15a H&H: Compassionate Care for all People

Inclusive Practices for All Populations

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

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

15a H&H: Compassionate Care for All People
Class Reminders

Assignments:

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

Quizzes and Exams:

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

Preparation for upcoming classes:

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

Classroom Rules

Punctuality - everybody's time is precious

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

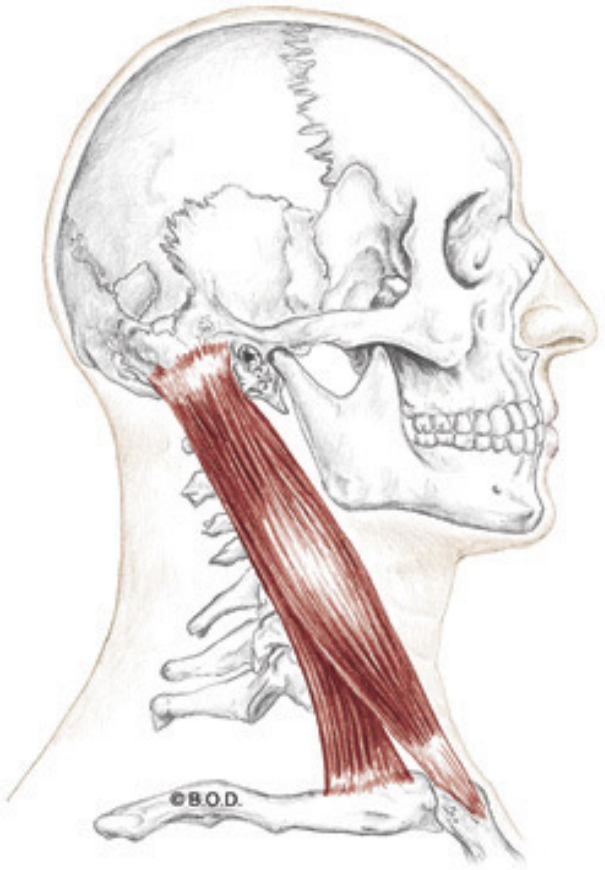
The following are not allowed:

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

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

Sternocleidomastoid

Trail Guide, Page 244



Anterolateral View

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

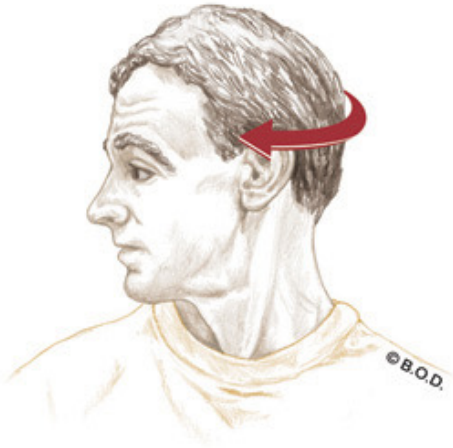
It has a large belly with two heads:
- A flat, clavicular head
- A slender, sternal head

The carotid artery passes deep and medial to the SCM.

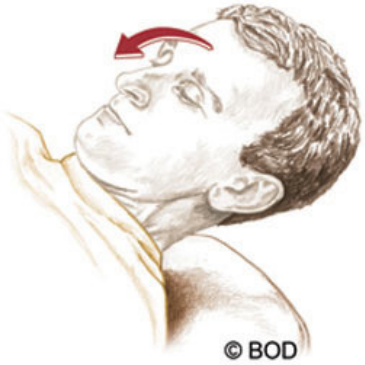
The external jugular vein lies superficial to the SCM.

Actions of Sternocleidomastoid

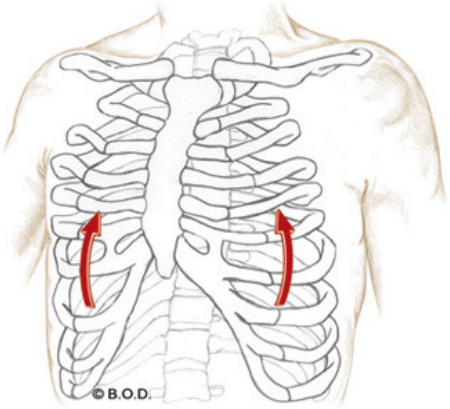
Lateral flexion of the head and neck



Rotation of the head and neck to the opposite



Flex the head and neck



Assist to elevate the ribcage during inhalation

Sternocleidomastoid, page 244

A *Unilaterally:*

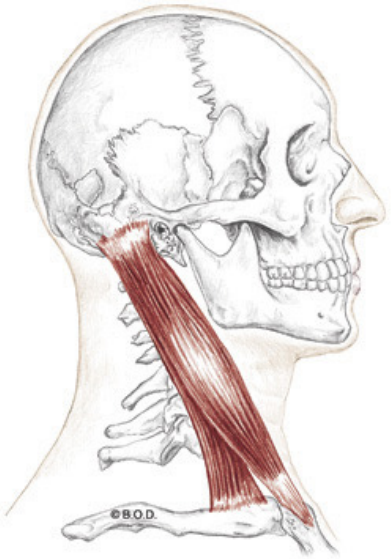
Laterally flex the head and neck to the same side

Rotate the head and neck to the opposite side

Bilaterally:

Flex the head and neck

Assist to elevate the ribcage during inhalation



Lateral View

O *Sternal head:*

Top of manubrium

Clavicular head:

Medial one-third of the clavicle

I Mastoid process of temporal bone

Lateral portion of superior nuchal line of occiput

Sternocleidomastoid, page 244

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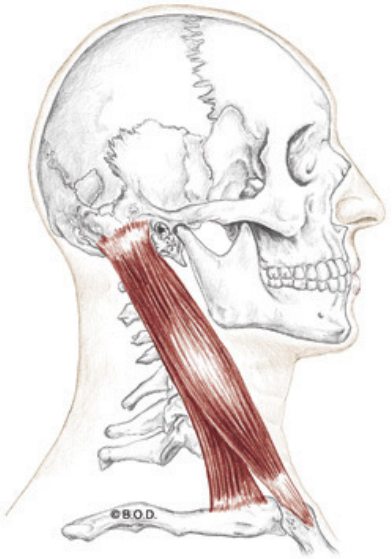

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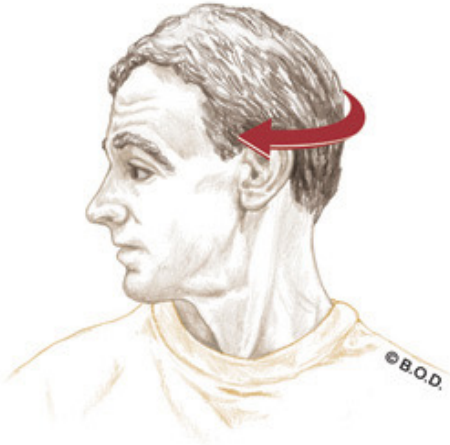

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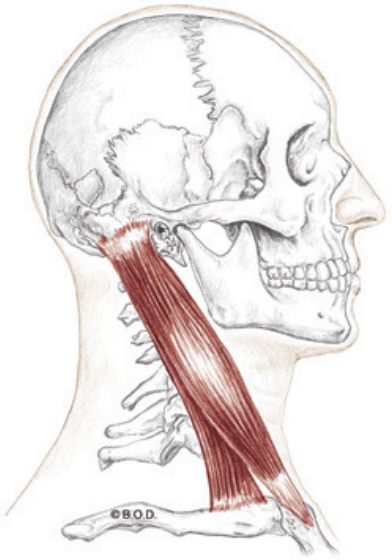

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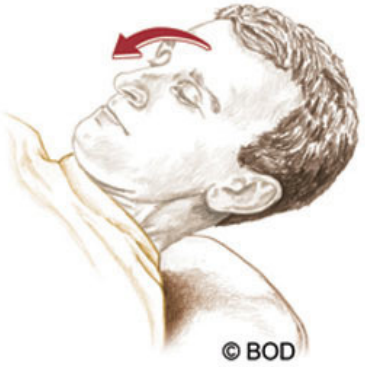

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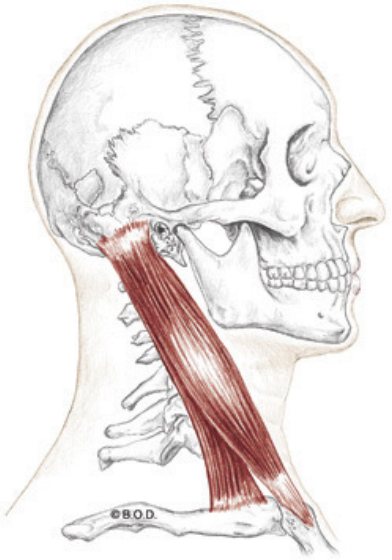

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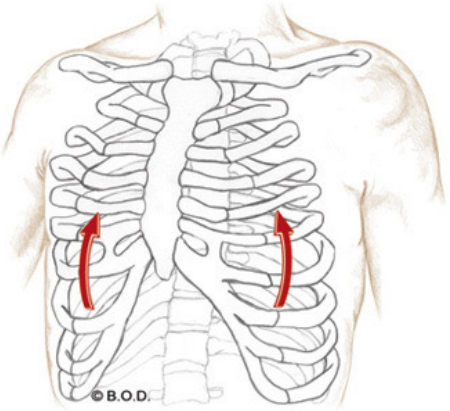

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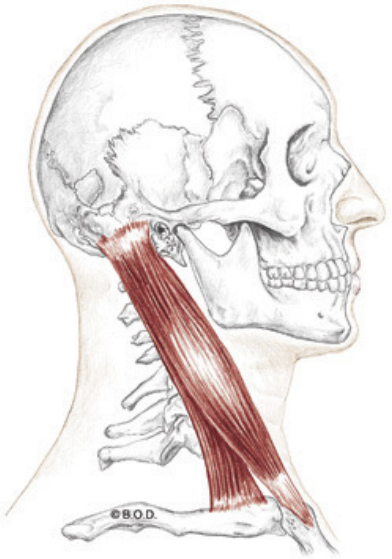

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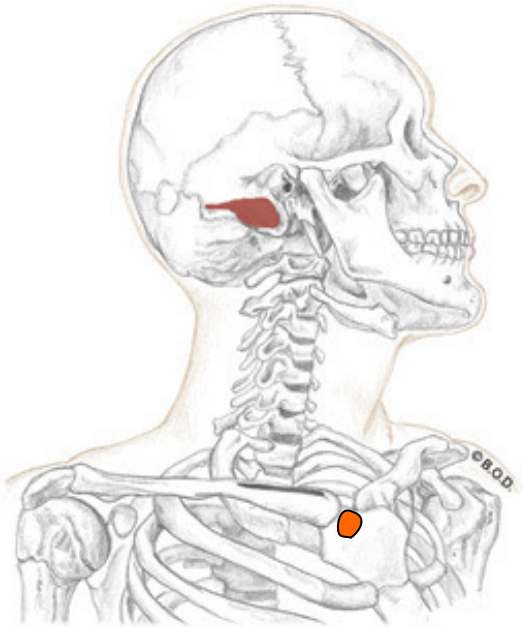

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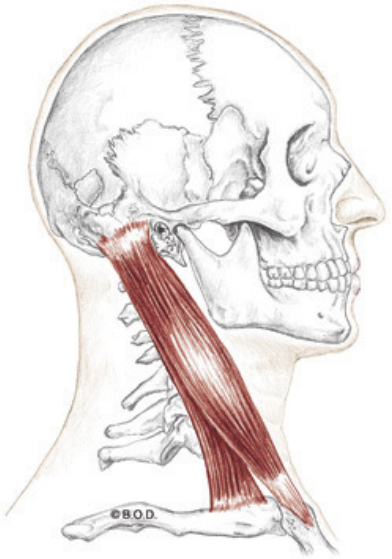

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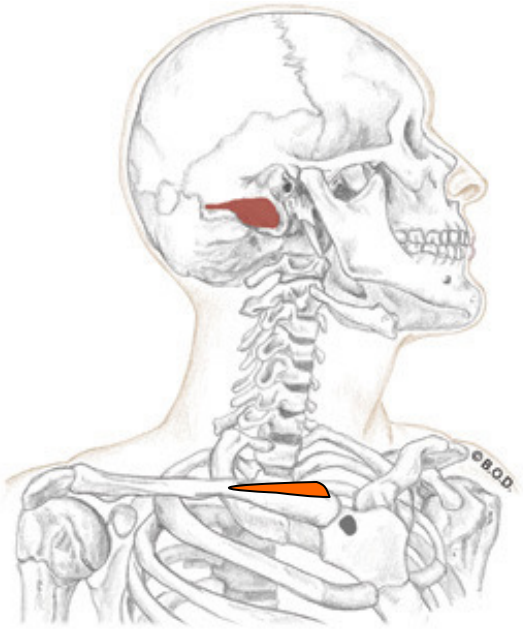

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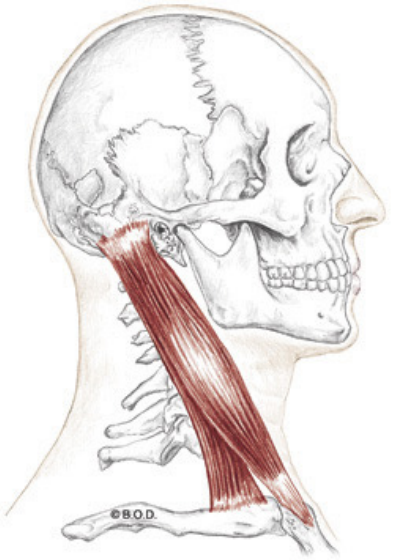

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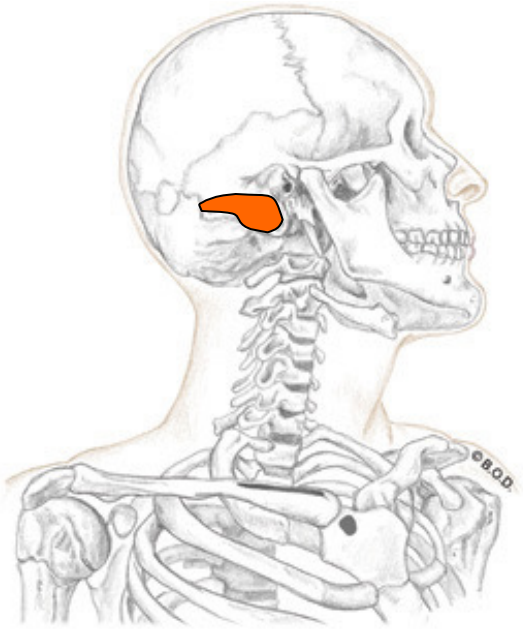

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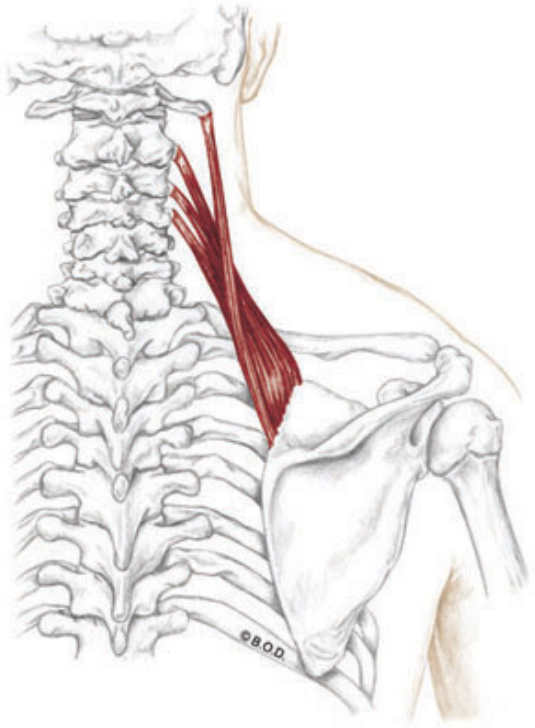
Levator Scapula

Trail Guide, Page 83



Posterior View

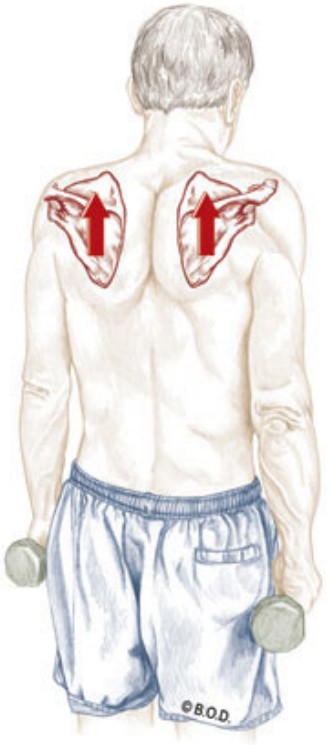
Levator Scapula is located on the lateral and posterior sides of the neck.

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

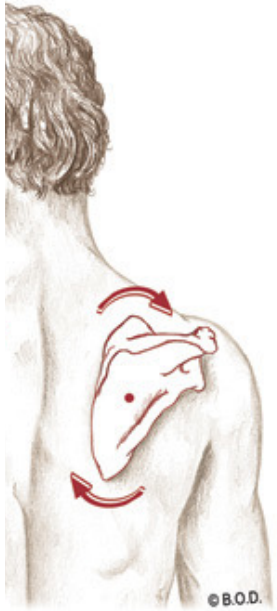
Its belly is approximately two fingers wide with fibers that naturally twist around themselves.

What actions does the levator scapula perform?

Actions of Levator Scapula

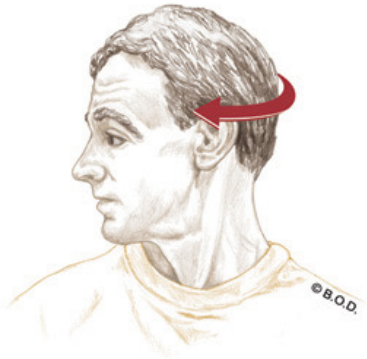


Scapulothoracic elevation

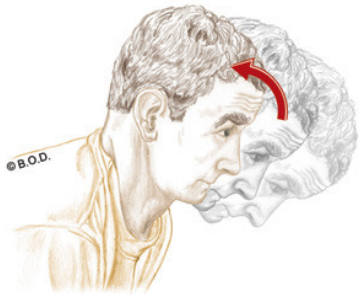


Scapulothoracic downward rotation

Lateral flexion of the head and neck



Rotation of the head and neck to the same side



Extension of the head and neck

Levator Scapula, page 84

A *Unilaterally:*

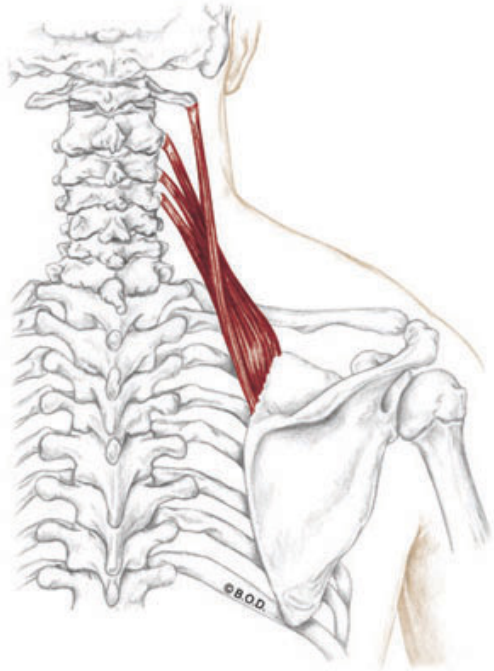
Elevate the scapula, AKA: scapulothoracic joint
Downwardly rotate the scapula, AKA: S/T joint
Laterally flex the head and neck
Rotate the head and neck to the same side

Bilaterally:

Extend the head and neck

O Transverse processes of first through fourth cervical vertebrae

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



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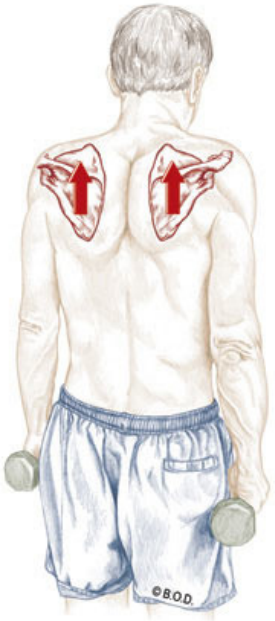

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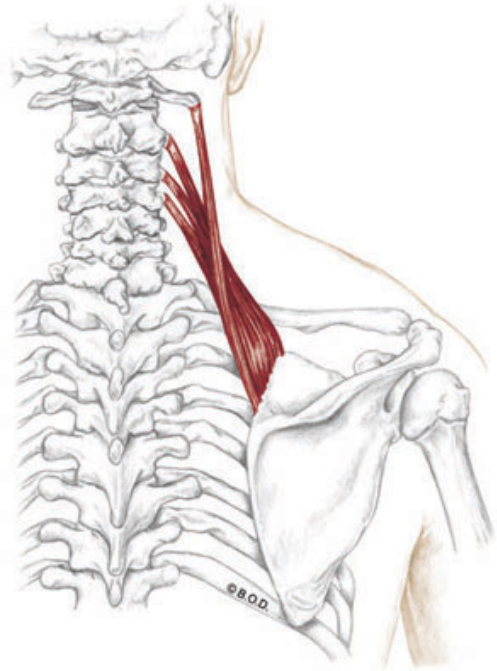

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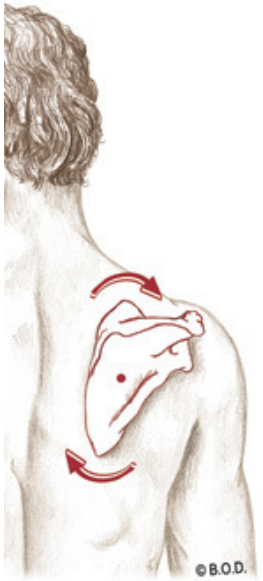

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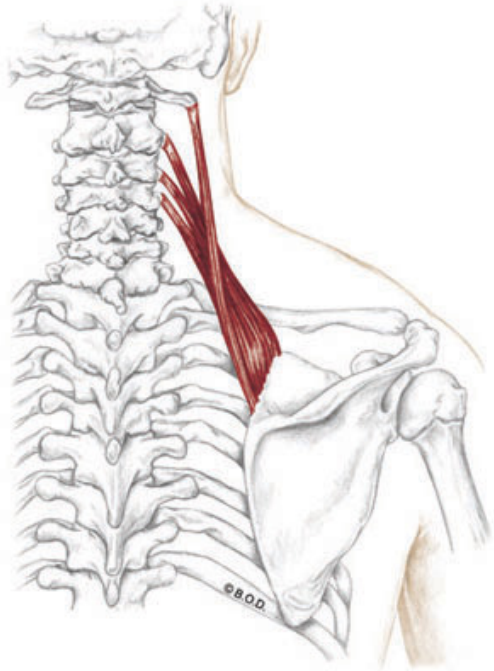

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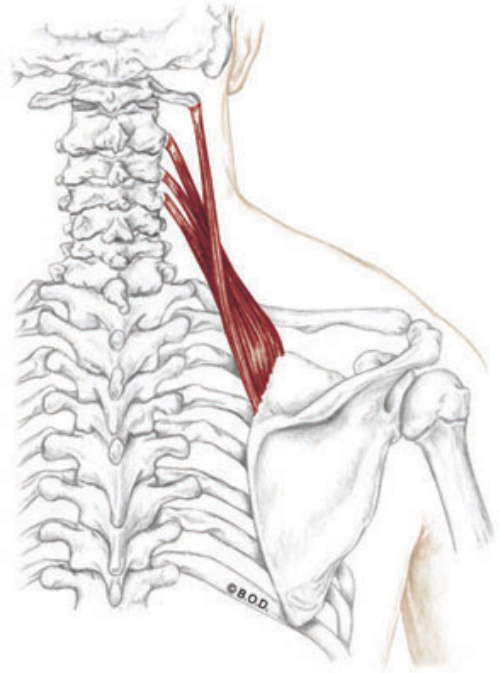

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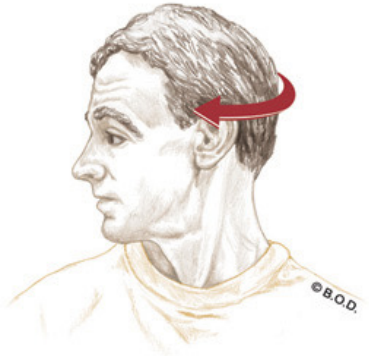

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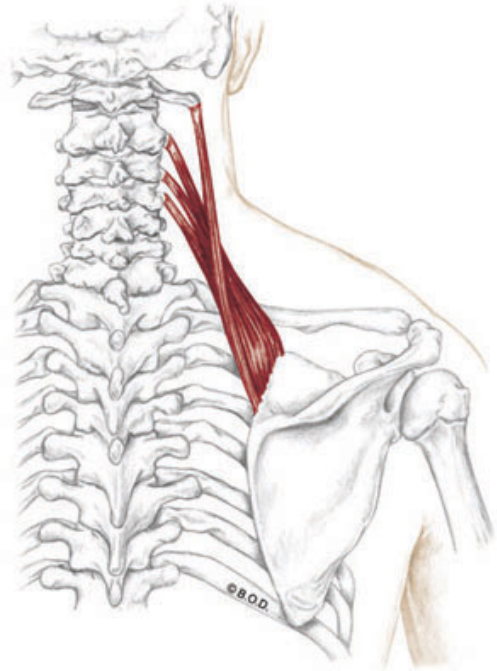

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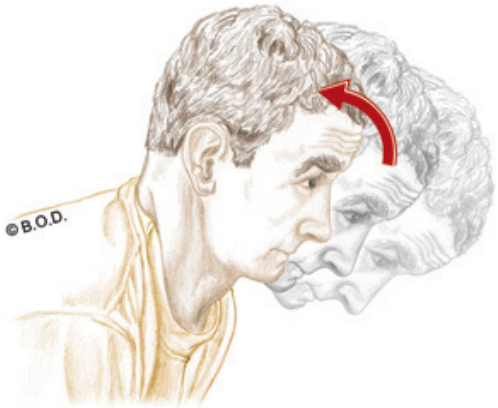

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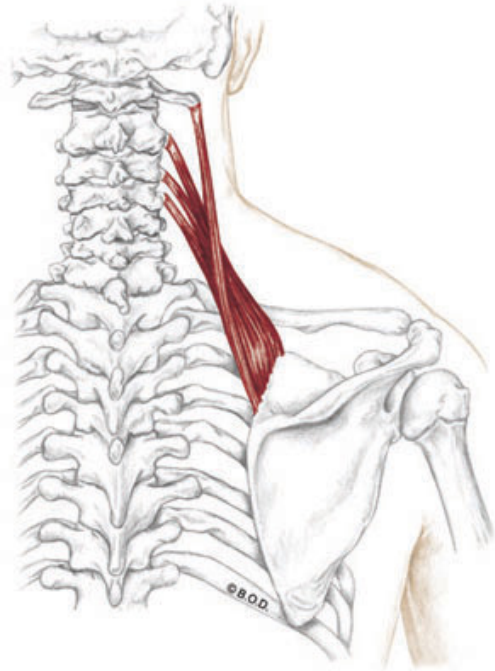

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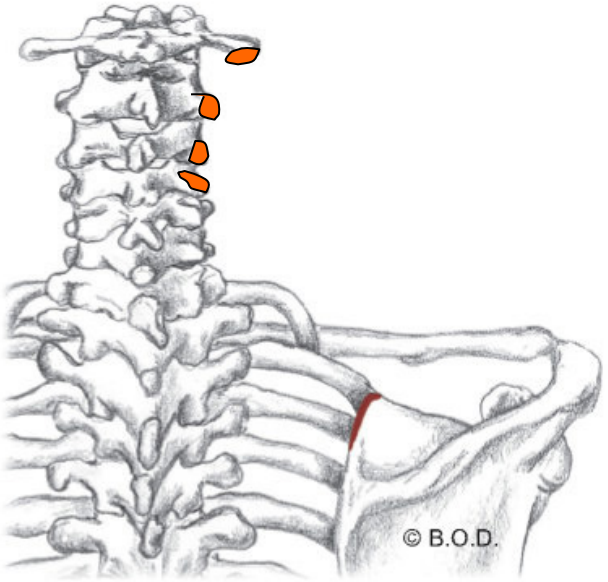

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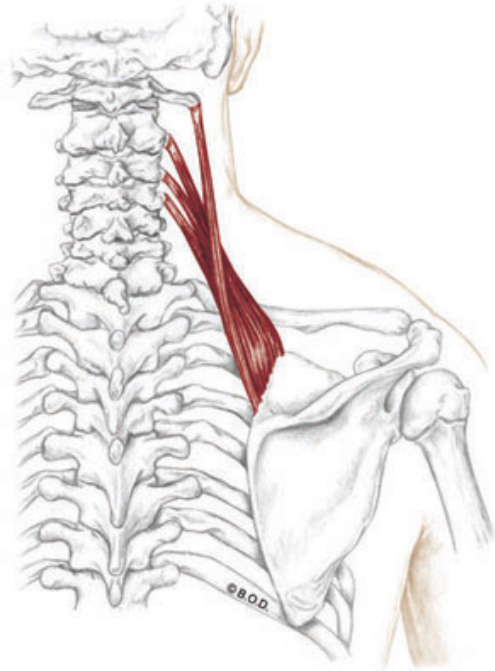

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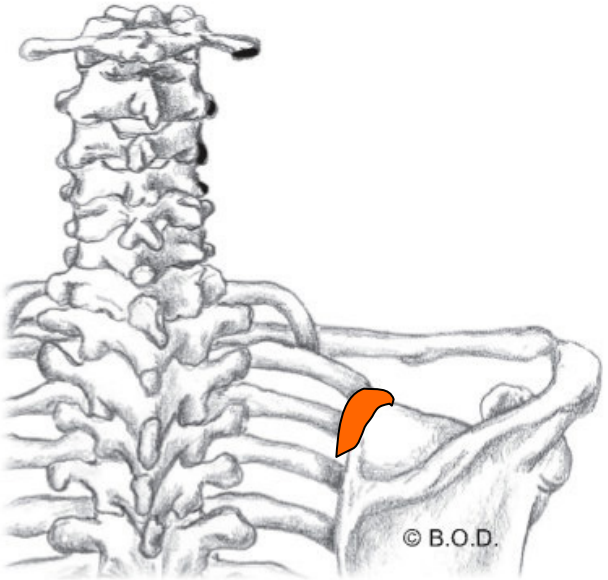

15a H&H: Compassionate Care for all People

Inclusive Practices for All Populations

H – 41

Additional supplemental information for this presentation may be found in the class binder pages.

Inclusive Care: Compassionate Care for all Persons

- **Meeting people where they are: Clients may arrive anxious, restless, or reserved. Compassion involves recognizing their unique state and creating a safe, welcoming, and reassuring environment.**
- **Respecting autonomy: Regardless of age or background, always ask for consent before starting. This respects the client's body, voice, and boundaries, and helps build trust.**
- **Gentleness and patience: Many clients benefit from slower pacing, clear explanations, and reassurance. Compassion is communicated through tone of voice, facial expression, and presence.**
- **Empathy for challenges: Clients may live with pain, illness, injury, or stress. Compassion means acknowledging their experience without minimizing or dismissing their feelings.**
- **Example: A compassionate therapist might pause mid-session if a client looks uncomfortable and ask, "Do you want me to keep going, or take a break?"**

Inclusive Care: Age Diversity

Children

- **Parental Consent:** Always required legally and ethically. Informed consent ensures both parent and child understand the session.
- **Shorter Sessions:** Children have shorter attention spans, and their nervous systems can be more easily overstimulated. Start with 15–30 minutes.
- **Gentle Pressure:** Their muscles and connective tissue aren't fully developed, so lighter techniques (effleurage, gentle petrissage) are appropriate.
- **Clear Explanations:** Kids may feel nervous or unsure. Using age-appropriate language helps them feel safe and respected.
- **Benefits:** Massage can reduce anxiety, improve sleep, ease growing pains, and help with focus/relaxation.

Inclusive Care: Age Diversity

Older Adults

- **Mobility Issues:** Positioning and bolstering are essential. Sometimes side-lying or seated massage is more comfortable.
- **Fragile Skin:** With thinning skin and reduced elasticity, avoid dragging or deep pressure that can cause bruising. Use more lubrication if needed.
- **Arthritis:** Massage can relieve joint stiffness and pain, but joints should never be forced into movement. Gentle range-of-motion work can help.
- **Cognitive Concerns:** For clients with dementia or memory loss, communication may be limited. Calm tone, clear cues, and consistency in routine build trust.
- **Benefits:** Massage may improve circulation, reduce loneliness, ease pain, support mobility, and enhance quality of life.

Inclusive Care: Body Size Diversity

The essence here is that **compassionate care for clients in larger bodies means eliminating bias, providing physical comfort, and affirming their worth as individuals.**
We should understand that these clients may arrive with heightened sensitivity due to negative past experiences, and massage therapy can become a safe, restorative space when approached with empathy.

Compassionate Care Principles:

- **Respect and dignity:** Clients in larger bodies often face stigma, judgment, or even avoidance in medical and wellness settings. Compassionate massage care means being mindful of the client's lived experience and ensuring they feel safe, respected, and accepted exactly as they are.

- **Neutral, affirming language:** Avoid making comments about weight, shape, or assumptions about their health. Instead, focus on comfort, goals for the session, and the body's response to touch.

Inclusive Care: Physical Disabilities

- **Accessibility matters**:
  Ensure your space allows for wheelchair access, wide pathways, and adjustable equipment.
- **Adapt techniques**:
  Be flexible with positioning for clients who may not be able to lie prone/supine. Use bolsters, pillows, or even chair massage when needed.
- **Chronic conditions**:
  Understand that pain levels and energy fluctuate. Ask how they're feeling *today* instead of assuming based on diagnosis.
- **Compassionate care lens**:
  Approach with respect, not pity. Clients want to be seen as whole people, not defined by their disability. A caring question like, *"What will make you most comfortable during our session?"* communicates dignity and partnership.

Inclusive Care: Neurodiversity

- **Clear communication**:
  Some clients may prefer step-by-step explanations of what you're about to do. Avoid ambiguous language like "relax" without clarifying what's coming next.

- **Sensory needs**:
  Lights, sounds, textures, and smells can be overwhelming. Offer adjustments—dim lighting, quiet space, fragrance-free oils, or weighted blankets if helpful.

- **Consent steps**:
  Extra verbal or visual cues ("I'm going to place my hand on your shoulder now—is that okay?") help build trust and a sense of safety.

Inclusive Care: Neurodiversity

- **Routine and predictability**:
  Neurodiverse clients may feel more at ease with consistent scheduling, familiar therapists, and clear session structures.

- **Compassionate care lens**:
  The heart of care is *acceptance without judgment*. By honoring their unique communication and sensory needs, you create a space where they can fully relax and benefit from your touch.

Inclusive Care: Culture & Religion

When working with clients, their cultural or religious values may shape their feelings about touch, modesty, and who provides care. Compassionate care means **honoring those values without judgment** and creating a safe space for each client.

- **Clothing & Modesty:**
  Some clients may want to remain more covered than typical draping standards. This isn't a rejection of the therapist—it's a way to feel safe and respected. Adjusting draping, allowing leggings, head coverings, or extra layers can be compassionate ways to support their comfort.
- **Same-Gender Practitioner:**
  Certain religions or cultures may require or strongly prefer that care be provided by a practitioner of the same gender. When possible, honor this request, or help the client find an appropriate referral without making them feel burdensome.

Inclusive Care: Culture & Religion

- **Norms Around Touch:**
  In some cultures, physical touch is intimate or limited to family members. Others may be highly comfortable with therapeutic touch. Always check in first—clear consent matters even more here. A brief explanation of what you plan to do and asking, *"Is this comfortable for you?"* can prevent discomfort and build trust.

Inclusive Care: Chronic Illness/Pain

Know the Conditions (When in doubt, Refer Out)

- Clients may have fibromyalgia, cancer, autoimmune disease, or other chronic conditions.
- Pain and fatigue can fluctuate; symptoms aren't always visible.

Adapt Your Techniques

- Use **lighter pressure** and **slow transitions** to avoid triggering flare-ups.
- Shorter sessions or extra bolsters/cushions can improve comfort.
- Focus on areas the client can tolerate and **check in frequently**.

Communicate Clearly

- Ask about current symptoms and comfort before and during sessions.
- Remind clients they can **speak up anytime** about pain or discomfort.

Inclusive Care: Chronic Illness / Pain

Work With Medical Care

- Be aware of contraindications (e.g., post-surgery, medications).
- With client consent, coordinate with healthcare providers when appropriate (ask the Primary Care Provider or Specialist).
- Document patterns, tolerated techniques, and areas to avoid.

Compassionate Care

- Listen, respect their limits, and create a **safe, nonjudgmental space**.
- Adapt each session to the client's current condition; empathy matters more than technique alone.

Takeaway:

- Each client knows their body best—your role is to support, adapt, and care with empathy.

Inclusive Care: All Genders

Key Principle:

"Whether we agree or not, every client deserves empathy and dignity."

Core Concepts: Sex, Gender & Identity

- **Sex =**
  biological anatomy (assigned at birth)
- **Gender identity =**
  who someone knows they are inside
- **Gender expression =**
  how identity is presented outwardly
- **Sex and gender exist on a spectrum =**
  not limited to two boxes
- **Identity is separate from sexual orientation =**
  who someone is attracted to

Key Terms for Inclusive Practice

- **Cisgender** =
  identity aligns with sex assigned at birth
- **Transgender** =
  identity does not align with birth sex
- **Non-binary / Gender Neutral** =
  outside male/female categories
- **Gender Non-conforming** =
  does not follow societal gender expectations
- **Intersex** =
  natural variations in anatomy/or genetics
  (about 1.7% of population)
- **Ally** =
  person who supports marginalized groups without being a member

Implications for Massage Therapy

- Respect privacy & boundaries:
  - Do not assume anatomy under the drape.
  - Use inclusive language; ask for preferences.
  - Offer draping or clothed-treatment options.
- Be mindful of physical realities:
  - Binding, tucking, prosthetics can create unique tissue concerns.
  - Surgeries may result in scar adhesions, sensitivity, or lymphatic issues.
- Adjust bolstering/positioning to maximize comfort and safety.

Building Trust Through Compassion

- Each client is at a different stage of their personal journey.
- Not all transgender clients pursue surgery or medical treatment—respect all choices.
- Show respect during every stage of therapeutic interaction.
- Normalize care by treating surgery-related concerns as you would for any client.
- Demonstrating consistent neutrality, compassion, and professionalism builds trust.
- Your role: provide a safe, affirming space for healing

Inclusive Care: A Trauma Informed Practice

Understanding Trauma

- **Trauma** = an event or series of events experienced as harmful or life-threatening
- Lasting effects on mental, physical, emotional, social, or spiritual well-being
- Sources of trauma:
  - ACEs (Adverse Childhood Experiences)
  - Emotional, physical, or sexual violence
  - Accidents
  - World events (war, disasters, pandemics, etc.)
- Compassionate Care: Remember that trauma is unique—never assume what a client's past holds.

Inclusive Care:
A Trauma Informed Practice

Trauma & Touch

- Many clients have touch-related trauma: abuse, bullying, harassment
- Survival mode can make nurturing touch difficult to accept
- Bodywork may trigger discomfort, panic, or numbness
- Clients may not disclose trauma, but it can appear as:
  - Hesitation, freezing, withdrawal
  - Anxiety, irritability, avoidance
- Compassionate Care: Create a **safe, brave space** for healing

Inclusive Care:
A Trauma-Informed Practice

Trauma-Informed Principles

Four Rs in Massage Therapy:

1. **Realize –** Trauma impacts behavior & coping strategies
2. **Recognize –** Signs of trauma: anxiety, panic, tension, sleep issues, intrusive thoughts
3. **Respond –** Policies & practices that honor safety and choice
4. **Resist –** Avoid re-traumatization by clear draping, predictable movements, and maintaining boundaries

Compassionate Care:
Be gentle, flexible, and open to feedback

Inclusive Care: A Trauma-Informed Practice

Creating Safe Sessions

- Invite, don't command:
  - "Feel free to close your eyes or keep them open"
  - "Undress to your comfort level—I can work with anything"
- Consent methods:
  - **Written** (checklists, visuals)
  - **Verbal** (record in SOAP notes)
  - **Informed** (educate about anatomy & techniques)
  - **Physical** (discuss new movements beforehand)

Compassionate Care:
Give clients control and autonomy at every step

Inclusive Care: A Trauma-Informed Practice

Compassionate Care in Practice

- Every client is seeking relief, but their story is unseen
- **Never assume**—meet them where they are that day
- Practice self-awareness & boundary setting as a therapist
- Together, therapist + client co-create a healing space

Key reminder:
Compassionate care =
respect, safety, choice, and presence

The Goal of Inclusive Care:

As a therapist,

you are **not**

"Working on someone."

You **are**

"Working with someone to reach their desired goals toward wellness."

15a H&H: Compassionate Care for all People

Inclusive Practices for All Populations