



88b Deep Massage: Introduction



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Class Outline

15 minutes	Break
5 minutes	Attendance, Breath of Arrival, and Reminders
55 minutes	Lecture:
15 minutes	Break
25 minutes	Lecture:
60 minutes	Deep Massage Demo
15 minutes	Break
20 minutes	Discussion and circle up
3 hours and 30 minutes total	



88b Deep Massage: Introduction

Class Outline

■ Exams:

- 89a Practice MBLEx

■ Quizzes:

- 90a Kinesiology Quiz
 - (erectors, multifidi, rotatores, quadratus lumborum, levator scapula, trapezius, splenius capitis, splenius cervicis, semispinalis capitis, gluteals, fibularis longus and brevis, tibialis anterior, soleus, gastrocnemius, hamstrings, TFL, and quads)
 - 50 questions in 40 minutes
- 94a Kinesiology Quiz
 - See syllabus for list of muscles to review
 - 75 questions in 60 minutes

■ Preparation for upcoming classes:

- 89a Practice MBLEx
 - 2.5-hour class.
 - Use MassagePrep.com / ABMP exam Coach / AMTA Exam Prep to study all 10 MBLEx Final Exams.
 - 100 questions in 120 minutes.
- 89b Chair Massage, BMTs, Passive Stretches, and Side-lying Massage
 - 2-hour class.
 - Packet A-73.



Classroom Rules

Punctuality - everybody's time is precious

- Be ready to learn at the start of class; we'll have you out of here on time
- Tardiness: arriving late, returning late after breaks, leaving during class, leaving early

The following are not allowed:

- Bare feet
- Side talking
- Lying down
- Inappropriate clothing
- Food or drink except water
- Phones that are visible in the classroom, bathrooms, or internship

You will receive one verbal warning, then you'll have to leave the room.



88b Deep Massage: Introduction L-9

How to Combine Structure and Energy in Bodywork



Thixotropy

Thixotropy The phenomenon of change in connective and other gel tissues. Movement and pressure transform the solid gel-state tissue into a more liquid, malleable state.

- Etymology: thixo (touch) + tropy (to turn or to change).
- Thixotropic substances, such as certain clays in the soil and our fascia, become more fluid when energy (activity) is added to them, e.g. pressure, movement, heat.



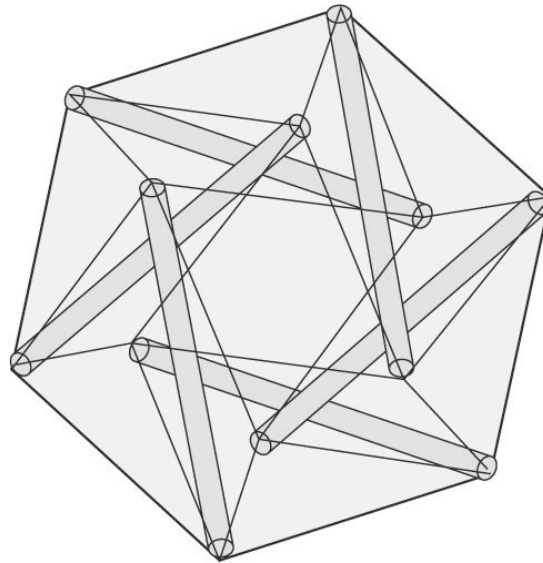
Fascia

Fascia, like the rest of the body, is more or less a fluid.

- Fascia is thixotropic.
- Our touch, intelligently applied, can change the shape of fascia and the structures it invests.
- “Fascia is the organ of structure.” – Ida Rolf

Tensegrity (tensional integrity)

Tensegrity A concept of muscular-skeletal relationships based on the work of architect Buckminster Fuller. It refers to the forces of tension pulling on structure that help keep the body both stable and efficient in mass and movement.



Tensegrity (tensional integrity)

Tensegrity system An interconnected network of structures which use tension and pressure in order to move or retain their shape.

In the tensegrity system of the human body, soft members (the myofascial system) position, shape and move the hard members (the skeletal system).

The old compression model (“head bone connected to the neck bone”) is fortunately false.





The Nervous System

The nervous system determines the various tensions in the myofascial system, so if we really want change, we need to affect the nervous system.

So how do we “touch” the nervous system?

- The nervous system overlaps with sensation, emotion, thought, belief, spirit.
- In other words, it is included within the broad use of the word “energy”.

One might say “energy” determines “structure”.

- To affect the nervous system, we need to contact energy as well as structure.



The Nervous System, *continued*

The Nervous System helps bridge our structural and energetic aspects.

How do we optimally facilitate change in and through the Nervous System?

- “A person cannot change without a new experience.” – Moshe Feldenkrais
- Through the sensory receptors in the myofascial system, muscles are equally important as sense organs and motor organs.
- When we affect our mechanoreceptors, our proprioception, we affect the perceived shape of our world.



What is Energy?

Various languages have been applied to talk about energy:

- Chi, ch'i, or qi (Chinese for energy)
- Ki (Japanese for energy)
- Prana (Indian/ Ayurvedic for energy)
- Kundalini (energy in yoga theory)
- Shakti (Hindu for energy)
- Elan vital (vital impetus or force, coined by French Philosopher Henri Bergson)
- Meridians (Chinese for energy channels)
- Nadis (Ayurvedic for energy channels)
- Chakras (Ayurvedic for energy centers or points)

There is debate as to whether these describe things which objectively exist or are helpful metaphors for what we subjectively experience.



Haptics

Touch is the haptic sense.

- **Haptics** Any form of interaction involving touch.
- **Haptic communication** The means by which people and animals communicate via touching.
- **Haptic perception** The process of recognizing objects through touch.



Excerpts from *Body, Memory, and Architecture* by Bloomer and Moore

The haptic sense is the sense of touch considered to include the entire body rather than merely the instruments of touch, such as the hands.

To sense haptically is to experience objects in the environment by actually touching them (by climbing a mountain rather than staring at it).

Treated as a perceptual system the haptic incorporates all those sensations (pressure, warmth, cold, pain and kinesthetics) which previously divided up the sense of touch, and thus it includes all those aspects of sensual detection which involve physical contact both inside and outside the body.



Excerpts from *Body, Memory, and Architecture* by Bloomer and Moore

For example, if you accidentally swallow a marble you may haptically sense it as it moves through your body, thus experiencing part of the environment within your body.

Similarly, you may sense body motion haptically by detecting movement of joints and muscle through your entire bodyscape.

No other sense deals as directly with the three-dimensional world or similarly carries with it the possibility of altering the environment in the process of perceiving it; that is to say, **no other sense engages in feeling and doing simultaneously.**



Touch

Touch is the earliest sense to develop in the embryo. Touch communicates with the foundation of our whole sensory world.

Intentional touch is the only sense which necessarily and simultaneously contacts structure and energy.



Touch is Multi-Dimensional

- The structural/physical world is three-dimensional – length, breadth, width.
- Massage that contacts energy as well as structure therefore will contact more than just three dimensions.
- From our faculty's experiences receiving student massage's/PTS's we eventually identified seven dimensions required for highest quality of touch.



Seven Dimensions of Touch

1. Contact
2. Movement
3. Breath
4. Graceful verticality
5. Heart
6. Understanding
7. Alchemy



1. Contact: The First Dimension of Touch

For today, we will only focus on the first dimension:

- High quality of touch from the very start – from the first “point” or “area” of contact.
- Touch with mindfulness – organized awareness = good “psychomechanics” plus good “bodymechanics.”
- Working with attention at interface.
- Touching with “highest personal regard.”



Touch

Q: How do we facilitate change simultaneously in structure and energy?

A: Intentional Positive Touch.

The First Dimension of Touch is how we initiate the path toward Intention Positive Touch.



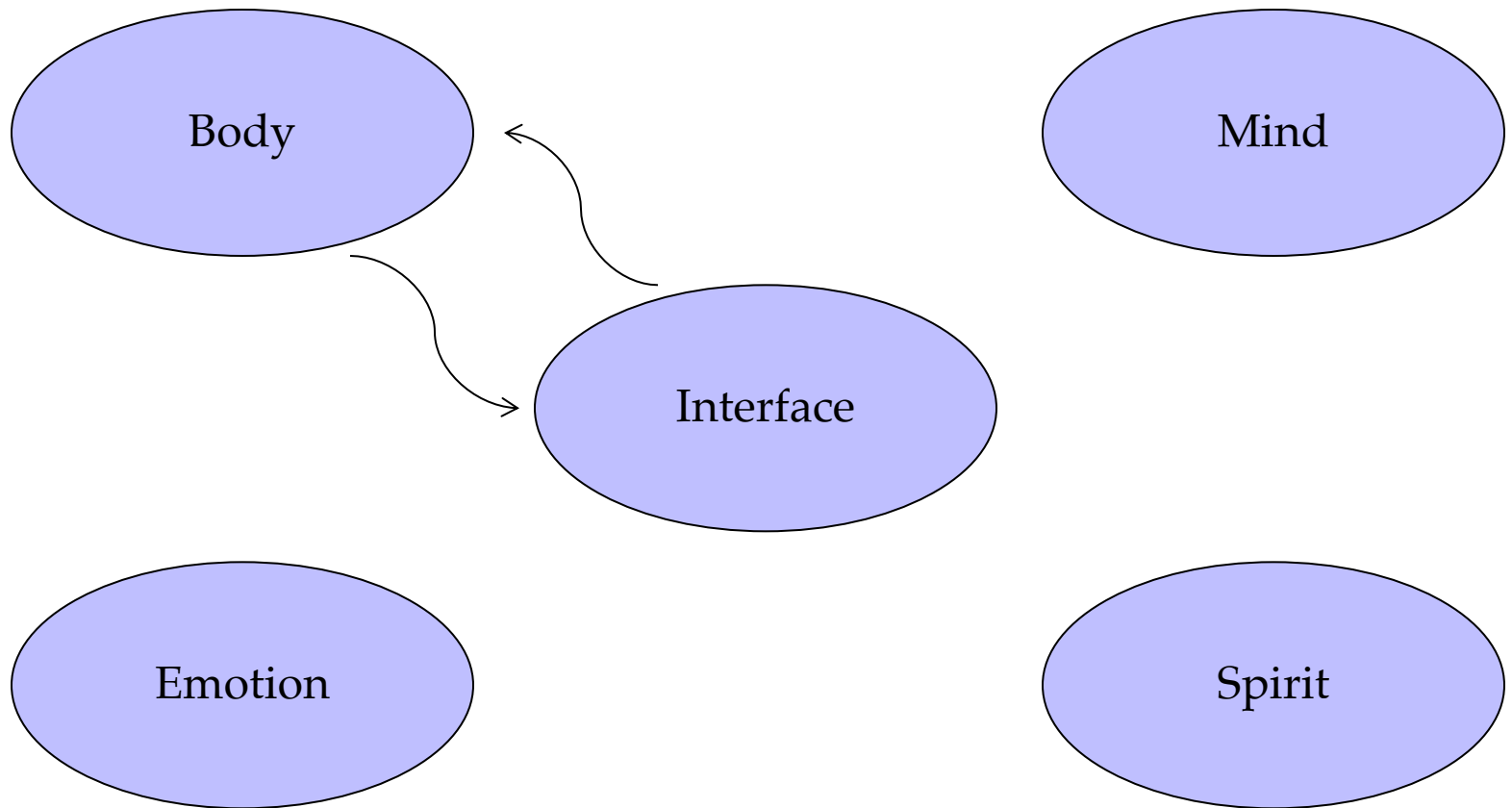
Working at Interface

All real living is meeting – Martin Buber

To optimally contact both energy and structure, we need to work at interface.

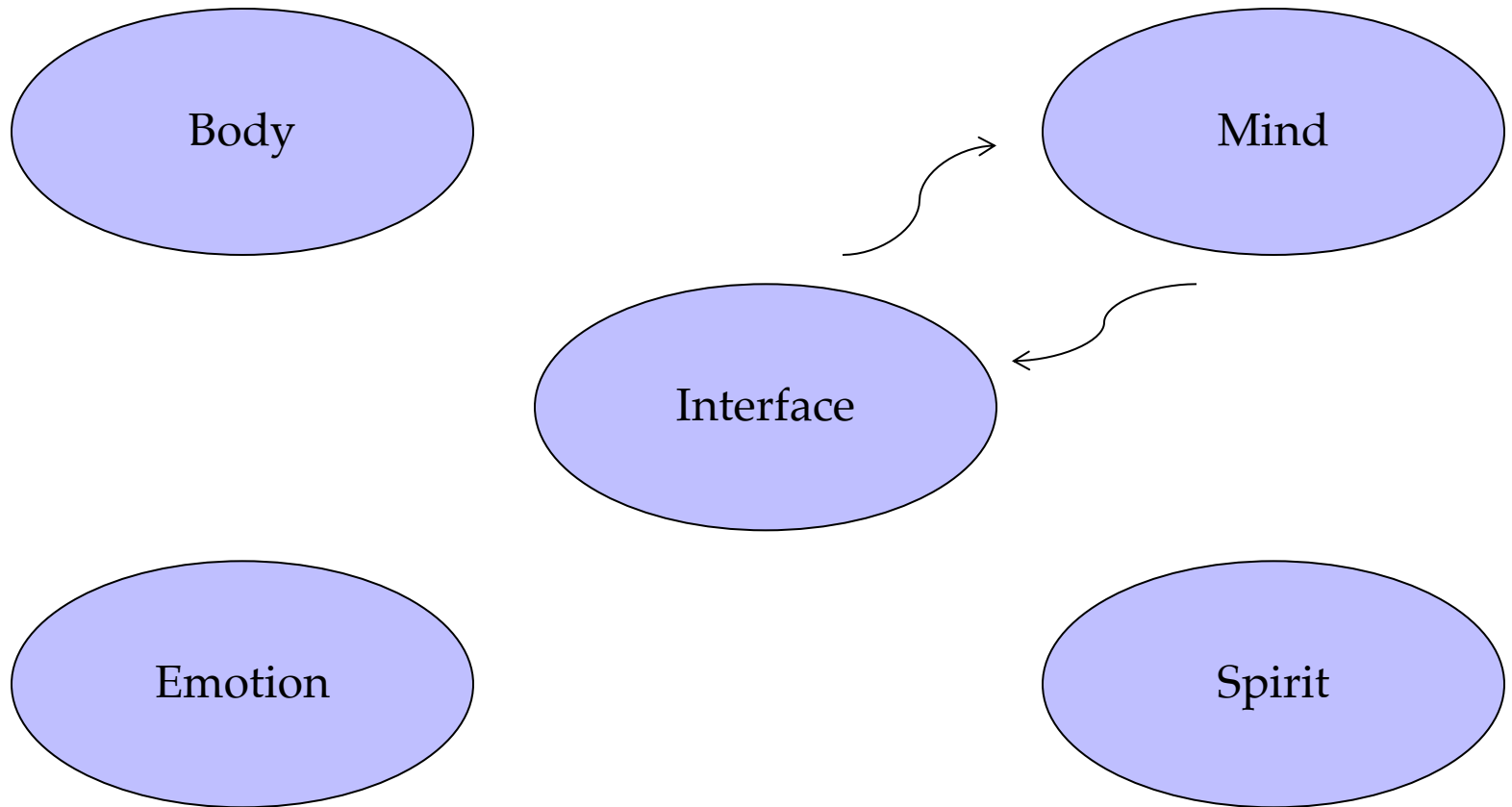
- **Interface** The therapist consciously “meets” the client’s structure and energy with his/her structure and energy.
- Do not allow streaming or blending of energy while working at interface.
- Working effectively with both structure and energy calls for clear boundaries.

Your awareness may wander from interface to any pain or tension you are feeling in your body.



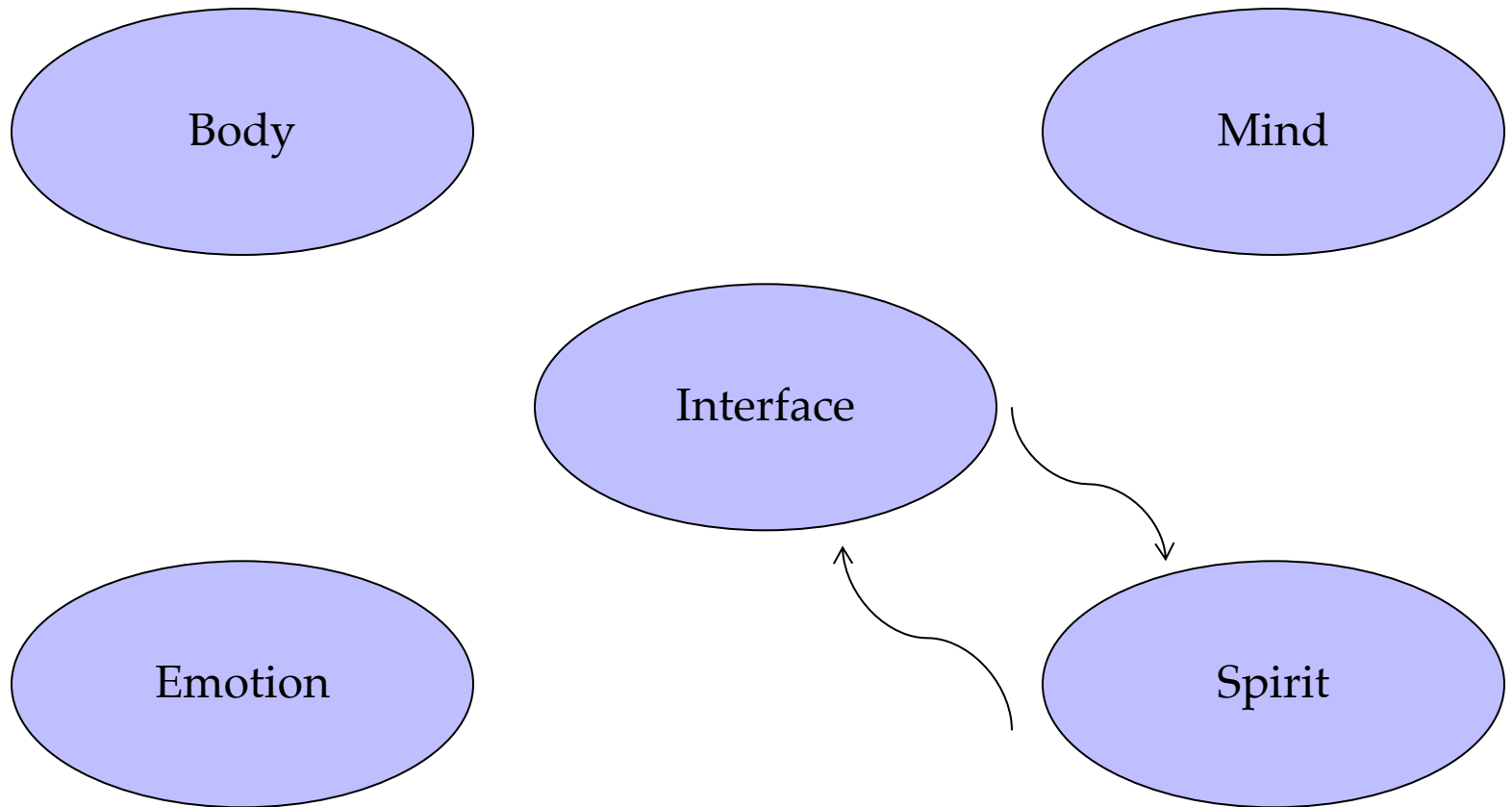
When you realize what has happened, you can return your awareness to interface with greater clarity.

You may need to access your mind for information or maybe just be distracted from working at interface.



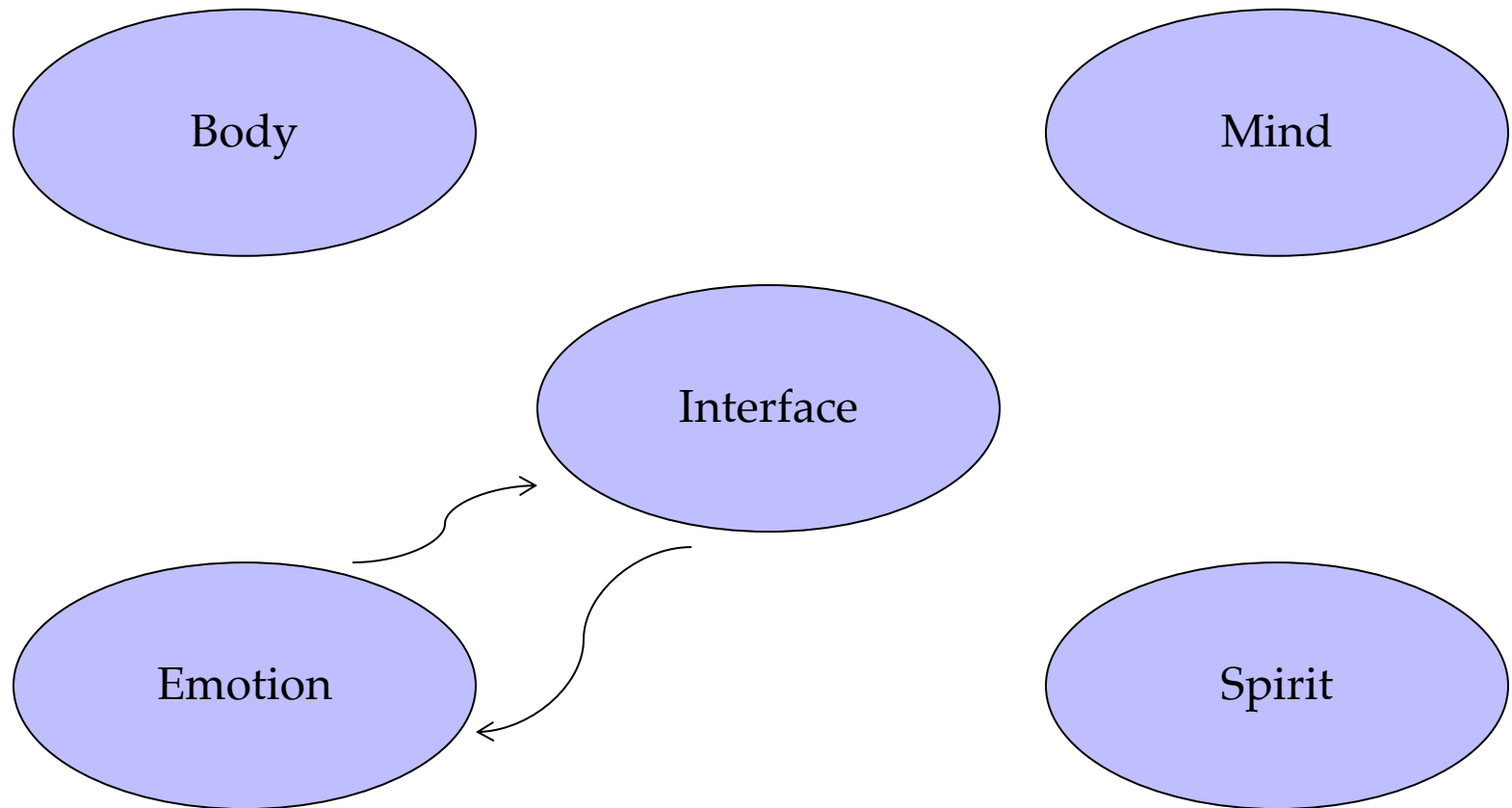
Once you've retrieved the information, you can return your awareness to interface with heightened clarity.

You may get overly preoccupied with a just one part of the body and lose sight of the whole person.



When you realize this, you can return to more of an “I-Thou” rather than “I-It” relationship.

Your awareness may wander from interface to an emotion you are feeling (be sure to sort out whether it is related to the client or to a previous emotion not related to the session).



When you realize what has happened, you can return your awareness to interface with greater emotional clarity.



Working with Fulcrums

Fulcrum –

a. the support or point of rest on which a lever turns

b. an agent around, through, or by means of which vital powers are exercised

– American Heritage Dictionary

Amplify your sense of boundaries with fulcrums by systematically engaging:

touch receptors

pressure receptors

proprioceptors

cerebellum

cerebrum

limbic and autonomic nervous systems



Fulcrum – a Grammar of Touch Communication

- Center yourself (pause*)
- Take out the looseness (pause*)
- Take up the slack (pause*)
- Add additional vectors
- Hold (now that a fulcrum is built, hold for min. 3 sec.)
- Monitor for change (are they in a working state?)
- Clearly disengage

Importance of perceptible pauses between the stages of the fulcrum (maybe as little as a 1 / 4 of a second) after each action (otherwise boundaries become less clear)



Working State

- State of being in which client is integrating structure and energy
- Fertile mid-ground between conscious and unconscious
- Since “healing” doesn’t take place until the client does their “work” from inside out, it is important that we help facilitate and carefully observe for working state and working signs.



Working Signs

- Eyes – windows to the soul
- Breath – windows to the spirit
- Facial Expression
- Client reports – what they say
- Voice Vitality – how they say it
- Body Tissue Change –
 - hard vs soft,
 - dry vs fluid,
 - cold vs warm,
 - feeling of flow-through, etc.
- Movements or “Kriyas” - spontaneous small or whole body movements
- Borborygmus and/or Swallowing – autonomic signals
- Serenity - less objective, but a clear sense of shift in the environment of the treatment room



Practical tips

- Table height – 1 notch lower than for Swedish
- Working origin to insertion conveys length (balanced by circulatory work toward heart)
- Work less affected side first
- First do no harm – to yourself and to the client
- Practice Deep Massage in pure form until you are fluent with it.
- Feel free, however, to use basic massage strokes, as needed, to warm up the body, to palpate for tension, and to integrate the work with a little lighter work after a deep fulcrum e.g. rocking, resting hands, gentle effleurage or petrissage, etc.
- Get the rhythm by being in touch with your breath and that of the client, incorporating pauses to allow assimilation of the work.
- DEEP MASSAGE DOES NOT MEAN MORE PRESSURE –
 - It is primarily based on the client letting go from inside out, not pressure from outside in. Deep Massage has faith in the client.



Cautions

- Hair – in this respect, hairy people aren't usually as sensitive as you might think! 😊
- Don't add lubricant just because you're used to it. Use cream or oil, when it really helps you and / or when the client or employer clearly expresses that preference. Body produces its own lubrication – oils and water.
- Verbal fulcrums – in a working state clients are more vulnerable; pay attention to what you say, how and when you say it
- Depletion – people who are low energy or whose energy moves very quickly may be more likely to deplete. Pay close attention – check in periodically.
- Transference and Countertransference – with deeper structural / energetic work, client and / or therapist may more likely project onto therapist or client. Pay close attention to your and other's boundaries.



Basic Deep Massage Protocol

Client Prone (start on the right side unless client has a complaint)

Note: Add in brief palpations and integrative petrissages, rocking or resting strokes, as intuitively called for. Monitor for working signs – LISTEN.

Fists Down Erectors

Nine Points (lumbar erectors, multifidus, quadratus lumborum)

Ironing Up Erectors (“Erector spinae and posterior ribs”)

Levator Scapula

Trapezius

Semispinalis Capitis

Multifidus/Rotatores

Fists down the erectors to transition to left side and repeat steps

Close out upper body with fists down erectors, transition to lower body

Gluteus Maximus – stationary and lengthening (start on right side)

Hamstrings

Gastrocnemius/Soleus



Basic Deep Massage Protocol

Client Supine (start on right side, unless client has a specific complaint)

Half Moon Vector through the Legs to transition to anterior lower body

Rectus Femoris/ Vastus Intermedius

Quadriceps Tendon/ Patellar Ligament

Tensor Fascia Latae, Gluteus Medius and Gluteus Minimus

Iliotibial Band

Fibularis Longus (Peroneus)

Tibialis Anterior

Half Moon Vector through the Legs to transition to anterior upper body

Rectus Abdominis 1 & 2 (uncover, do both sides, then drape)

Pectoralis Major 1 & 2 (start on right side)

Biceps Brachii

Triceps Brachii

Trapezius (bilateral) – to transition to the left side and repeat

Trapezius (bilateral) – to transition to the neck, face, and scalp

Scalenes (start on right side, then do left)

Facial muscles (bilateral)

Epicranium (right side, then left side)

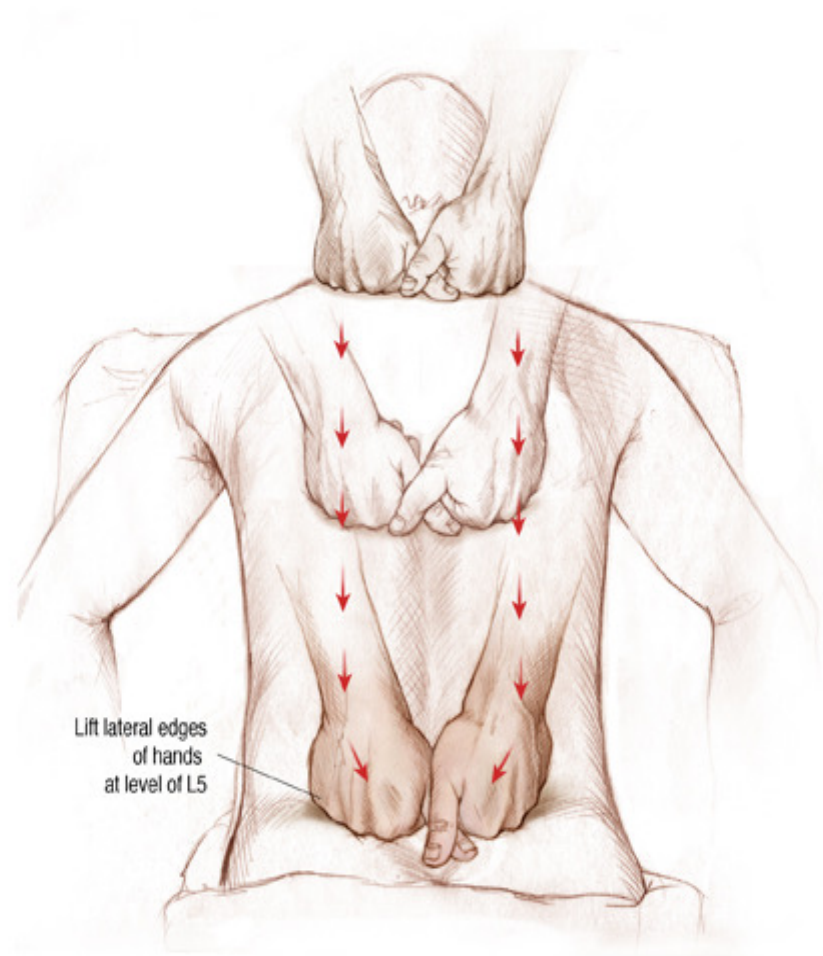
Half Moon Vector through the Neck

Half Moon Vector through the Legs



88b Deep Massage: Illustrated Basic Deep Massage Protocol

Fists Down Erectors

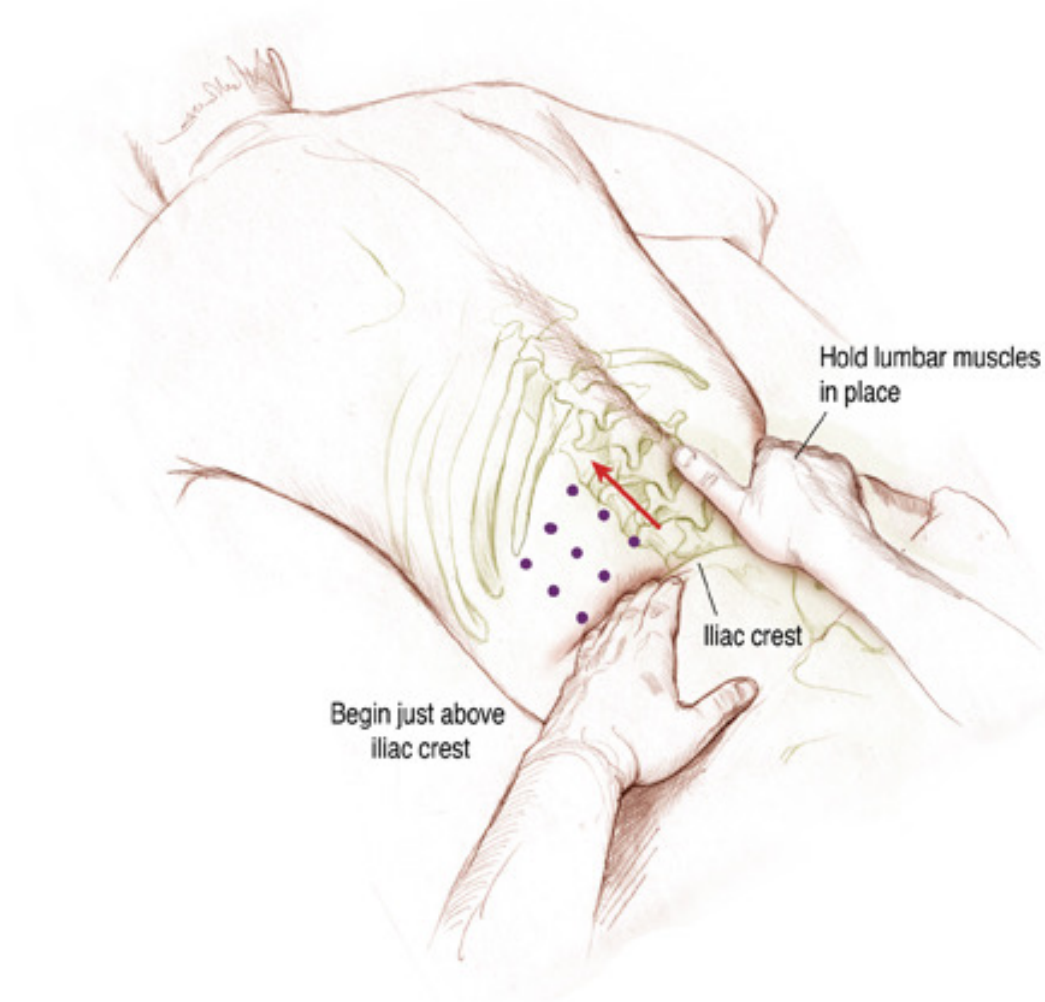




Fists Down Erectors

- Center yourself – in body, mind, and emotion
- Take out looseness - pressing easily in towards ribs 1-3
- Take up the slack – engaging / “pre-stretching” inferiorly
- Add additional vectors- following the erectors down the back with a deep effleurage using your loose fists
- Sustain the gesture- so it is one long helpful experience (make it quicker and lighter the first pass)
- Monitor for working signs or (signs of too much!)
- Make sure to lift up the little finger sides of your hands as you get to the lower lumbar / sacral area – go down to at least S 3
- Clearly disengage
- Then you can do a “return” stroke if you please.
- Repeat as many as 3 times

Nine Points





Nine Points

When you palpate, if you feel tension, press into the tension and hold it – creating a fulcrum.

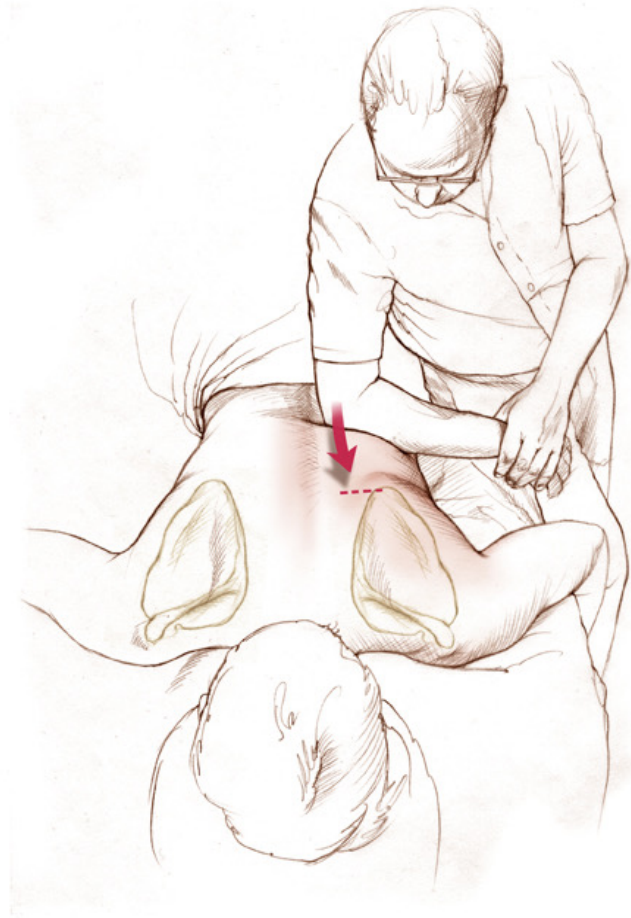
Palpate for tension in -

1. The side of iliocostalis
2. Multifidus
3. Quadratus Lumborum

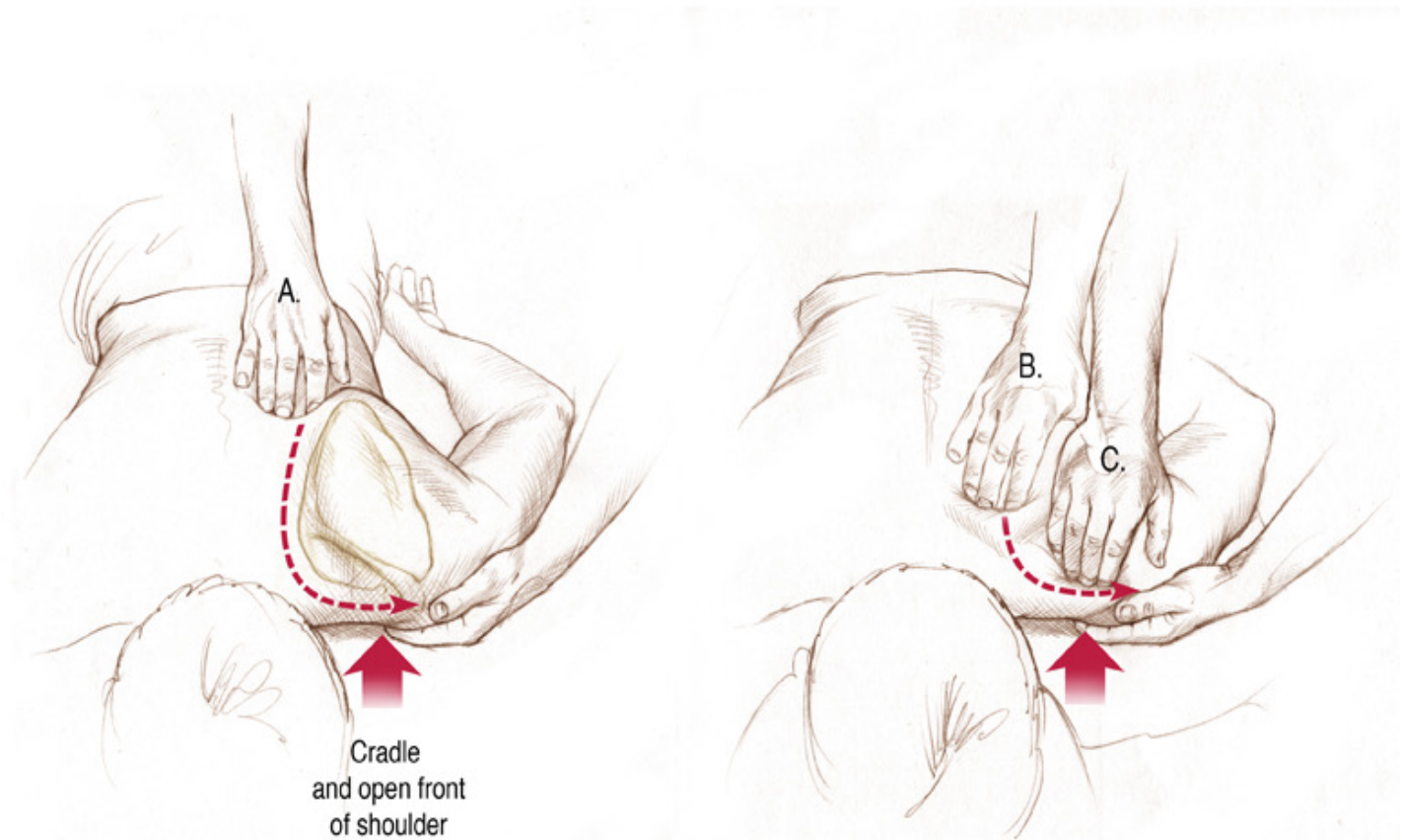
For each muscle, create a fulcrum -

- Just above the iliac crest
- Halfway between it and the 12th rib
- Just below the 12th rib

Ironing up the Erectors #1



Ironing up the Erectors #2





Ironing up the Erectors

#1. Take out the looseness gently – around rib 10-11

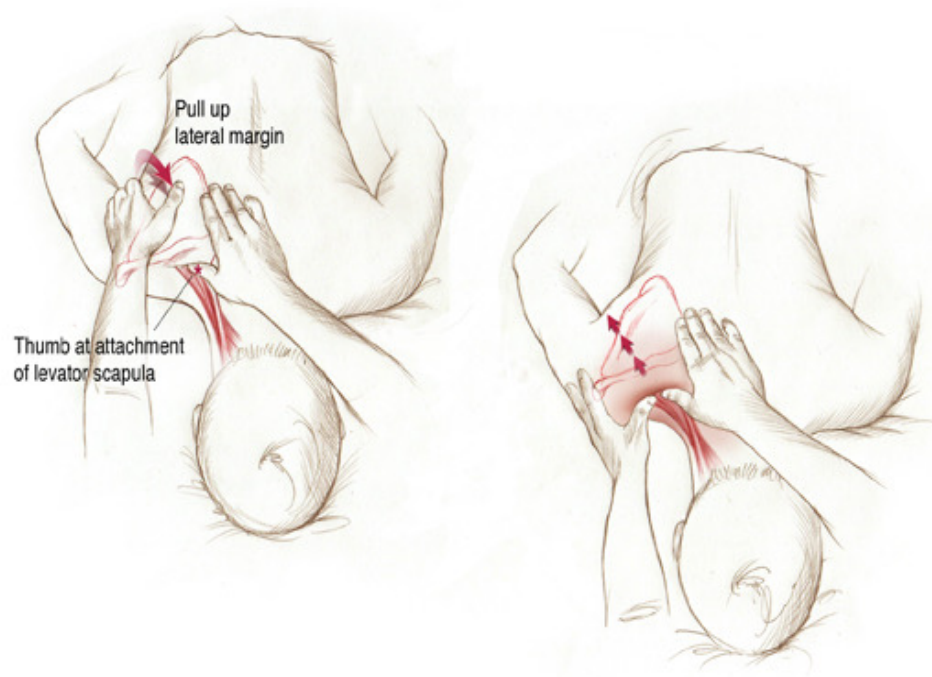
- Take up the slack, pre-stretching superiorly
- Add additional vectors “ironing” up to the level of the scapula’s inferior angle
- Clearly disengage

#2. Switch hand positions – so between scapula you work with three fingers. Let your other hand, cup the front of the humerus and gently traction the anterior shoulder girdle open.

- Take out the looseness around T 8
- Take up the slack pre-stretching superiorly
- Add additional vectors “ironing up” to the level of the 1st rib, then hook your fingers and traction laterally through the trapezius belly above the scapula
- Clearly disengage

-- #2 often is done 2 or even 3 times

Levator Scapula





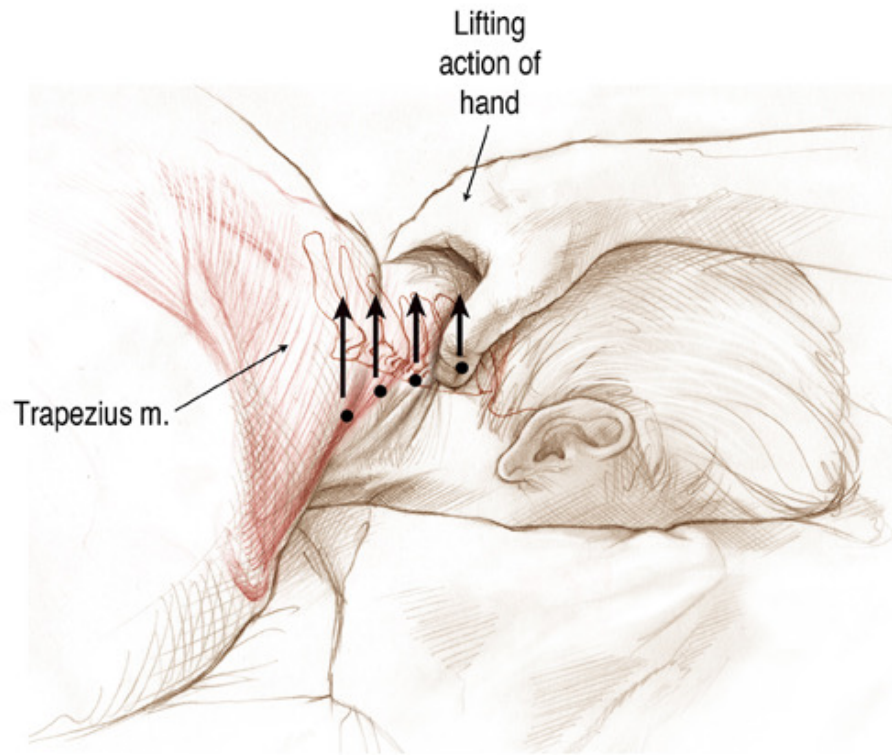
Levator Scapula

Seated – Position your chair at a slight diagonal and above the opposite shoulder – so you face the one you're going to be working with

- Find the insertion of levator scapula at the superior angle of the scapula
- Press in taking out the looseness with your thumb
- With your other hand, pull the lateral margin of the scapula toward you, adding an additional vector (which will get the thumb in more deeply)
- Sustain the gesture (monitor for working signs)
- When ready, let go of hand on lateral scapula
- Place both thumbs on levator insertion / superior angle of scapula
- Create a lengthening fulcrum with an inferior-lateral lengthening
- Clearly disengage

Posterior Neck

Trapezius, “lifting the curtain”





Posterior Neck

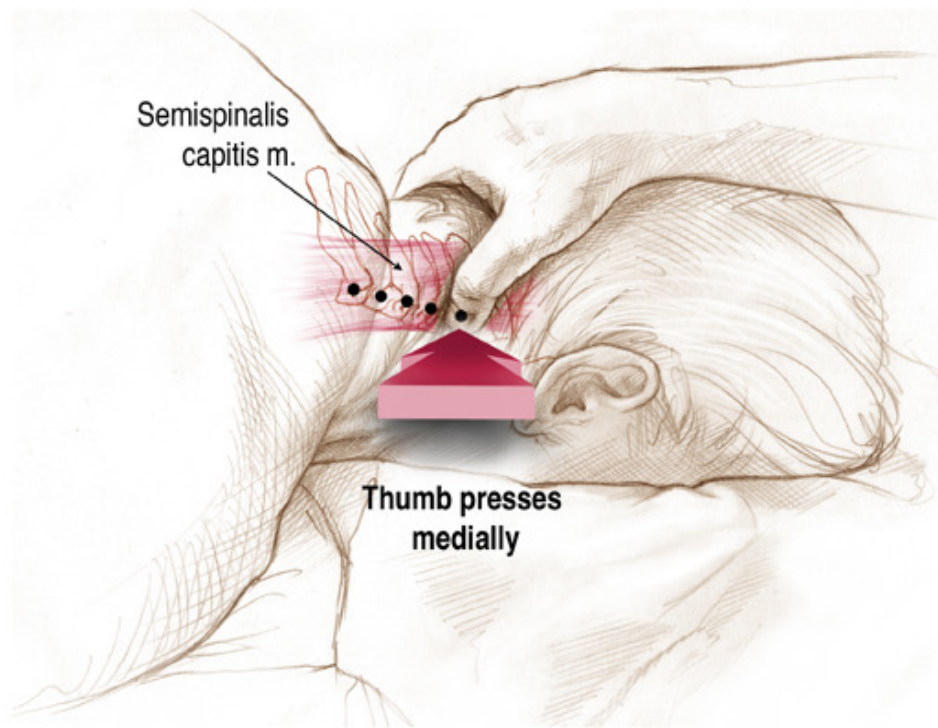
Trapezius, “lifting the curtain”

Seated- This is preparatory move for deeper work –so not too much pressure!

- Take out the looseness at the lateral margin of the trapezius
- Take up the slack pressing toward the center (medially)
- Add additional vectors, sweeping the thumb through the trapezius, ending at the spinous process
- Do this 4-5 times – each time higher than the last.

Posterior Neck

Semispinalis Capitis





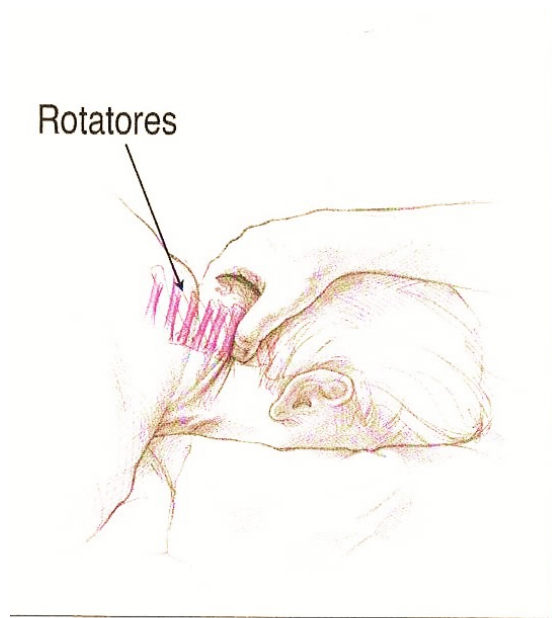
Posterior Neck

Semispinalis Capitis

Seated –

- Starting at the level of C 7 – press medially into the belly of semispinalis capitis – take out the looseness
- If you feel tension, take up the slack, pressing into the tension
- Then add additional vectors, holding the point while the client lets go from inside out
- Clearly disengage
- Do this at 4-5 vertebral levels, each successively higher, the last being just inferior to the occiput

Posterior Neck Multifidus and Rotatores



Palpate cross fibers
(inferior to superior)
and melting (as needed)





Posterior Neck

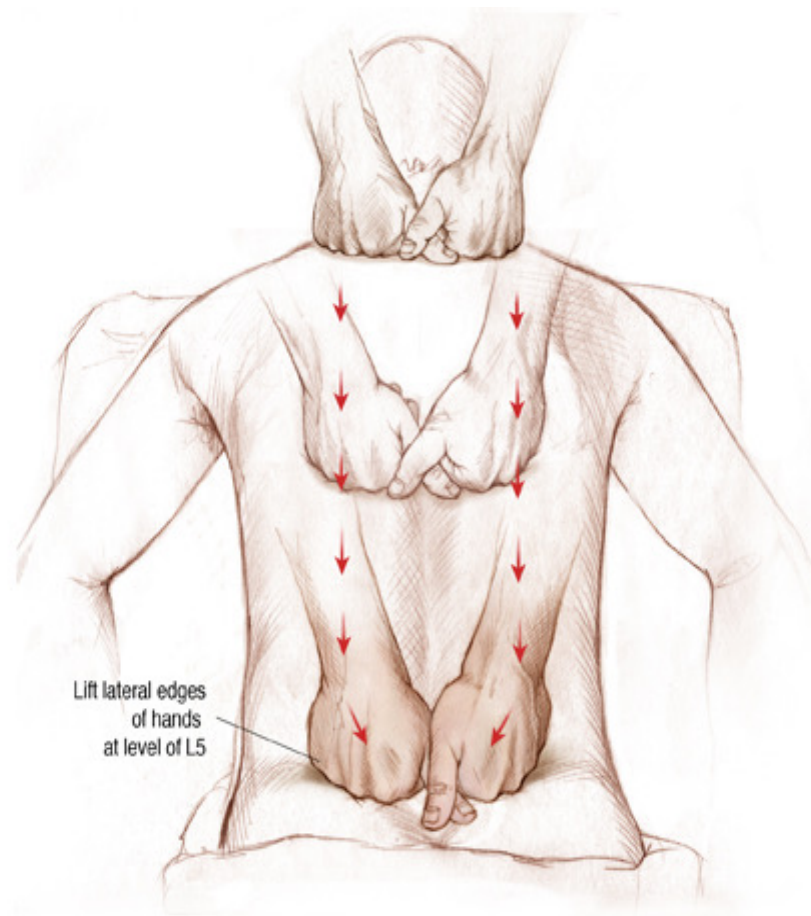
Multifidus and Rotatores

Seated –

- Start again at the base of the neck.
- Place your thumb halfway between the tip of the transverse process of C7. Press into this “transverso-spinal” group of muscles at a 45-degree angle.
- Take out the looseness. Palpate for any tension by drawing your thumb up across the grain of those fibers.
- Since the fibers run obliquely across the vertebrae, it is clearest to palpate from inferior to superior, as if you were drawing your thumb across the rungs of a ladder.
- If you find no tension, clearly disengage and move up to the next vertebral level.
- If you find tension, take up the slack with a bit of pressure postero-medially. Melt into the tension, adding additional vectors, resting in a little more deeply into the lamina groove. Hold while you relax and breathe.

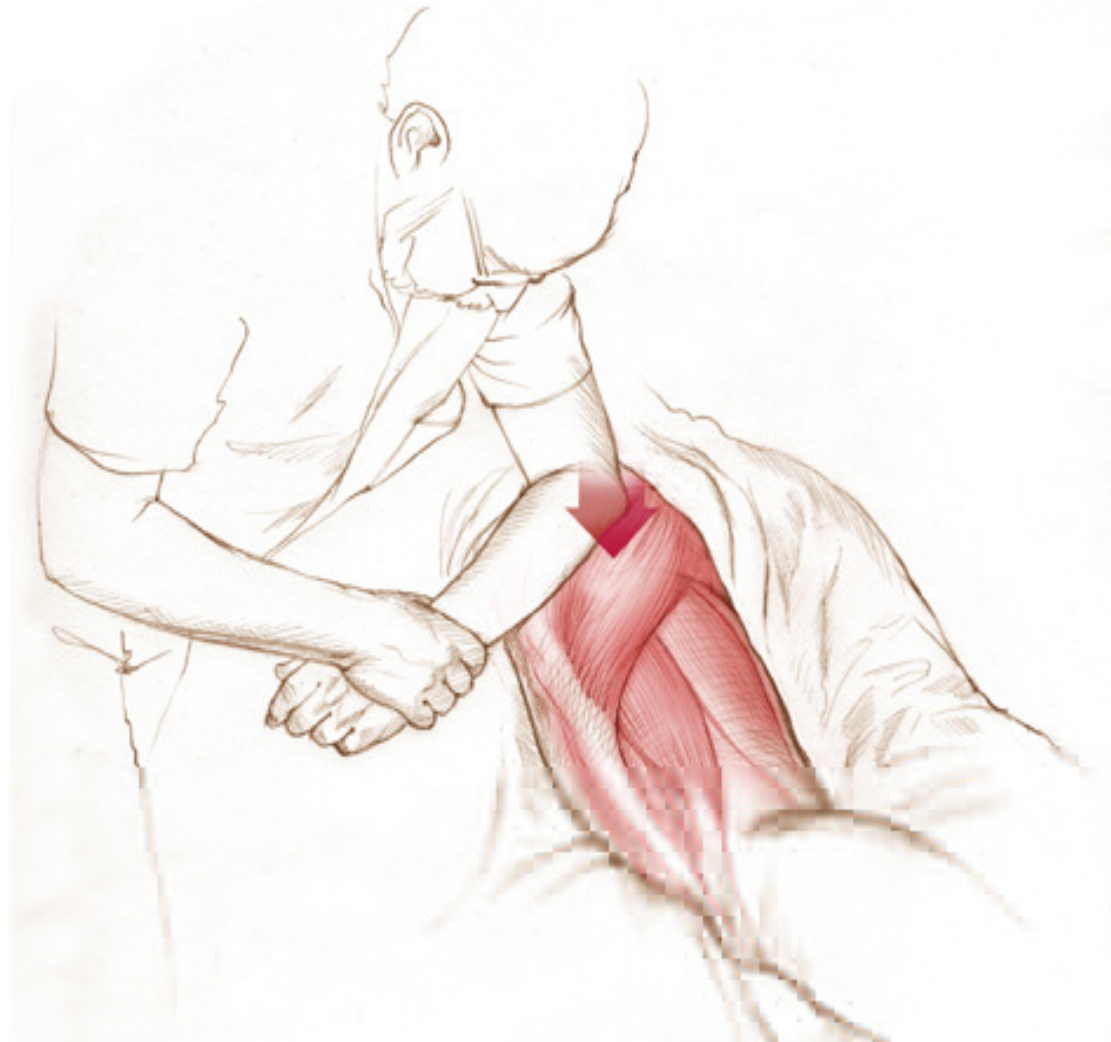
Fists Down Erectors

- *transition to left side and repeat steps;*
- *then repeat to close out upper body*



Gluteus Maximus (stationary)

- start on the right side of the body

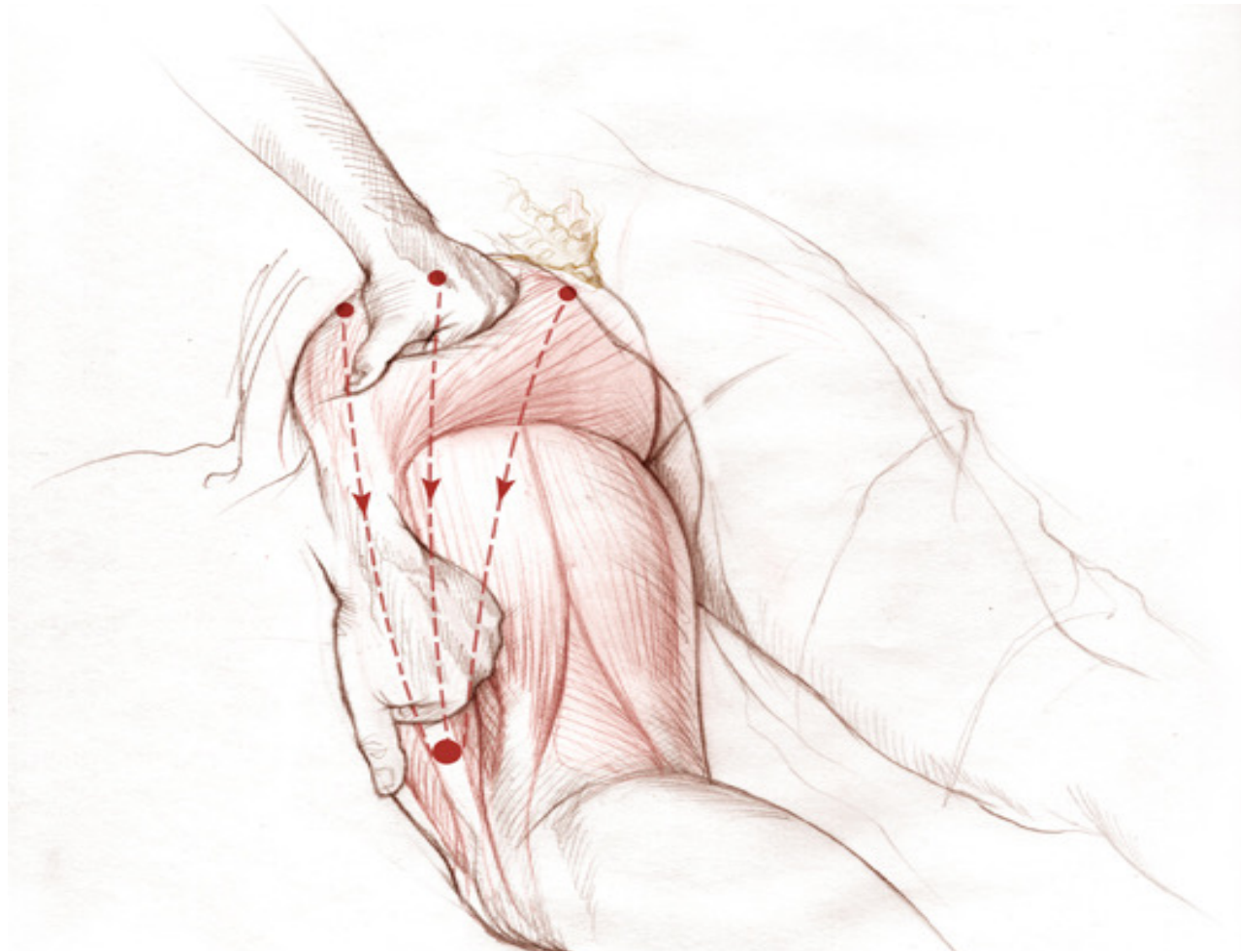




Gluteus Maximus

- Place your forearm (near the elbow) onto the apex of gluteus maximus
- Take out the looseness (pause)
- Take up the slack, with a satisfying level of pressure (pause)
- Breathe, relax and give the person the gift of time in which to let go from inside out (you're "in the box")
- Clearly disengage
- You may choose or not to do some introductory or integrating lighter work

Gluteus Maximus (lengthening)





Gluteus Maximus

- With loose fist, take out the looseness just beneath the iliac crest and just lateral to the sacrum (pause)
- Take up the slack, tractioning inferiorly without moving (pause)
- Add additional vectors with a moving fulcrum inferior and a lateral through glutueus max. to its insertion about 3/4 of the way down the femur (i.t. band)
- Do two more moving fulcrums following the same route but each starting a fist's width lateral to the last starting point

(Option - you can do the third pass, with the heel of one hand on the sacrum, generally lengthening the spine, and the other loose fist, palm facing up going down the side of the pelvis, easing up over the greater trochanter and again about 3/4 down femur)

Hamstrings

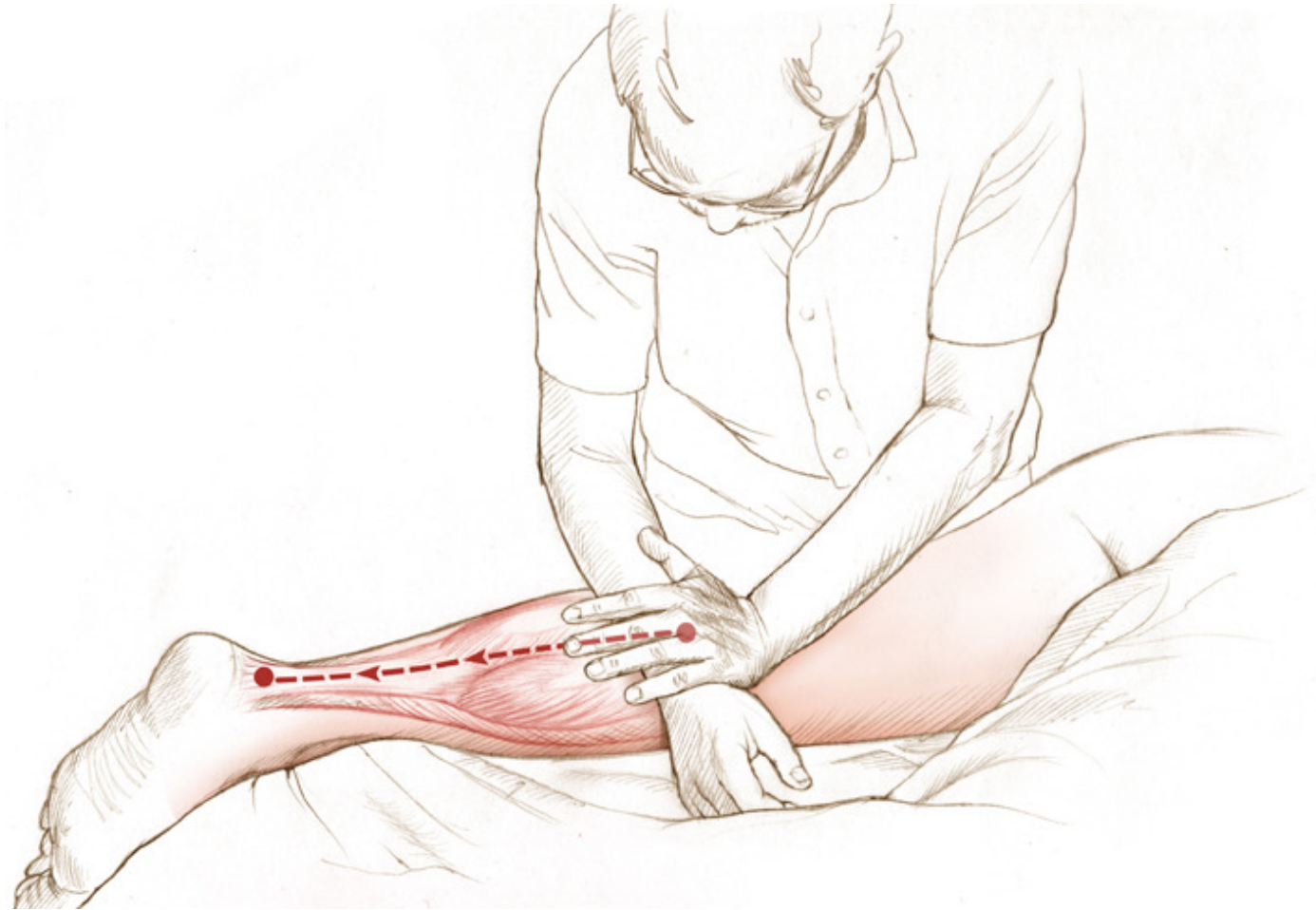




Hamstrings

- ❑ Start with the knee flexed, down table / outside hand on the dorsal surface of foot
- ❑ With loose fist of the up table / inside hand, nestle into bottom of ischial tuberosity to take out the looseness
- ❑ Take up the slack with distal traction, not moving
- ❑ As the up table / inside hand moves down the biceps femoris, slightly extend the knee
- ❑ As hand reaches the end of the vector near the insertion on the fibula, slightly flex the knee again so that the loose fist contacts the attachment points
- ❑ Add additional vectors with moving fulcrums:
 - One pass in the middle, in the “valley” between the medial and lateral hamstrings (easy over the back of the knee)
 - One pass medially, down the “semi’s” ending at the back of tibia

Gastrocnemius/Soleus (AKA: Triceps Surae)





Gastrocnemius/Soleus (AKA: Triceps Surae)

- Using supported forearm (see which is more comfortable) take out the looseness pressing into gastrocnemius/soleus just beneath the knee
- Take up the slack with gentle inferiorward traction
- Add additional vectors following the shape of triceps surae down to the insertion on the calcaneus

Important - slow way down as you work through the calcaneal tendon and then onto the posterior surface of the calcaneus. Tendons change more slowly than muscles bellies.

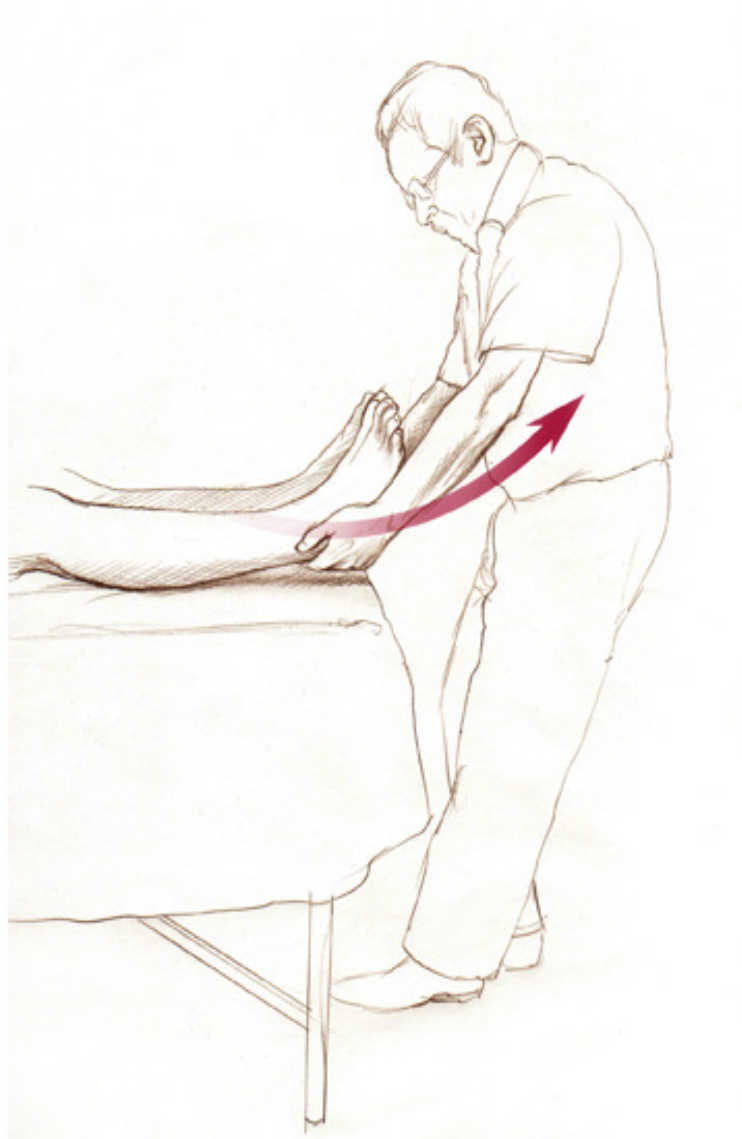
Also you here have the ability gently to engage the whole person (as in the half moon vector through the legs).



Repeat steps on the other side.

When done, turn the client supine.

Half Moon Vector through the Legs

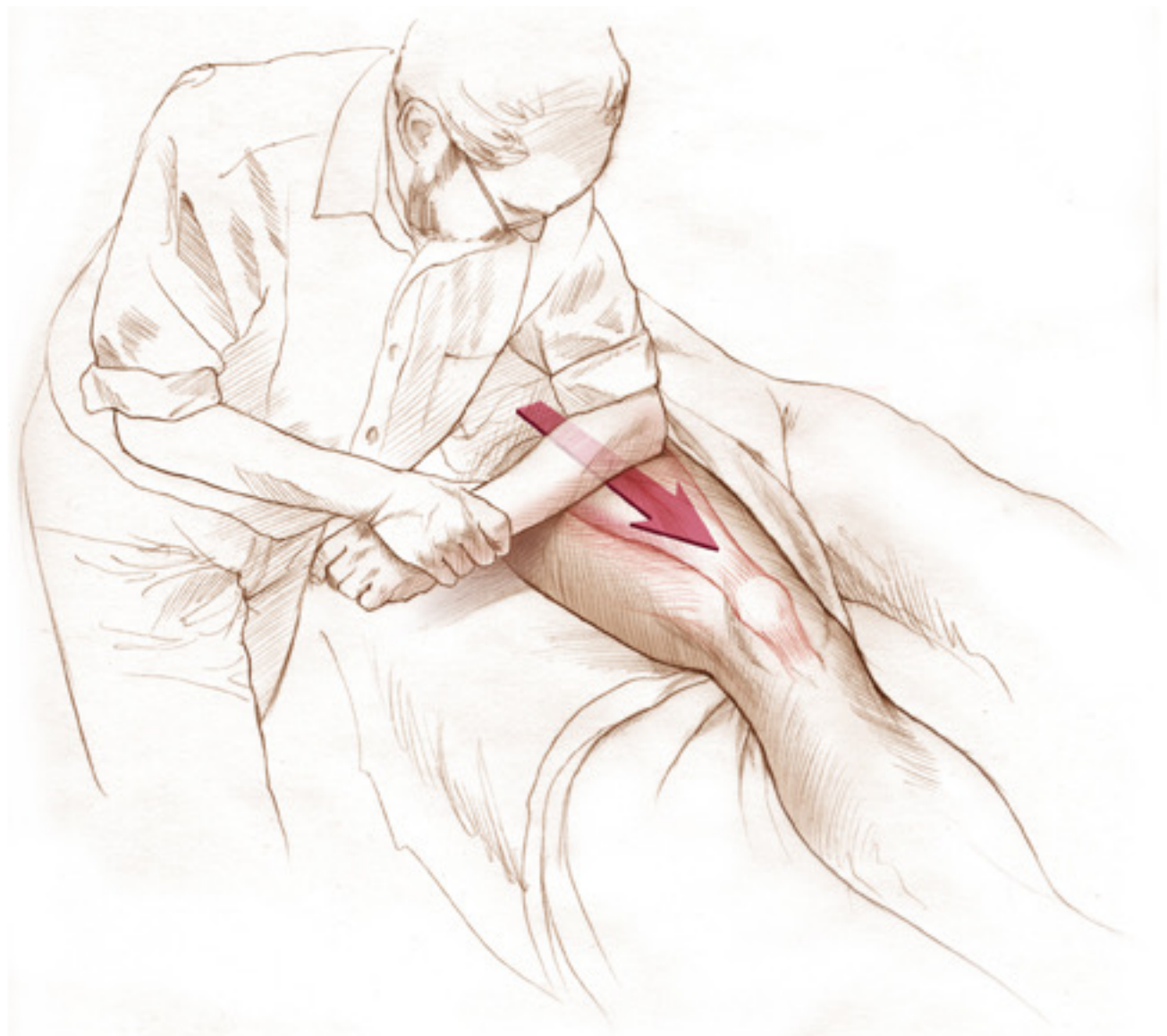




Half Moon Vector through the Legs

- Center yourself and your client (gently see if you can get the legs not to be too “turned out”)
- Contact the calcanei and calcaneal tendons with your hands – take out the looseness between your hands and the calcanei and Achilles tendons.
- Take up the slack from the whole body and the Achilles tendons.
- Add additional vectors (the “half moon”) by adding slight additional length while simultaneously going down, then back up (so it’s a clear and simple curved pull). *You can also lift the legs up a little if it feels better for the client or for your back.*
- Hold it, Hold it, Hold it.
- Monitor for working signs (but don’t wait for one!)
- Clearly disengage, setting the legs down in length.

Rectus Femoris and Vastus Intermedius





Rectus Femoris and Vastus Intermedius

- Take out the looseness in the front of hip (origin of rectus femoris)
- Take up the slack with a static traction
- Additional vectors inferiorly through the belly of rectus femoris (you can also visualize vastus intermedius)
- Well before getting there, put your palm gently on the patella to reassure your client
- Clearly disengage

Quadriceps Tendon/Patellar Ligament

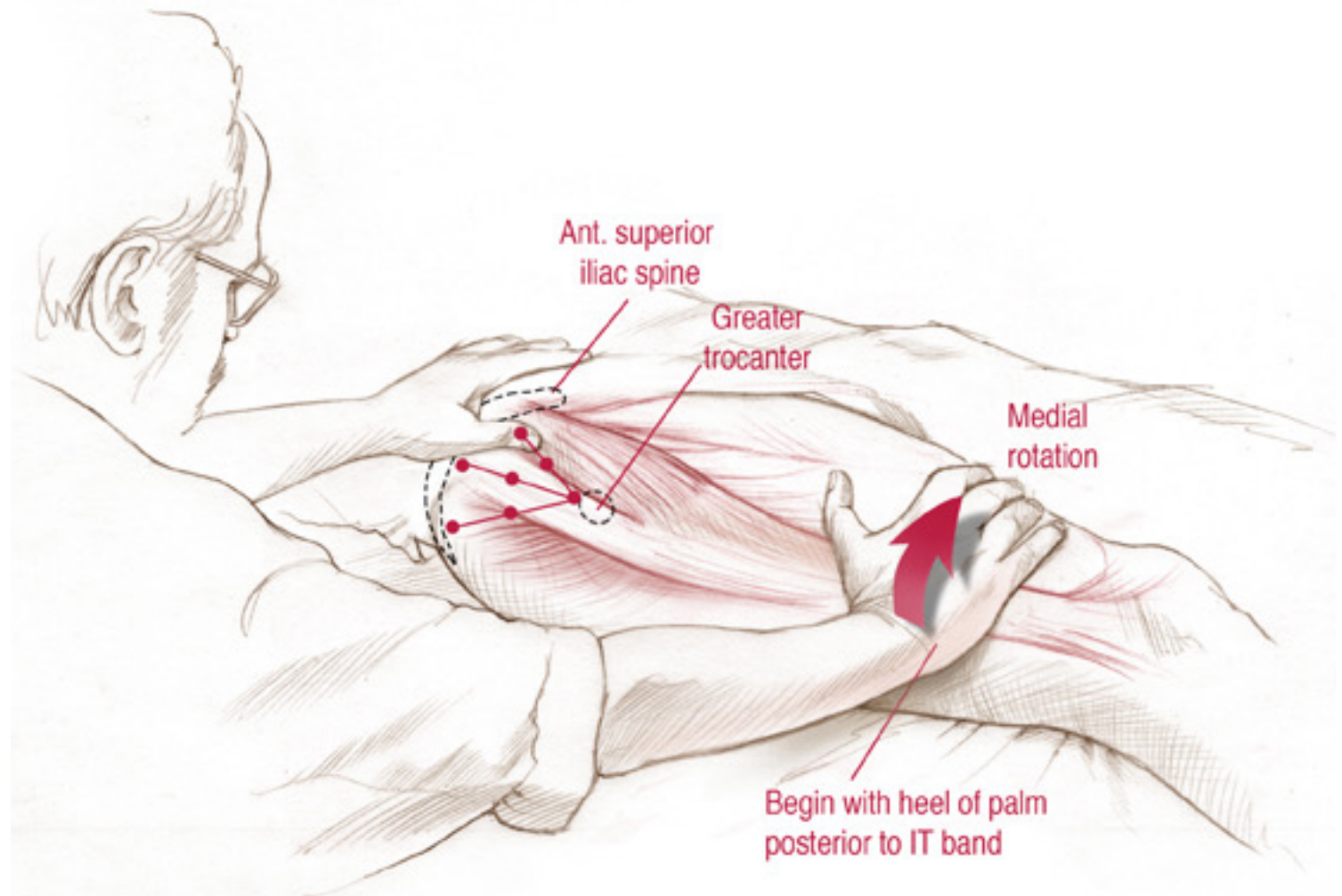




Quadriceps Tendon/Patellar Ligament

- Place both thumbs between the patella and tibial tuberosity - take out the looseness
- Static traction - medial and lateral
- Add additional vectors making the shape of a smile with a moving fulcrum medial and lateral beneath the patella
- Place both thumbs just above the patella at the centerline - take out the looseness
- Take up the slack pulling laterally and medially w/o moving
- Add additional vectors with a moving fulcrum medial and lateral just above the level of the patella

Tensor Fascia Latae, Gluteus Medius and Minimus



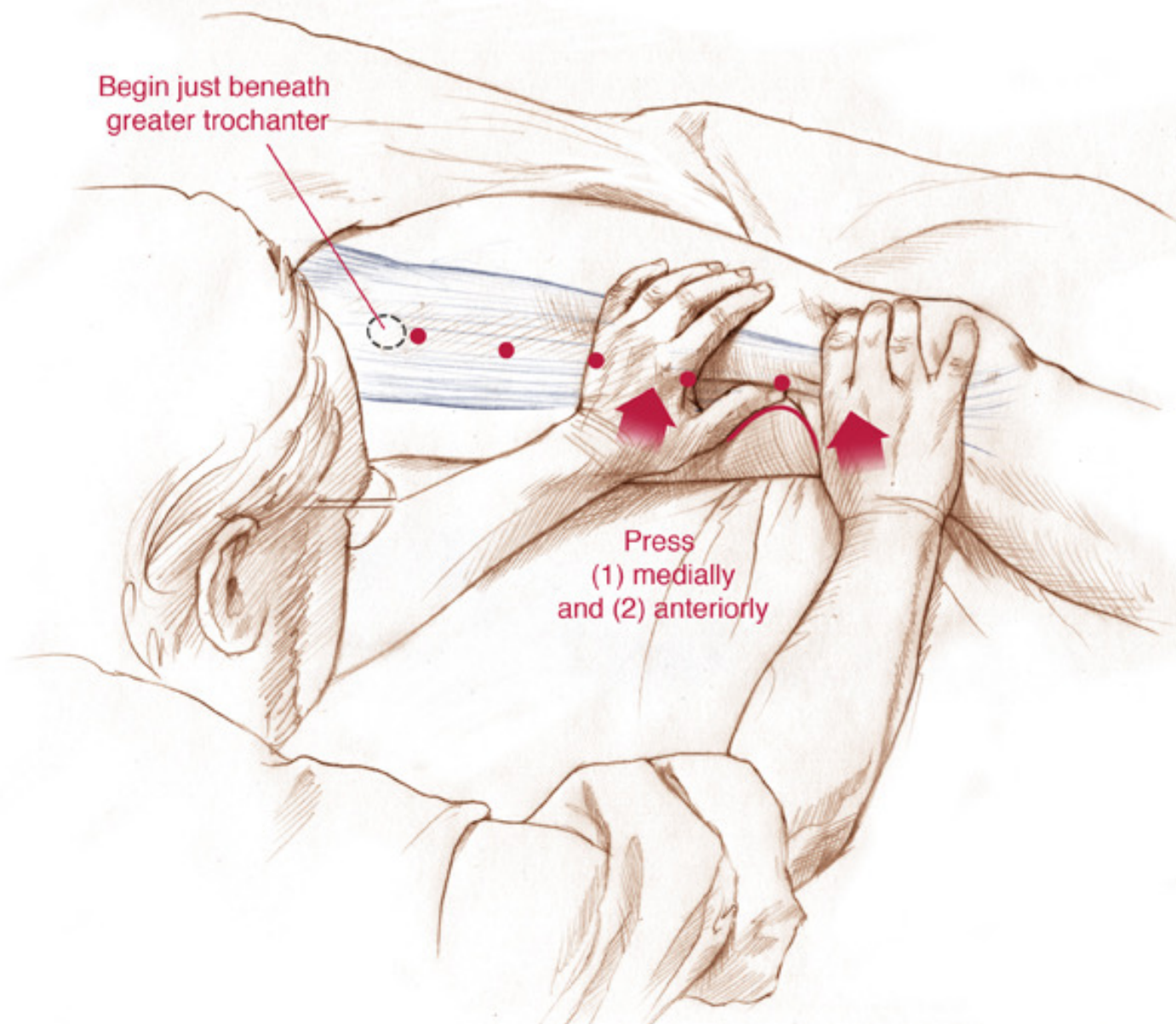


Tensor Fascia Latae, Gluteus Medius and Minimus

- Kneeling or seated - Place your thumb just behind the ASIS at the origin of tensor fasciae latae and place the heel of your other hand about 2/3rds of the way down the femur posterior to the i.t. band.
- Take out the looseness in the point and the hip (with pressure into t.f.l. and gentle medial rotation thru hip)
- Take up the slack adding a bit more pressure and rotation
- Hold it, Hold it, Hold it
- Clearly disengage
- Repeat 8 times - following the routes shown in the illustration

You will have created fulcrums in three lines, each ending at the top of the greater trochanter

Iliotibial Band

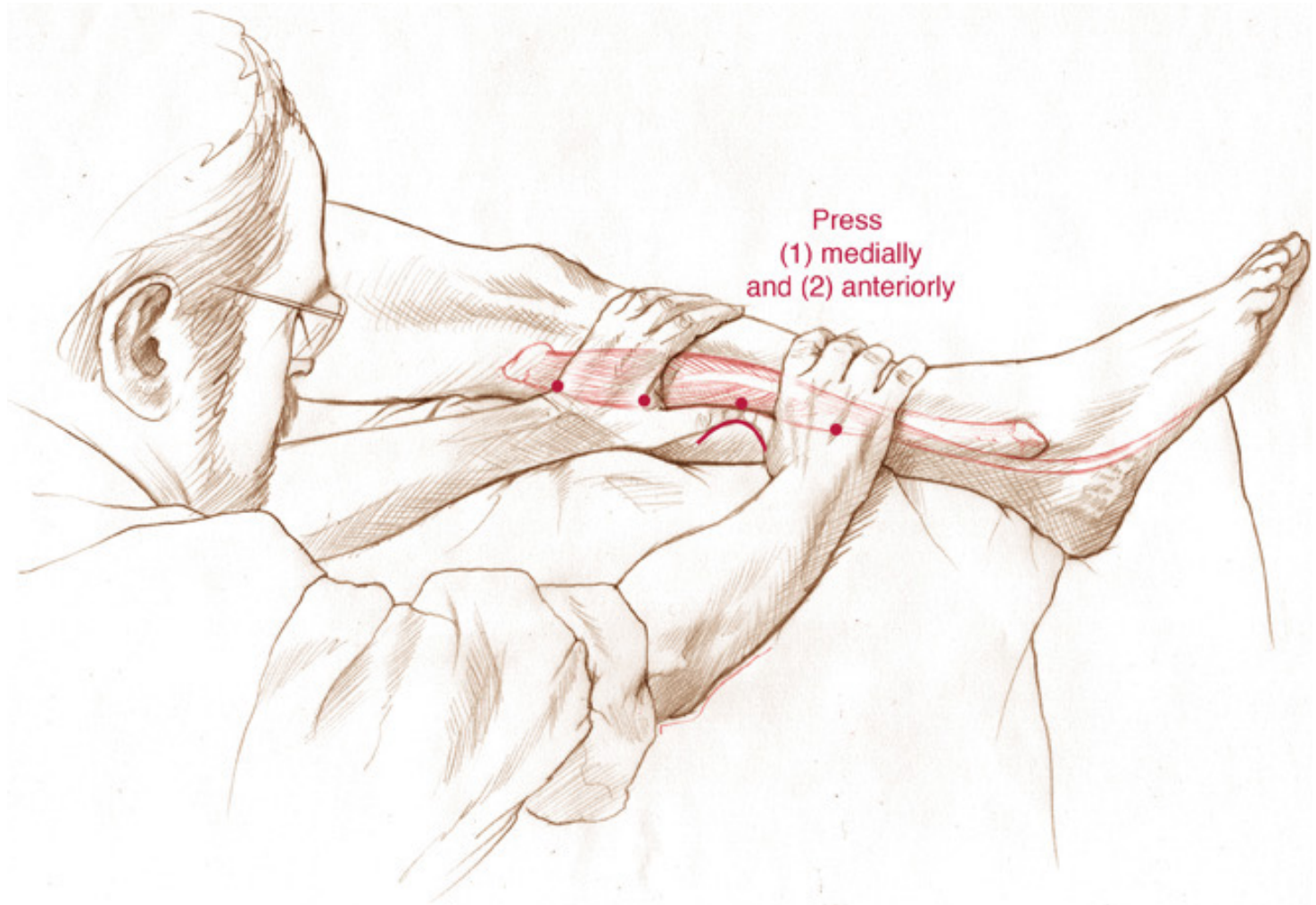




Iliotibial Band

- Starting just beneath the greater trochanter and just posterior to I.T. band, take out the looseness pressing medially
- Turn thumb pads facing up - take up the slack
- Make a rainbow shape with the thumbs, gently stretching the I.t. band up toward the sky
- Hold it, Hold it, Hold it
- Clearly disengage
- Repeat about 4-5 more times until the last fulcrum about an inch above the knee

Fibularis Longus and Brevis (AKA: Peroneus Longus and Brevis)





Fibularis Longus and Brevis (AKA: Peroneus Longus and Brevis)

- As with iliotibial band, create fulcrums through peroneus longus and brevis (aka) fibularis
- Start just below the fibular head and do a series of about 5 fulcrums with the last one about an inch above the lateral malleolus

Tibialis Anterior



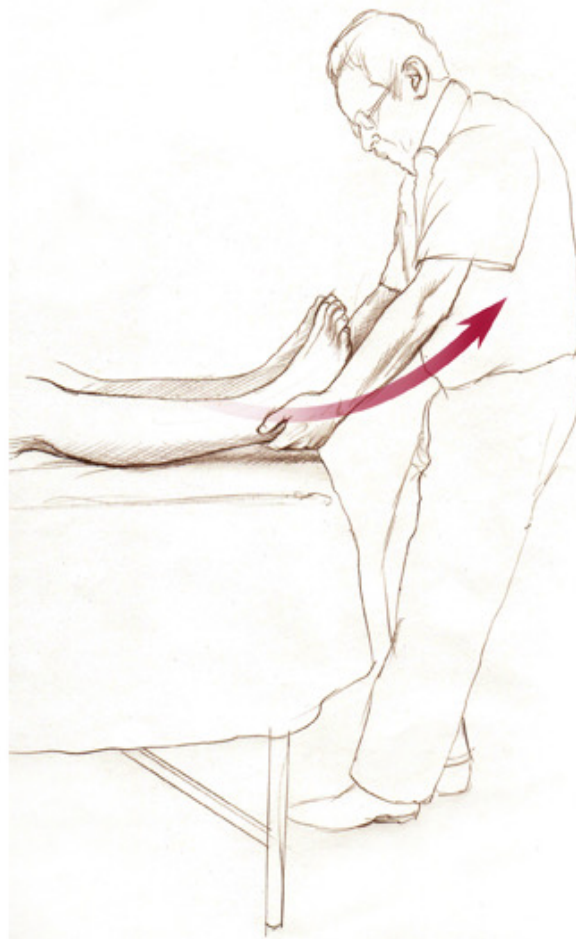


Tibialis Anterior

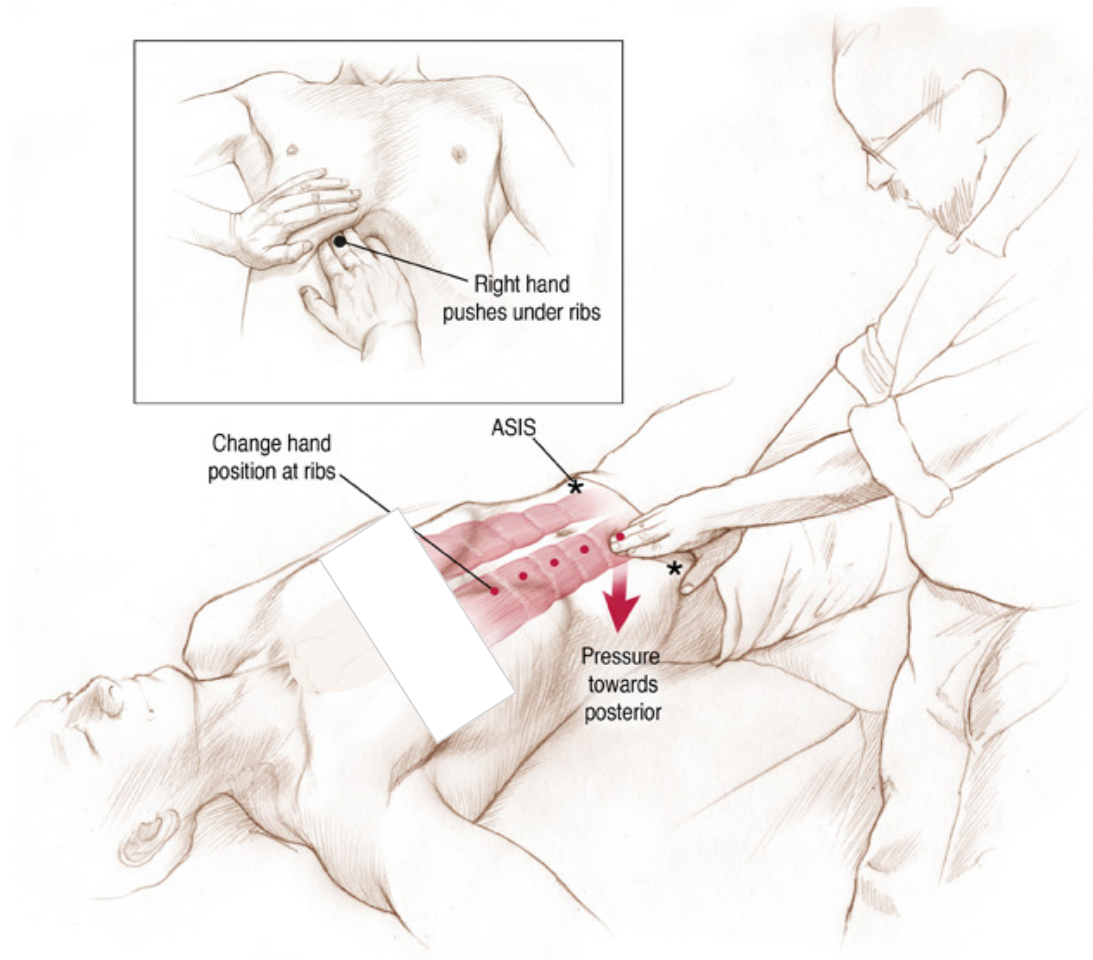
- Take out the looseness with the loose fist just below the patella and immediately lateral to the tibia
- Take up the slack with a static traction
- Add additional vectors with a moving fulcrum along the whole length of tibialis anterior (ease up in front of the ankle but do gently follow out its full length to the medial cuneiform/instep)

Half Moon Vector through the Legs

- *transition to the other side and repeat steps*
- *then repeat vector to closeout anterior lower body*



Rectus Abdominis - #1





Rectus Abdominis - #1

- R- side – gently place whole palm of r. hand on belly of rectus ab so your middle finger is in the middle of the belly of the muscle about 2 in. beneath level of navel
- Let left hand rest on right hand
- Press gently with left hand fingers, so you take up the looseness in the belly of the muscle – pause
- Press just a little more, taking up the slack
- Relax yourself – your breathing/ your abdomen, etc. – maintain the pressure – let client let go from inside out, feeling free to breathe. Hold it, hold it, hold it.
- Clearly disengage
- Do a series of similar fulcrums – each about 1-1.5 inches higher – so you do about 5 fulcrums.
- For the last one into the belly you can add additional looseness and ease, by gently pulling lower ribs down.

Rectus Abdominis - #2

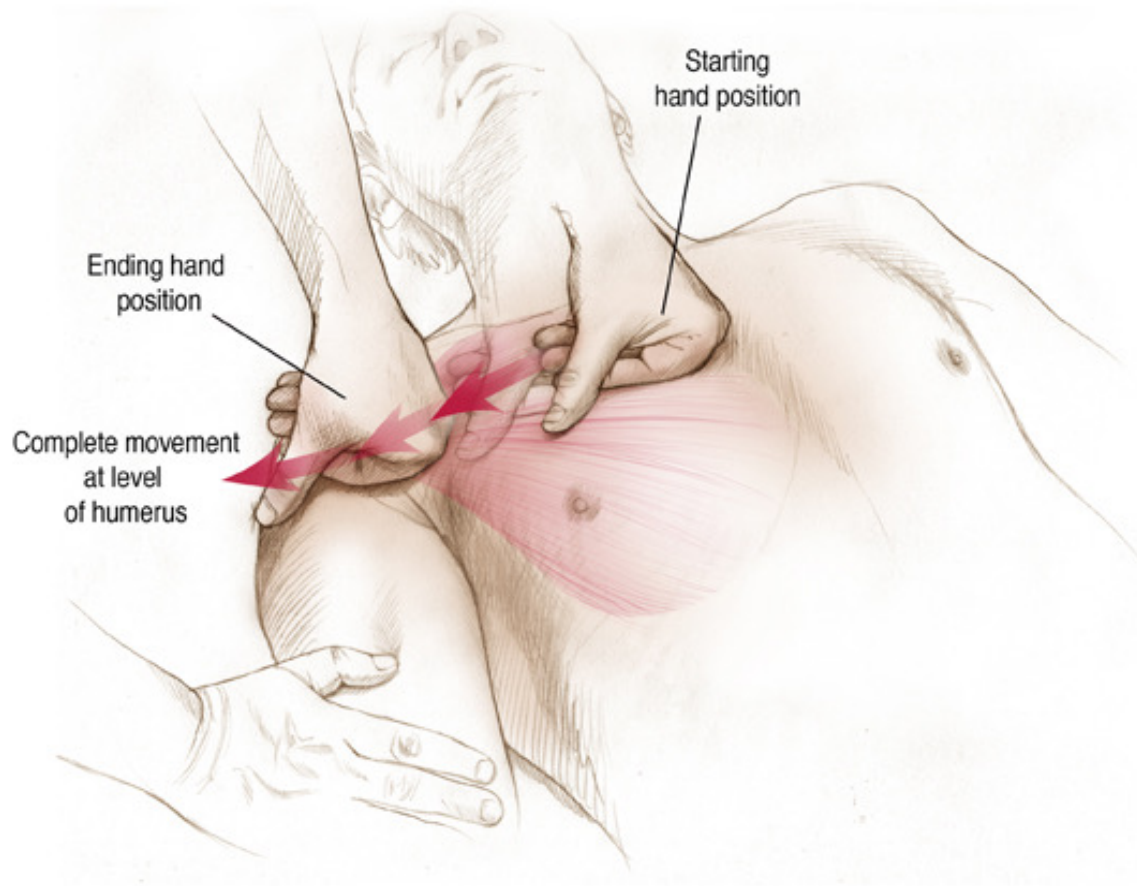




Rectus Abdominis - #2

- Change your body position. Standing further down body in more of a lunge position
- Place palm of left hand alongside ribs, about even with the belly button
- Place right hand, fingers gently curved, between ribs 7 & 8 lateral to midline of the torso.
- Press gently into body with both hands, take up the looseness
- Gentle stretch up without movement, take up the slack
- With right hand, do a slow, moderately deep effleurage adding additional vectors up rectus abdominis' tendons to R5 (you're contacting sternum, costo-sternal joints and rib cartilage next to the joints). Stay to the lateral side of the sternum; do not work directly onto the Xyphoid Process.
- **Work up to the Xyphoid process only. Do not go under the drape or continue strokes above the drape until the next step on the Pectoralis Major. All clients must have chest drapes at all times, as appropriate.**

Pectoralis Major – Part #1

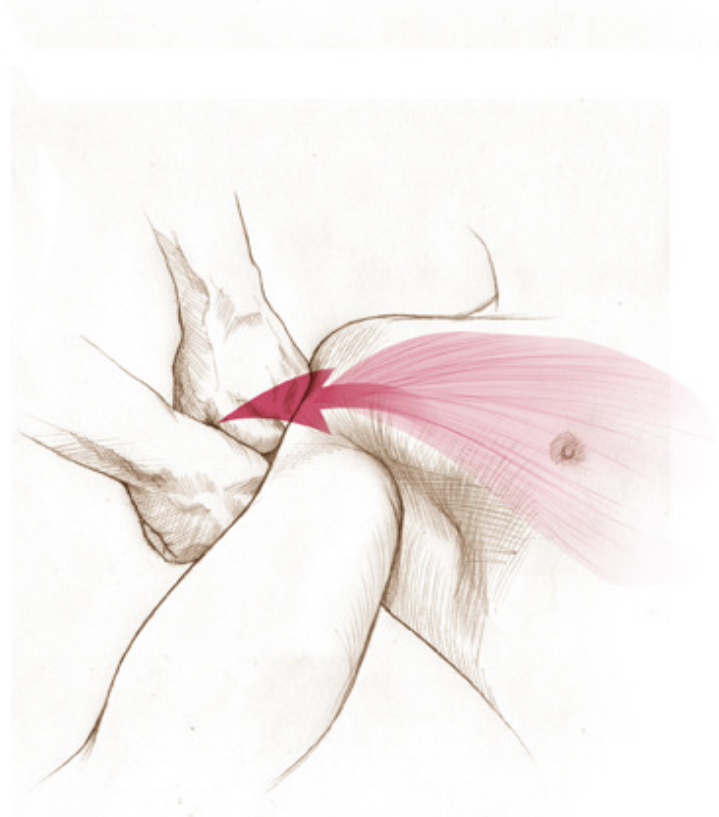
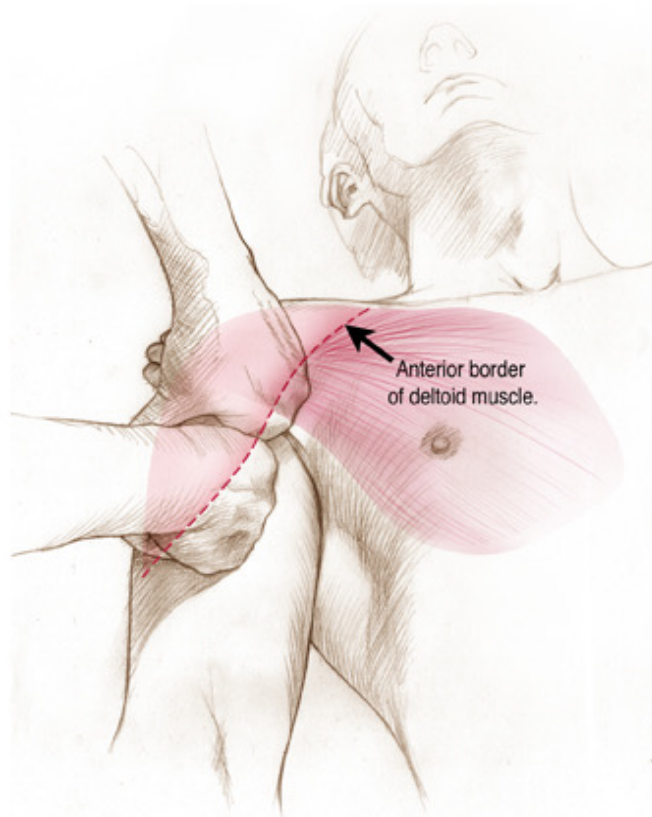




Pectoralis Major – Part #1

- With loose fist take out looseness contacting sternum and costal cartilages 1-4.
- Take up the slack pulling laterally w/o moving.
- Add Additional vectors with moving fulcrum laterally through pectoralis major – go to space between ribcage and arm
- Disengage

Pectoralis Major (and deltoid) – Part #2

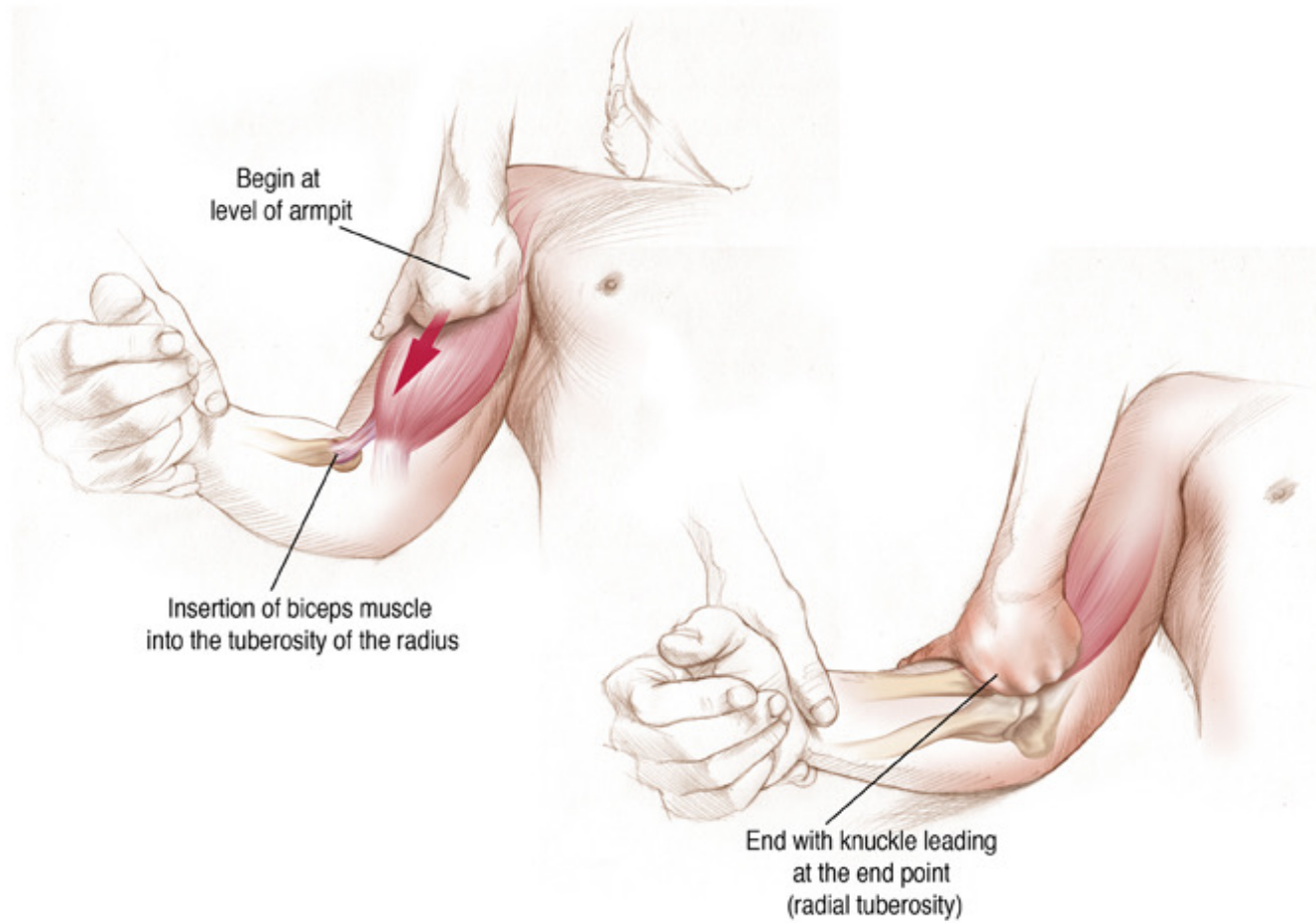




Pectoralis Major (and deltoid) – Part #2

- Placing both fists medial to the anterior deltoid, take out the looseness
- Pull them laterally without moving (arm may start to rotate laterally)
- Add additional vectors with a moving fulcrum through the anterior and acromial fibers of the deltoid (and deep to it – pectoralis major)
- As you come across deltoid, go as far as the table surface, but ease up a bit, don't pinch
- Clearly disengage

Biceps Brachii

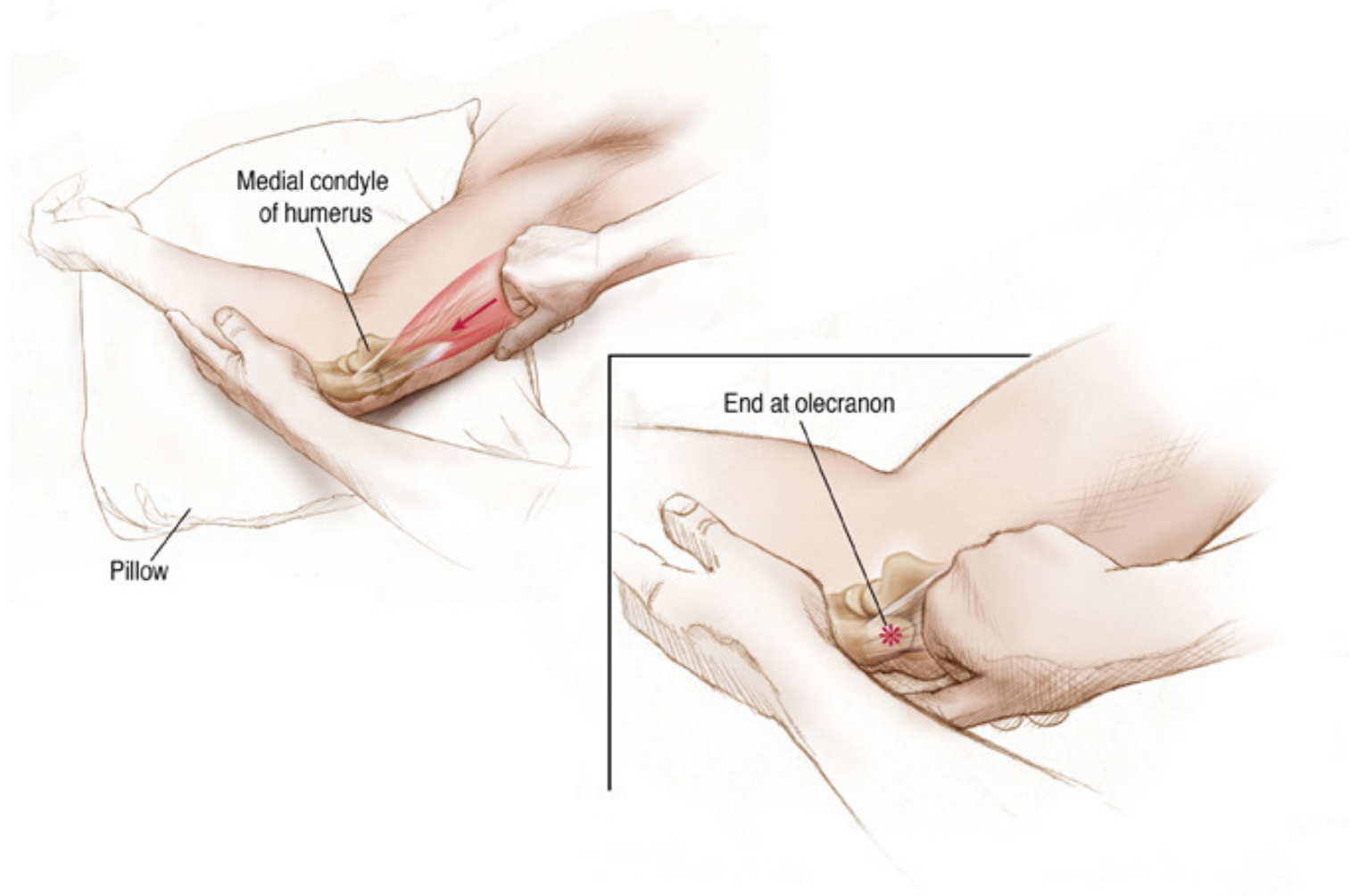




Biceps Brachii

- Place loose fist about $\frac{1}{4}$ way down the biceps – take out the looseness
- With gentle pull distally, take up the slack
- Add additional vectors with moving fulcrum down to insertion at radial tuberosity
- Clearly disengage

Triceps Brachii

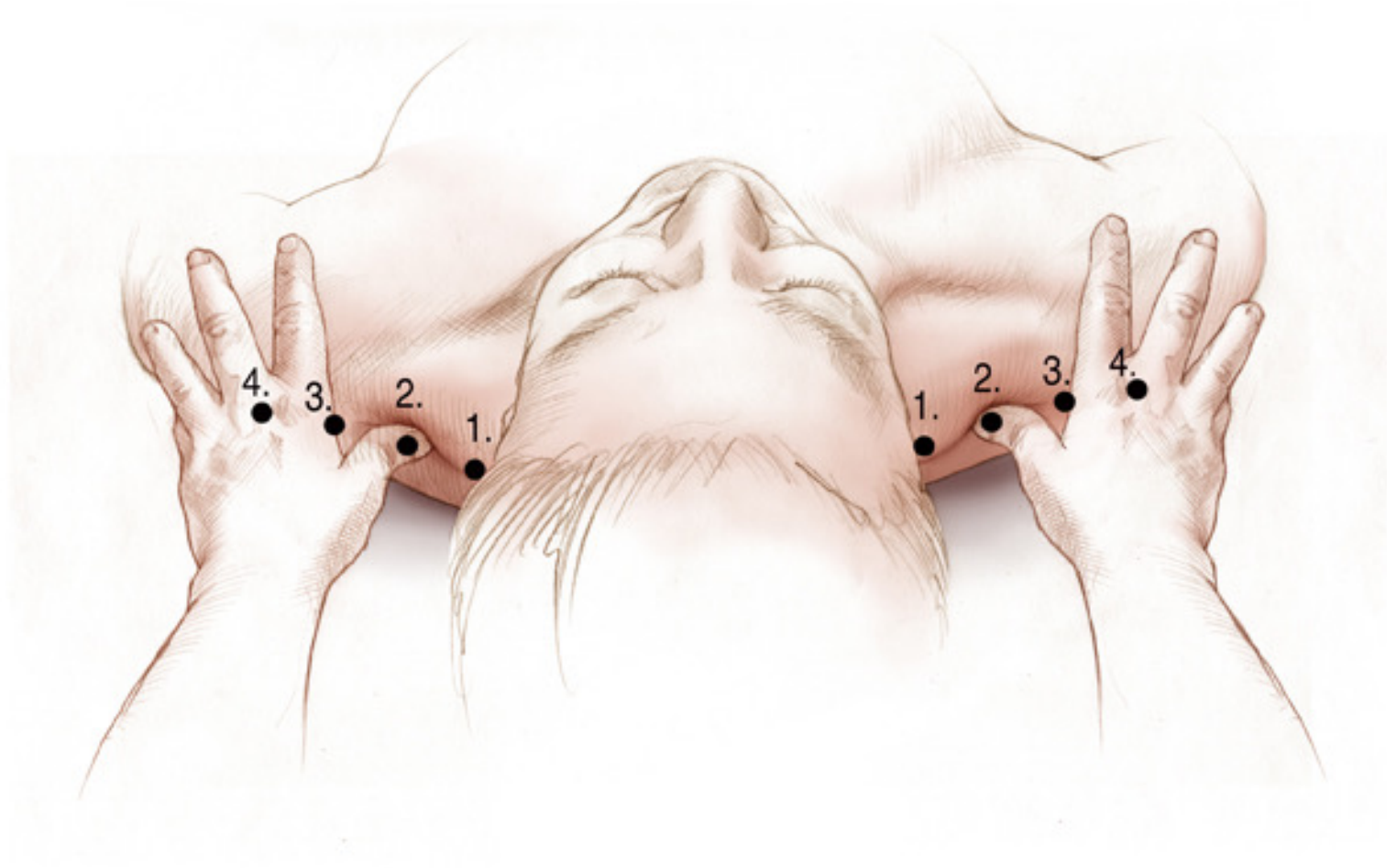




Triceps Brachii

- Position arm comfortably overhead (can rest it on a pillow or your thigh)
- Take out looseness, with loose fist, close to scapular attachment
- Take up the slack pulling distally
- Do moving fulcrum adding additional vector down length of triceps – slowing down and ending at olecranon process
- Clearly disengage
- *Transition to the left side or continue to neck protocols*

Trapezius

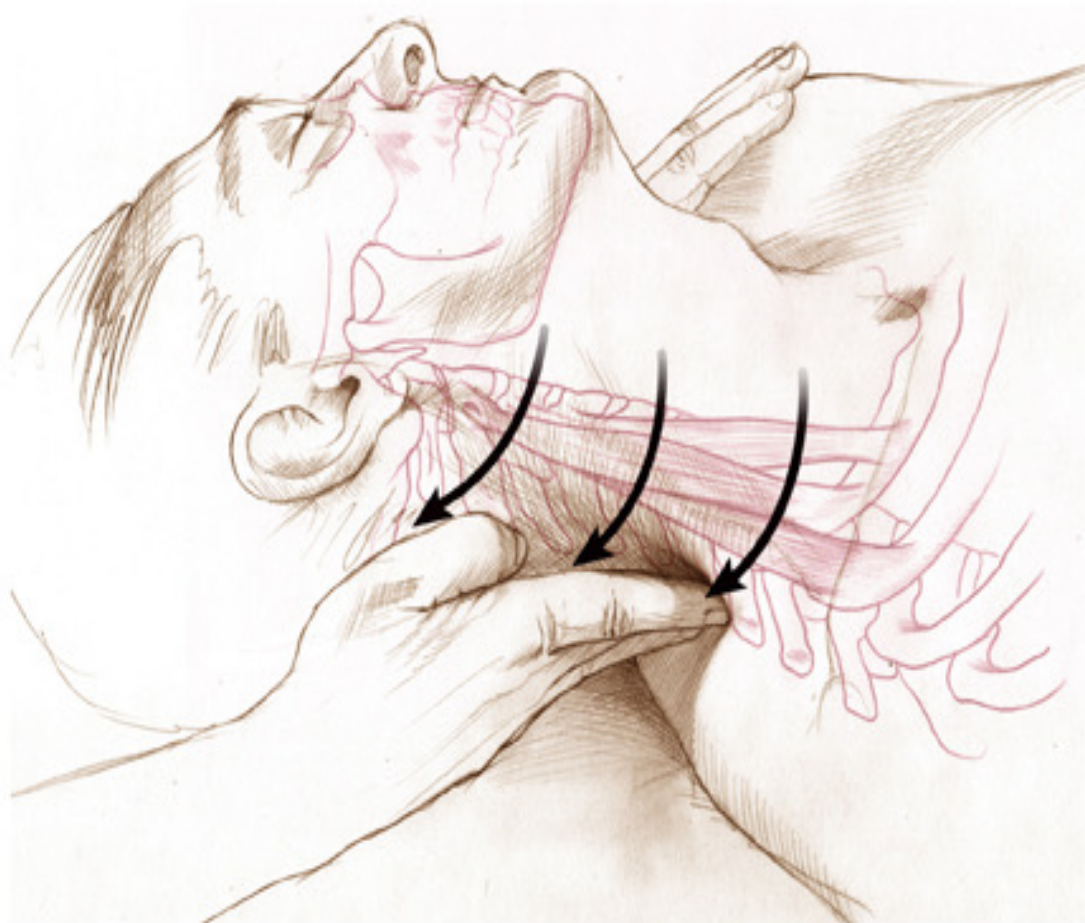




Trapezius

- Take out looseness bilaterally, just lateral to neck in belly of trapezius, find tension (if it's there) and press onto it
- Take up the slack, press into the tension
- Add additional vectors, relaxing your breath and letting your body rest in – take out additional looseness as they let go
- Hold it, hold it, hold it
- Monitor for working signs
- Clearly disengage
- Repeat these fulcrums bilaterally about 3 more times, each time about a ½ to 1 inch more lateral

Scalenes

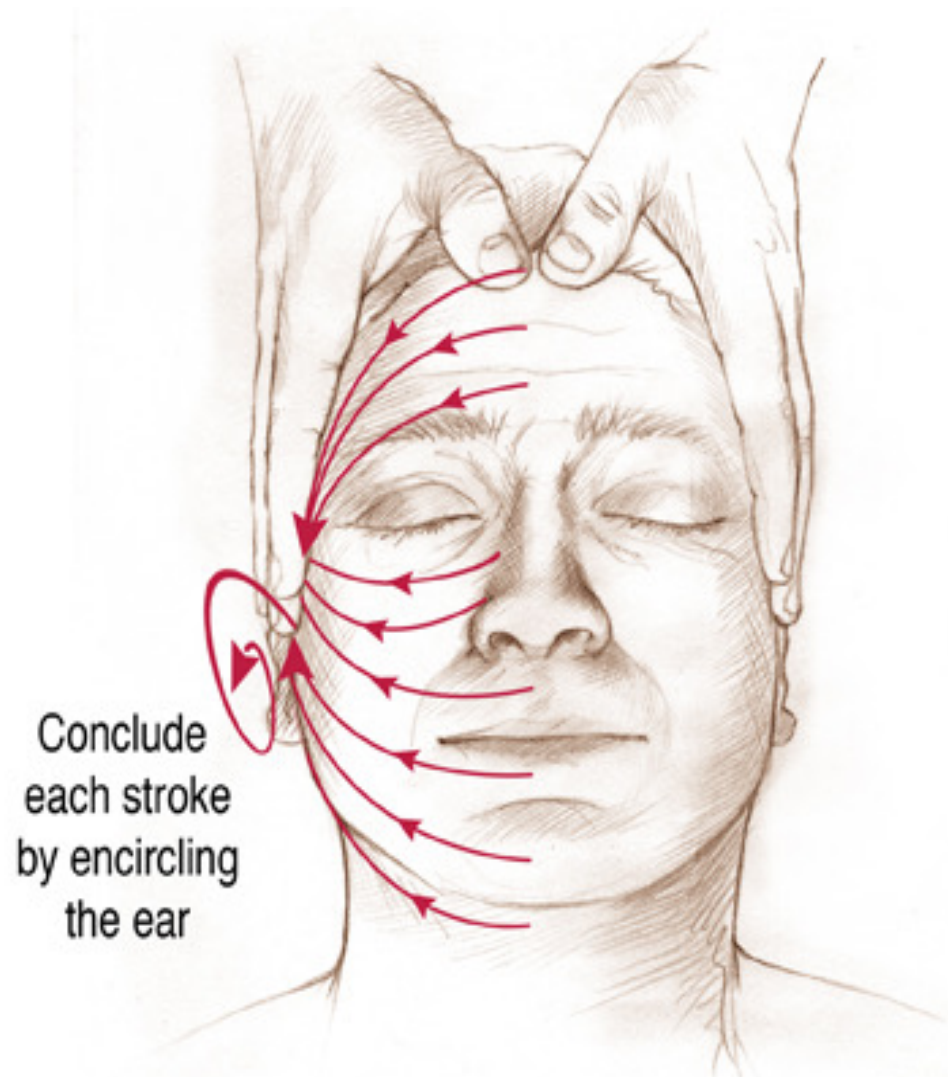




Scalenes

- R- side – place r. middle finger, supported by the others, just lateral to SCM just over clavicle.
- Take out the looseness.
- Take up the slack.
- Instruct the client to lift their chin, then turn their head slowly to the left, while you simultaneously draw your fingers around the neck at the level of C7, going all the way to the spinous process of C7
- Have them come back to center, then lower chin
- Repeat those steps at interface at the level of C4 and then at the level of C1.

Facial Muscles



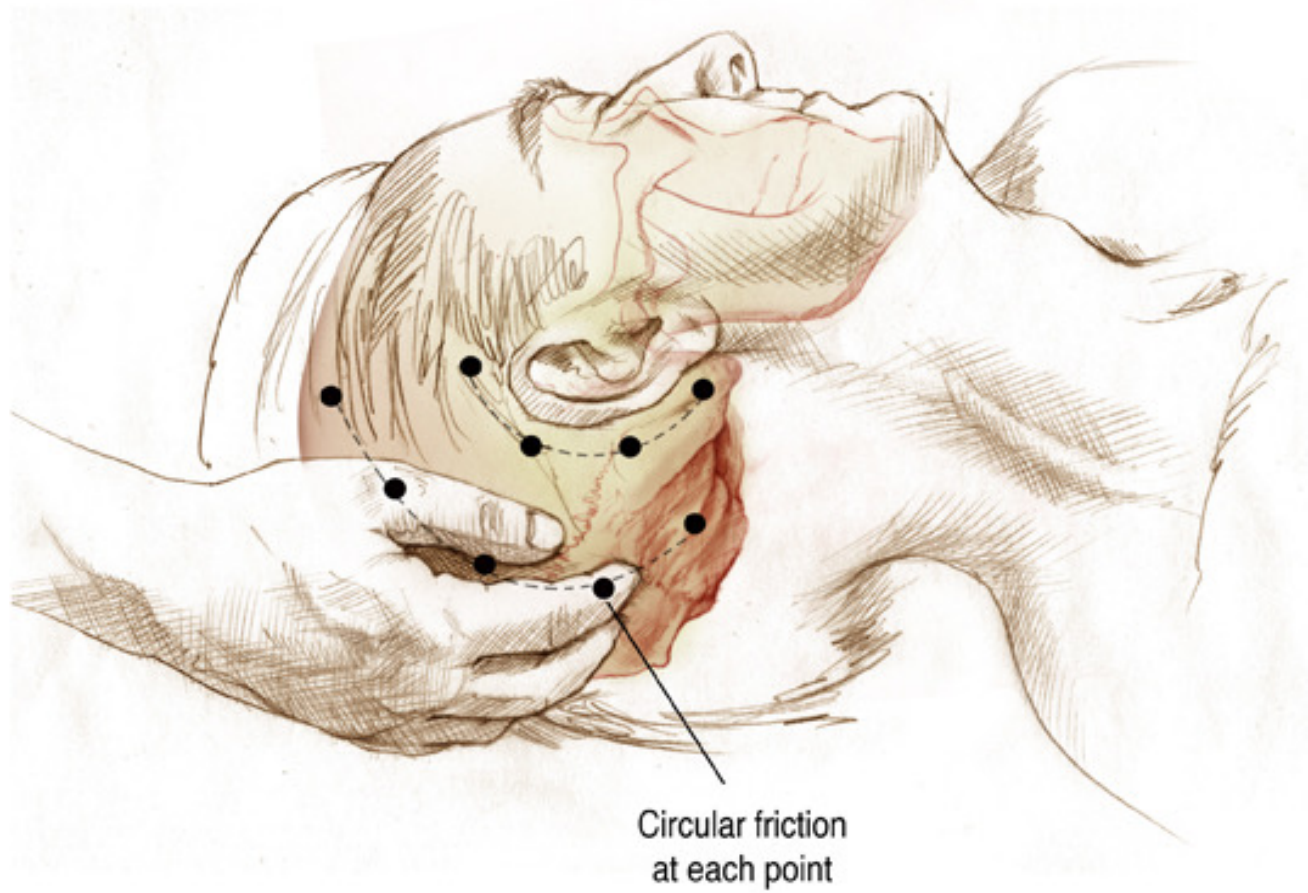


Facial Muscles

Therapist seated:

- Place thumbs at the center just below the hairline
- Take out the looseness pressing posteriorly – visualize that you’re engaging the cranio-facial periosteum, not the skin
- Take up the slack with a static stretch to the sides
- Use your thumbs to create a moving fulcrum just underneath the hair line, then, as a return “nerve” stroke underneath, behind the ears, and back to the next lowest place about 1.5 lower on the face
- Repeat about 8 more times to cover the whole face, ending with a pass on the undersurface of the mandible
- Switch to fingers anytime they’re easier to work with.

Epicranius (occipitofrontalis)

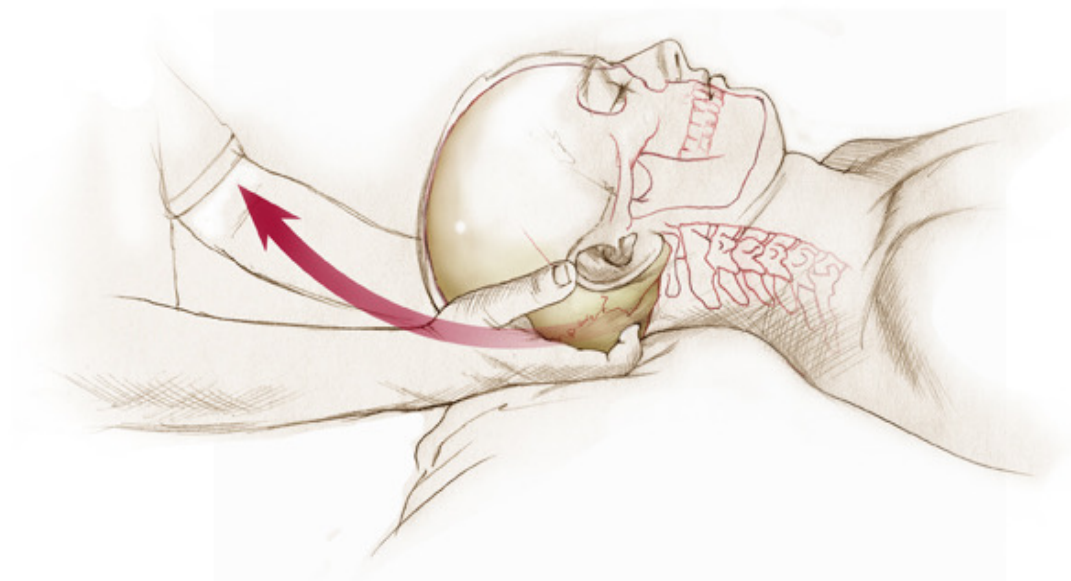




Epicranius (occipitofrontalis)

- Place your fingers behind the ear near the base of the temporal bone
- Take out the looseness, visualizing you're contacting the periosteum
- Add additional vectors, mobilizing the cranial tissues with somewhat deep semi-circles
- Disengage; then come up about 1.5" and repeat
- Do about four passes starting behind, then over the ear
- Place your fingers close to the centerline near the base of the occipital bone.
- Repeat the steps above, making 5-6 semicircular fulcrums near the center line, ending finally just above hairline on the frontal bone

Half Moon Vector through the Neck

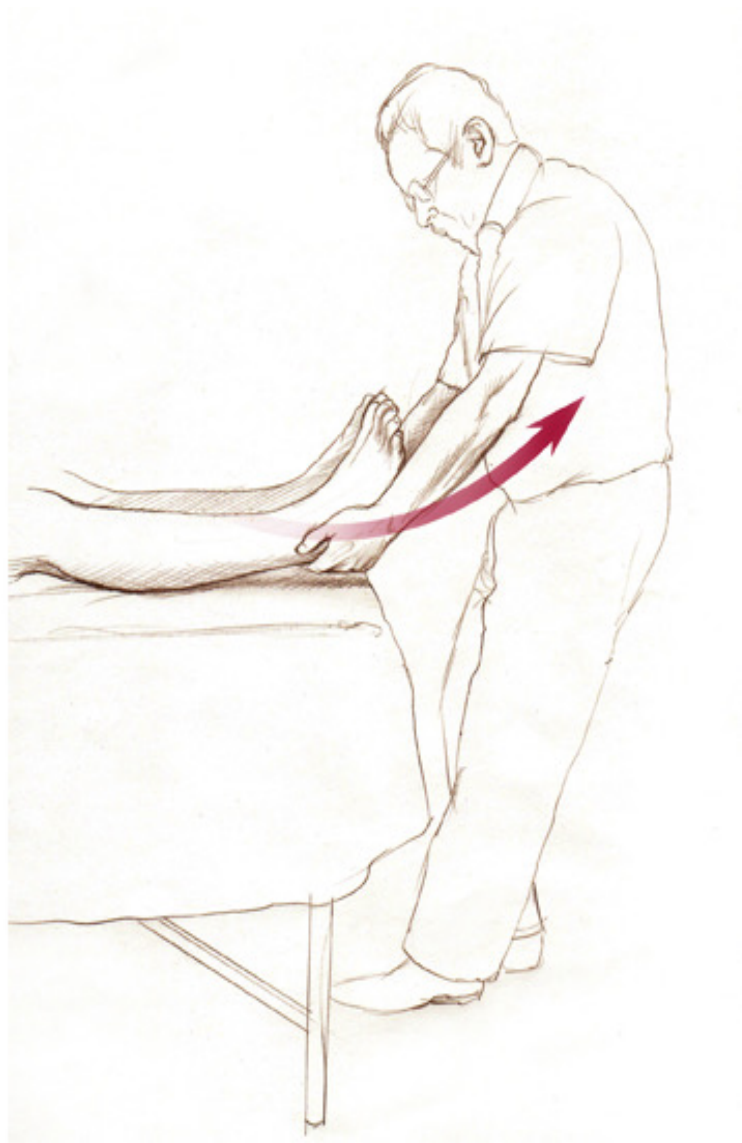




Half Moon Vector through the Neck

- Center yourself as you begin, seated at the head of the table. Place your hands under the client's head. With your fingertips, find the undersurface of the occipital bone. Interface with only the occiput and avoid C1 and C2
- Let the back of the head rest in your palms and fingers. Gently take out the looseness in the neck
- Put in the Half-Moon Vector by bringing your fingers more toward yourself, which adds additional gentle traction and a slight flexion of the head and neck (chin should incline very slightly toward the chest.)
- Hold it, hold it, hold it. Allow the client to relax their mind, body, and spirit
- When you sense it's time to let go or when you see a working sign, set the head and neck down in length. It's important for the client to be left with an open, lengthened feeling
- Allow the client some moments to savor the experience, then move on. This is a fulcrum you can repeat a few times during upper body work.

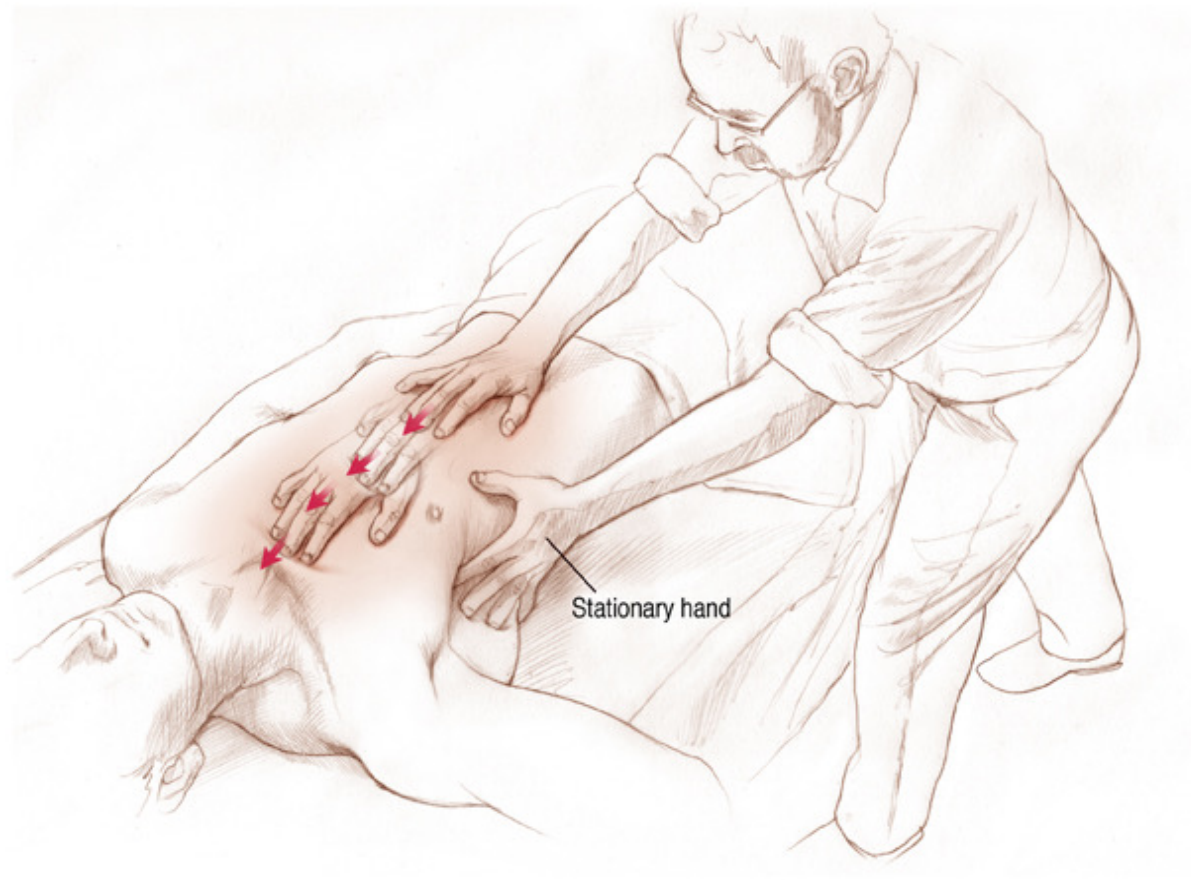
Half Moon Vector through the Legs





88b Deep Massage: Introduction

Rectus Abdominis - #2





Rectus Abdominis - #2

- Change your body position. Standing further down body in more of a lunge position
- Place left hand alongside ribs, place right hand, fingers gently curved, between ribs 7 & 8 lateral to xiphoid process
- Press gently into body with both hands, take up the looseness
- Gentle stretch up without movement, take up the slack
- With right hand, do a slow, moderately deep effleurage adding additional vectors up rectus abdominis' tendons to R5 (you're contacting sternum, costo-sternal joints and rib cartilage next to the joints)
- For clients without a breast drape, continue that up to undersurface of clavicle
- For clients with a breast drape, at R5 bring upper hand to touch lower, and pull up with upper hand, so you needn't work between the breasts at any time. Switch hands back around R2 up to undersurface of clavicle.