4. Start by massaging foot of upper leg – include retinaculum of ankle and between the metacarpals, squeezing out toes, thumb circles to the top and bottom of the foot around ankles (it is okay to massage the ankles – just NO pressure point work).

5. Effleurage the upper leg from ankle to hip.

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

6. Full the leg from ankle to hip.

7. Knead the leg from ankle to hip. (include kneading of IT Band)

8. Do one full effleurage from ankle to hip (can consider forearm effleurage of upper thigh). In working the upper part of the leg, avoid deep compression to the inner (medial) aspect of the thigh from the knee to the groin (pelvic floor). This is considered the "valley of the vessels." During third trimester, there is a greater tendency to create blood clots here than in the other two trimesters, and greater during pregnancy than in non-pregnant conditions.

9. Standing behind client, utilize a forearm effleurage stroke from the knee to the crest of pelvis, going from mid-line to lateral aspect and into the gluteals.

10. Do loose fist compressions of gluteal area, moving from lateral aspect to mid-line, and from crest to ischial tuberosity (superior to inferior).

11. Now, use your thumbs, in the same direction and again with a little more pressure. You will be able to evaluate the condition of the muscles. With these repetitive strokes, you are cross-fibering the gluteals.

12. Melt into attachments of gluteals along lateral border of sacrum and around insertion sites at the trochanter (head of the femur) as well as the ischial tuberosity (work around the ischial tuberosity may be done over the sheet).

13. Moving back to the foot – do full effleurage of leg and finish with nerve strokes.

14. If client is **NOT** pregnant, you may now work the foot of the lower leg and medial side of that leg.

15. Redrape legs.

16. Drape the back – draping from midline of the buttocks below the sacrum, tuck sheet between lower hip and table, just above gluteal cleavage, bringing it to lateral aspect of torso and pulling it up under arm to the nap of the neck (like for sidelying BMT).

17. Apply lubricant to entire back – working from sacrum up to shoulders and back of neck to the occiput.

47b Side-lying and Pregnancy Massage: Technique Demo and Practice

18. Knead erectors, lats, and traps.

19. Move back to the spine (you will be in a seated position). Starting at L5 and moving up to C7 - melt into the area between the spinous and transverse processes.

20. Cover the torso, leaving the upper arm out so you can apply your lubricant to that arm and pectoral area.

21. Position yourself behind your client at the shoulder girdle area, placing your lower arm under your clients, and using both of your hands, stroke (initially light) from pecs attachments at sternum out towards the head of the humerus. You can do several strokes going deeper each time.

22. Place client's superior arm on a pillow and effleurage the whole arm.

23. Knead and strip the arm if appropriate.

24. Massage hands and fingers individually (avoid direct pressure in the web between the thumb and forefinger).

25. Do circular massage and ROM of wrist.

26. Wring whole arm from shoulder to wrist.

27. Final effleurage of whole arm and nerve strokes.

28. Reposition client to opposite side, remembering placement of pillows.

29. Repeat steps 1–26 on this side.

30. Now, move back to the sacral area. Start with a resting stroke with the palm of one hand over the client's sacrum and your fingers extended openly toward the client's head. Ask your client to visualize the image of the sun being super-imposed over this area and the rays of the sun carrying the energy out to the rest of their body.

31. Using a loose closed fist – start circular effleurage over the sacrum and gradually start taking your strokes out from the center of the sacrum in different directions - like rays of the sum.

32. Finish with a final full effleurage of the back from the sacrum all the way up and finish with nerve strokes.

33. Do a final resting stroke to close your session

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69a History of Massage: Modalities

Shiatsu – means "thumb pressure" in Japanese
Early practitioner/teacher - Tokujiro Namikoshi (1905-2000)
Uses generally same anatomical/energy model as Chinese medicine - meridians

Thai Massage – far older than shiatsu – linked back to early Buddhist priests' yoga. Uses similar ideas as meridians, but somewhat different language and somewhat different "routes" and directions for the energy flow in the body.

Energy-based therapies

- **Reiki –** originally Japanese in origin. Uses model that one is channeling "Reiki energy. " Can be done hands-on or hands-off.

- **Therapeutic touch** - It is a hands-off, non-contact therapy that was developed by in the 1970's by Dolores Krieger Professor Emerita of Nursing Science, New York University and Dora Kunz a theosophy promoter and one-time president (1975–1987) of the Theosophical Society in America.

Clinical Approaches within Massage Therapy

- **Ben Benjamin** – founder of the Muscular Therapy Institute in Cambridge, Mass.; author of Listen to Your Pain and other books. Disciple of James Cyriax, the orthopedic surgeon who systematized the assessment of injuries and use of cross-fiber friction to help recovery be more thorough, speedier and longer-lasting.

Neuromuscular Therapy

- **Judith Walker** Delaney and Paul St. John – A development of trigger point work with a more elaborated theory for how the nervous system is involved. Drew on Janet Travell and a Chiropractor, Dr. Nimmo.

69a History of Massage: Modalities

Sports and Orthopedic Massage

- **Bob King** (1948-2013) – boxer and founder of Chicago School of Massage Therapy, early and important president of AMTA. Great teacher and promoter of Sports Massage.

- **Benny Vaughn** (former athlete) now Certified Athletic Trainer, Certified Strength and Conditioning Specialist, and world-renowned expert in training and massage for athletes.

- **Whitney Lowe** – founder of Omeri – Orthopedic Massage Education & Research Institute. Author of Orthopedic Massage and Orthopedic Assessment in Massage Therapy.

Cranio-sacral Therapy

- **William Sutherland** (1873–1954) "cranial osteopathy" – promoted healthy movement/alignment of cranial bones, meninges and cerebrospinal fluid. Simplifed, marketed aggressively and taught beginning in the the 1970's by Dr. John Upledger (1932-2012) and then others.

Movement Therapies

- **Milton Trager** (1908-1997) – uses non-intrusive movements to promote better health, movement and ease in body and mind.

- **Aston Patterning** –an educational process developed by Judith Aston in 1977 combining movement coaching, bodywork, ergonomics, and fitness training.

- **Moshe Feldenkrais** (1904-1984) – doctorates in mechanical and electrical engineering. One of the first Western Black Belts in judo! Feldenkrais uses slow focused active or passive movements to undo dysfunctional neuro-kinesthetic habits and replace them with more efficient ones.

69a History of Massage: Modalities

Structural Integration

- **Ida Rolf (1896-1979) –** "Structural Integration", aka "Rolfing".
  The "Einstein" of 20th century bodywork. 10 session "recipe" for restructuring the body by systematically repositioning the fascia. Rolfing utilizes fascia's thixotrophy and the tensegrity model for soft structural members' tension positioning the hard members of the structural system..
  Famous sayings - "Fascia is the organ of structure."
  "Gravity is the therapist."

- **Tom Myers –** Rolfer who developed a system for analyzing anatomy of fascia – "Anatomy Trains" that accompanies his version of Rolfing he called "Kinesis".

- **Daniel Blake –** Rolfer, taught the way Ida Rolf worked, rather than the teaching recipe – "Structural Bodywork"; "Postural Kinesiology".

- **Zero Balancing –** developed by Dr. Fritz Smith, a Rolfer, Osteopath/MD, 5-Element acupuncturist, and author of two books: Inner Bridges and Alchemy of Touch. ZB promotes deep health through focus on the skeletal system's structure and the energy flowing through it.

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69b History of Massage: Bodywork Tree and Demo

Spirit Branch

Goddess Worship – polytheistic religions

Wicca - 1954, England, Gerald Gardener, modern pagan religion

Shamanism – spiritual practices involving altered states of consciousness to channel energies from the spirit world into this world.

Laying on of hands – vital energy (ki, chi, prana, or animal magnetism)

- Polarity Therapy – positive and negative charges influence the electromagnetic field of receivers.
- Therapeutic Touch – 1970's, Dora Kunz and Dolores Krieger. Trained to be detected and manipulate the receiver's energy field.
- Reiki – meaning mysterious atmosphere or supernatural force. 1922, Japan, Mikao Usui, transferring ki or universal energy.
- Faith Healing – faith, prayer, and rituals stimulate a divine presence

Mind Branch

Sigmund Freud – 1902, father of psychoanalysis, free association, transference.

Wilhelm Reich – 1933, second generation psychoanalysist, muscular armour.

- Orgonomy – 1939, study of orgone energy (life force or cosmic energy).

Fritz Perls – 1940's, psychiatrist

- Gestalt Therapy – enhanced awareness of sensation, perception, bodily feelings, emotion, and behavior, in the present moment.
- Esalen Institute – residential community, Big Sur, California. Humanistic alternative education such as personal growth, meditation, massage, Gestalt therapy yoga, psychology, ecology, spirituality and organic food

69b History of Massage: Bodywork Tree and Demo

Mind Branch, continued

Bioenergetics – field of biochemistry, energy flow through living systems.

Alexander Lowen – Bio Energetic Therapy founder, student of Reich.

John Pierrakos – Pschiatrist, student of Reich.

Hakomi – 1970's, Ron Kurtz, body-centered somatic psychotherapy.

Body Branch

European folk healers

Per Henrik Ling – instructor of modern languages and fencing. Physical exercises restored his health. Developed a system gymnastics, exercises and maneuvers resulting in the Royal Gymnastic Central Institute in Stockholm, Sweden.

Swedish – developed by Ling from Anma. Further promoted by Mezger. Called Swedish in English and Dutch speaking countries. Otherwise referred to as classic massage.

Reflexology – aka: Zone Therapy. Applying pressure to the feet, hands, or ears. A system of zones reflect an image of the body on the feet and hands.

Movement Re-education

Feldenkrais Method – Moshe Feldenkrais. Experimental method of educating a person's movement by kinesthic and proprioceptive self-awareness.

Trager Approach – Milton Trager. Movement education and mind/body integration. Releases deep-seated physical and mental patterns.

Alexander Technique – Frederick Matthias Alexander. Known for alleviating breathing problems and hoarseness during speaking.

Aston Patterning – Judith Aston. Bodywork and movement coaching.

69b History of Massage: Bodywork Tree and Demo

Body Branch, continued

Physical Therapy – remediation of impairments or disabilities. Promotion of mobility, functional ability, quality if life and movement potential.

James Cyriax – 1929, father of Orthopedic Medicine

Sports Massage – based in athlete improved recovery and performance

Medical Massage – specific treatment targeting a specific problem, usually in the context of a hospital under the care of a physician.

Animal Massage – Equine (horses), canine (dogs), etc.

Perinatal Massage – pregnancy and infant massage

Chiropractic – 1895, D.D. Palmer, father of chiropractic. Joint adjustments.

Touch for Health – combo of kinesiology, acupressure, touch and massage

Naprapathy – derivative of osteopathy and chiropractic.

Osteopathy – founder by Andrew Taylor Still. Emphasizes relationships between structure and function. Facilitate the healing process by manual therapy.

Craniosacral – regulating the flow of cerebrospinal fluid using therapeutic touch to manipulate synarthrotic joint of the cranium.

William Sutherland – 1930's, father of cranial osteopathy.

John Upledger – 1975, modern developer of craniosacral therapy

ZeroBalancing – 1970's, Fritz Smith, developed from applied osteopathy and traditional Chinese medicine. Uses finger pressure or traction to tense tissue.

Deep Massage – David Lauterstein, Structural Integration, Craniosacral, Zero Balancing.

69b History of Massage: Bodywork Tree and Demo

Body Branch, continued

Deep Bodywork

Bindegewebmassage – connective tissue massage

Rolfing – 1971, Ida P. Rolf, fascia and gravity

Hellerwork – or structural integration, spin off of Rolfing

Myofascial Release – addresses myofascial restrictive barriers with direct or indirect methods

Janet Travell – first used the term myofascial, 1940's

Eastern Medicine – acupuncture, Chinese herbal medicine, Tuina, Qigong, etc. 5,000 year-old tradition. Ying-Yang, Five Phases. Energy meridians.

Acupuncture – penetration of skin with needles to stimulate certain points. Correction of imbalances in the flow of qi.

Chinese Herbal Medicine – herbal, animal, human, and mineral substances used medicinally.

Tui na – hands-on body treatment to bring balance.

Anma – derived from Tui na. Japanese traditional massage.

Qigong – aligning breath, movement, and awareness for exercise, healing, and meditation.

Chakras – centers of life force or vital energy, Hindu metaphysical tradition.

Yoga – physical, mental, and spiritual practices that originated in ancient India.

Shiatsu – 1940, Tokujiro Namikoshi. Japanese bodywork using finger and palm pressure, stretches, and other massage techniques.

Jin shin do – derived from Jin Shin Jyutsu. Combines Japanese acupressure, Chinese acupuncture, orgone of Wilhelm Reich, Qigong, Ericksonian psychotherapy principles, and Taoist philosophy.

Do-in – Combination of meridian stretching exercises, chi exercises, and self-massage.

71a Sports Massage: Theory

Understanding Sports Massage

Applications of Massage in the Athletic Context

1. **Restorative** - helping athletes recovery from bouts of activity or injury

   a. **Recovery Massage**

      - Uninjured athletes recovering from strenuous workout or competition
      - Aims to improve circulation and promote relaxation

   b. **Remedial Massage**

      - Athletes with minor or moderate injuries
      - Aims to reduce or eliminate pain and dysfunction, restoring optimum level of physical, mental and emotional fitness

   c. **Rehabilitation**

      - Athletes with severe injuries, or post-surgical (working as part of a team)
      - Aims to reduce pain, edema and spasm, increase circulation, form healthy scar tissue, break adhesions, promote early mobility, and reduce tension, general anxiety, and stress

2. **Maintenance** - massage on a regular basis to enhance recovery, and to maintain optimal health

3. **Event** - helping athletes prepare for or recover from a specific competitive event

71a Sports Massage: Theory

Understanding Sports Massage

Sports Massage and Athletic Performance

Applied skillfully, sports massage increases performance potential in three ways:

1. **Optimizes positive performance factors while minimizing negative ones**
    a. Positive - healthy muscle and connective tissue, normal range of motion, high energy, fluid and pain-free movement, mental calm, alertness and concentration

    b. Negative - dysfunctional muscle and connective tissue, restricted range of motion, low energy, staleness, pain and anxiety

2. **Decreases injury potential**

    Uncovers injuries at sub-clinical level before they can progress to the clinical stage

3. **Supports soft tissue healing**

Constellation of Effects

Primary effects lead to **Secondary effects** that optimize positive performance factors

Primary Effects - physiological and psychological changes in the athlete as a direct result of massage

Secondary Effects - performance-related outcomes resulting from the primary effects of massage

Constellation of Effects, continued

Primary Effects

1. **Improved fluid circulation** – circulatory massage delivers nutrients and carries away metabolic by products by increasing the local flow of cardiovascular and lymphatic fluids, thus restoring tissues to optimum condition

2. **Muscular relaxation** – both by decreasing pollution and by restoring the neuromuscular feedback loops to normal, massage enhances relaxation, reducing discomfort and further facilitating normal circulation

3. **Separation of muscle and connective tissue** – any sticking of tissues to one another will interfere with smooth motion and limit range of movement. Mechanical actions of lifting and broadening, as well as shearing forces applied across the parallel organization of muscle and tendon fibers (deep transverse friction) "unsticks" adhesions

4. **Formation of healthy scar tissue** – during the remodeling phase of soft tissue healing massage helps form a flexible scar

5. **Connective tissue normalization** – Connective tissue in poor condition can limit overall movement. Chronic stress and immobility can cause connective tissue to become rigid, inflexible. Injury can result in adhesions within the connective tissue. Adhesions are bindings of two anatomical surfaces (such as myofascia) that are normally separate. Adhesions limit movement. Kneading, deep friction, and stretching can prevent and/or break down adhesions, enhancing movement capability.

Constellation of Effects, continued

Primary Effects

6. **Deactivation of trigger points** – defined as a focus of hyperirritability in tissue. Locally tender, often within a taut band of muscle fibers. Gives rise to referred pain and tenderness. May cause distorted proprioception. Signs include dull, aching, or referred pain. Stiffness and weakness in the involved muscle. Restricted range of motion, pain on contraction or stretching. Techniques used to deactivate trigger points include warming with effleurage, petrissage, and deep sliding movements. Ischemic compression like direct digital pressure on the point with enough force to cause blanching of tissue or elicit the referred sensation. Stretching should be applied after massage to reset the resting length.

7. **General relaxation** – when massage activates the parasympathetic nervous system a complex of physiological changes enhance the health and well-being of the individual, reducing stress

8. **Anxiety reduction** – this is one of the specific benefits of the relaxation response that is particularly valuable for the athlete

Constellation of Effects, continued

Secondary Effects - performance-related outcomes resulting from the primary effects of massage

1. **Greater energy** – by enhancing the return to normal physiology (reduction of waste product concentration, relaxation of overworked muscles), massage can help the athlete to be more energetic

2. **Freer movement at joints** – normalizing connective tissue, relaxing muscles and deactivating trigger points facilitate optimum range of movement with minimal drag

3. **Faster recovery** – enhancement of local circulation facilitates recovery from physical fatigue and injury, while the relaxation response speeds the return to positive attitude

4. **Pain reduction** – muscular relaxation, enhanced circulation, and the release of endorphins relieve pain, contributing to better rest and function

5. **Increased alertness and mental clarity** – applications of massage can be modified to help athletes achieve their optimal level of stimulation – neither sluggish nor over-amped

6. **More positive outlook and motivation** – by helping to alleviate pain, stress and anxiety, and facilitating release of endorphins, massage can be a major contributor to keeping the athlete mentally resilient and enthusiastic

71a Sports Massage: Theory

Understanding Sports Massage

Event Sports Massage

Event sports massage is administered during sports events and can be divided into pre-event, post-event, and inter-event massage.

Event massage, especially post-event, avoids any use of deep tissue massage.

The closer to the event time the massage occurs, the shorter the duration of the massage.

Pre-event – focuses on increasing circulation to muscles, tendons and ligaments, and increasing flexibility

Post-event – focuses on enhancing circulation to reduce soreness and shorten recovery time

Inter-event – is essentially a combination of both of the above, clearing the effects of the previous effort and preparing for the one to come

The following short sample routine is suitable for any of the three event contexts, and can be customized to fit any sport by emphasizing different muscle groups as appropriate.

In the case that lubricant is used, beginning and ending each segment with centripetal effleurage at an upbeat tempo would be appropriate.

For pre-event massage, mobilization and stretching can be added at the end of each segment - for inter-event and post-event massage, risk of cramping of (passively) shortened antagonists may preclude use of stretching.

71b Sports Massage: Technique Demo and Practice – Event Massage

Posterior Upper Body

BMT - spinal rotation & release with erector compressions (both sides)

Knead back of neck

BMT - Scapular mobilization with trapezius and deltoid compressions

Return arm to the table and squeeze down forearm and hand

Alternately, elevate the scapula, using fingers of outside hand against the lateral border, then depress the scapula by using thumb compressions from the inside hand to levator scapula insertion, belly of upper trapezius, and supraspinatus

Repeat arm and shoulder work on opposite side

Posterior Lower Body

BMT **-** Gluteal and hamstring compressions with knee and hip mobilizations

Using both fists, apply specific compressions over the gluteal area

Knead the hamstrings and adductors

Knead the calf

BMT - Ankle mobilization with gastrocnemius compressions

Finish by squeezing the feet

Repeat on opposite side

71b Sports Massage: Technique Demo and Practice – Event Massage

Anterior Lower Body

BMT **-** Supine hip rotation with leg compressions

Knead quadriceps and adductors

Apply compressions with loose fist to lateral lower leg

Squeeze the foot

Repeat on opposite side

Anterior Upper Body

BMT - Unilateral ribcage compression and mobilization

BMT – Shoulder mobilization with pectoral compressions

With arm still above the head, knead deltoids, triceps, biceps, and coracobrachialis

Moving to the side, facing up the table, knead the forearm

Squeeze the hand

Repeat on other side

Kneeling or sitting at the head, use one hand to knead the back of the neck as the other cradles the head

Reverse the hand positions and repeat

Full Body Swedish Massage Protocol

These are the steps you will complete for the Class 23b Swedish Massage Practical

Prone Position – Posterior Upper

1. Resting Stroke
2. Uncover the back
3. Back Effleurage
4. Transition to the low back; pull and wring

   Repeat steps 3-4 on the other side

5. Circular effleurage to the scapula
6. Move arm to hang over the edge (elbow at 90°) and apply lubricant to the arm.
7. Knead back of neck, upper trapezius, deltoids, and triceps
8. Return arm to table; full down the arm and squeeze the hand
9. Deep effleurage of erectors: up low back, over shoulder, and down arm and hand
10. Deep cross-fiber /transverse circular friction to the rhomboids
11. Strip out upper trapezius
12. Circular effleurage to the scapula
13. Full back effleurage

    Repeat steps 5-13 on the other side

14. Bilateral, alternating thumb circles down erectors to the sacrum
15. Thumb circles on the sacrum
16. Return up to the neck with a rocking, raking motion.
17. Unilateral thumb circles down the erectors
18. Figure eight stroke over lumbar area, sacrum, and upper gluteals
19. Alternating effleurage to both sides of the back
20. Full back effleurage
21. Tapotement to back, arms, and hands
22. Full back effleurage
23. Nerve strokes down the back, arms and hands
24. Cover the back

Prone Position – Posterior Lower

25. Uncover one leg
26. Effleurage the whole leg
27. Gluteals; circular effleurage; knead; loose fist compressions; circular effleurage
28. Posterior thigh: effleurage, full, wring, knead, effleurage
29. Circular thumb effleurage behind knee to the popliteal area
30. Calf – Triceps Surae (gastroc and soleus): effleurage, full, wring, knead, effleurage
31. Squeeze the foot
32. Circular thumb friction from calcaneus to toes in 5 lines
33. Pinch the heel
34. Full leg effleurage
35. Tapotement: hip, thigh, calf, and foot - parallel to muscle fibers where possible
36. Full leg effleurage
37. Nerve strokes down the leg to finish
38. Cover the leg

    Repeat steps 25-38 on the other leg

Full Body Swedish Massage Protocol (continued)

Supine Position – Anterior Lower

39. Uncover one leg
40. Effleurage the full leg
41. Thigh: effleurage, full, wring, knead, effleurage
42. Full gently around the patella
43. Lower leg: effleurage and full
44. Tibialis anterior and fibularis longus/brevis: thumb circles, and thumb tip compressions
45. Lower leg effleurage
46. Palmar effleurage to dorsum of ankle while holding foot
47. Fingertip friction around malleoli
48. Fingertip friction along medial and lateral sides of Achilles tendon
49. Thumb friction across the retinacula
50. Full dorsum of foot
51. Squeeze foot
52. Wring from heel to toes and back
53. For each metatarsal and its toe:
    - Strip between metatarsals from toes to ankle
    - Mobilize by scissoring metatarsals
    - Slide index finger or side of a thumb in between toes
    - Petrissage toes
    - Rotate, flex, hyperextend and traction each toe
54. Thumb compressions to the arches of the foot
55. Foot wringing
56. Two-handed vibration to foot at ball and ankle
57. Full leg effleurage
58. Tapotement to IT band, quadriceps, lower leg, top of foot
59. Full leg effleurage
60. Nerve strokes down the leg to finish
61. Cover the leg

    Repeat steps 39-61 on other leg

Supine Position – Abs

62. With appropriate draping, expose abdomen. All clients must be draped with a chest drape for the practical.
63. Engage your client with soft hands or words to prepare them for initial abdominal contact: *"Please take a deep breath until you feel your belly touch my hands."*
64. Abs: circular effleurage, pulling, and thumb slide along costal border.
65. Repeat step 64 on the other side
66. Effleurage up the abdomen to sternum (on rectus abdominis), out and around to sides, sweep down the sides to the waist, dip under to iliac crest and pull up, following the iliac crest, back to the starting point
67. Circular effleurage abs
68. Cover torso

Full Body Swedish Massage Protocol (continued)

Supine Position – Chest and Arms

69. Resting stroke to the shoulders
70. Upper chest effleurage - use circular friction/melting to gently contact the origins of pectoralis major and move superiorly along the lateral edges of the sternum and laterally, just inferior to the clavicles
71. Loose fist cross-fiber friction to the upper trapezius

All clients must have chest draped or covered for the practical.

72. Full arm effleurage
73. Go to head of table with client's arm
74. Effleurage upper posterior arm deltoids, triceps, and latissimus dorsi
75. Knead deltoids, triceps, and latissimus dorsi
76. Effleurage anterior arm pecs, deltoids, and biceps
77. Knead pecs, deltoids, and biceps
78. Traction and circumduct the arm
79. Full arm effleurage
80. Effleurage the forearm
81. Petrissage the forearm
82. Strip from wrist to elbow
83. Thumb circles over wrist
84. Full dorsum of hand
85. Thumb stripping distally between metacarpals & through the webbing of the fingers
86. Scissor metacarpals
87. Thumb circles to the palm of the hand
88. Squeeze out each finger; also twist and pull gently (knead, circumduct and traction)
89. Whole arm effleurage
90. Whole arm tapotement
91. Whole arm effleurage
92. Nerve strokes down the arms
93. Upper chest effleurage as transition stroke
    Repeat steps 70-93 on other arm

94. Resting stroke to the shoulders

Full Body Swedish Massage Protocol (continued)

Supine Position – Neck, Face, and Scalp

Neck, while cradling the head in one hand –

95. Large triangle neck effleurage -Inferiorly down SCM, laterally out pectoralis major, around deltoid, superiorly up trapezius along back of the neck to the occiput
96. Small triangle neck effleurage - Inferiorly down SCM, laterally out just above the clavicle, superiorly up the anterior edge of the trapezius
97. Circular fingertip friction to the side of the neck
98. Ironing the upper trapezius
99. Circular friction to back of neck

Repeat steps 92-97 on other side

With neck in neutral position, not being cradled in one hand-

100. Bilateral fingertip circular friction to the back of the neck

Clean your hands

101. Clean client's face thoroughly using facial toner and upward strokes.
102. Face effleurage
103. Alternating fingertip effleurage up between eyebrows
104. Full from the forehead
105. Fingertip circles at temples
106. Fingertip effleurage around orbits – under zygomatic bone and above eyebrows
107. Fingertip circles at temples, and down masseter, continuing along mandible to chin
108. Thumb over thumb strokes to chin
109. Pull out from the middle under mandible
110. Ears: effleurage, knead, and circumduct
111. Unilateral circular friction to scalp.

Repeat steps 107-111 on other side of head

112. Superficial friction in a zig-zag pattern with thumbs opposing to top of the head
113. Resting stroke