



## 39b BMTs: Technique Demo and Practice - Supine

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## Class Outline

15 minutes

Break

5 minutes

Attendance, Breath of Arrival, and Reminders

75 minutes

1<sup>st</sup> trade technique demo and practice

20 minutes

Break and switch tables

75 minutes

2<sup>nd</sup> trade technique demo and practice

20 minutes

Break down, clean up, and discussion

3 hours and 30 minutes total

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## Class Reminders

### Assignments:

- 41a Review Questions (Packet A: 173-185)
- 43a Swedish: Outside Massages (Packet A: 57-62)

### Quizzes and Exams:

- 43a Kinesiology Quiz
  - (adductor magnus, gracilis, iliopsoas, sartorius, TFL, piriformis, quadratus femoris)
- 44a Quiz (33b, 35a, 36a, 37a/b, 38a, 39a, 40a, 41a/b, 42b, and 43a)
- 46a Exam

### Practical Exam:

- 44b Integration Massage: Practical Exam (60-minute Swedish, Passive Stretches, and BMTs)

### Preparation for upcoming classes:

- 40a A&P: Reproductive System
  - Trail Guide: piriformis and quadratus femoris
  - Packet E: 83-86
  - RQ Packet A-174
- 40b BMTs: Guided Full Body
  - Packet F: 85-86

# Classroom Rules

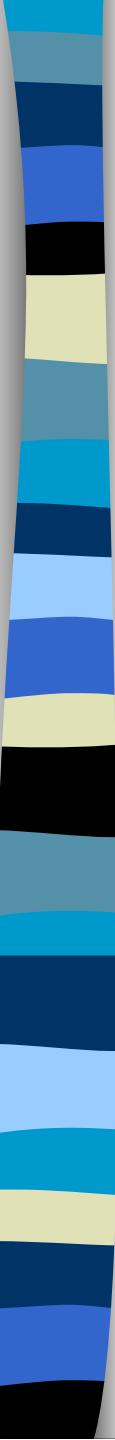
**Punctuality** - everybody's time is precious

- 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.*



# Review: Principles of Body Mobilization Techniques

Q: What word describes how BMTs approach physical structure and integrity?

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Q: What word describes how BMTs approach physical structure and integrity?

A: Informational

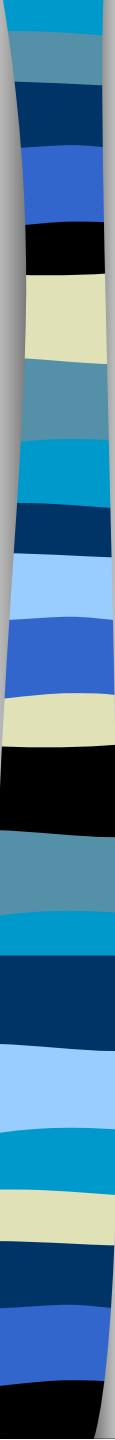
**The client and therapist can gather information about:**

- Quality of joint mobilization (smooth, ratcheting, symmetrical, asymmetrical, etc)
- Joint range of motion (limited or complete)
- Listening to what the body has to say is essential to excellent bodywork



# Review: Principles of Body Mobilization Techniques

Q: What techniques do BMTs utilize?



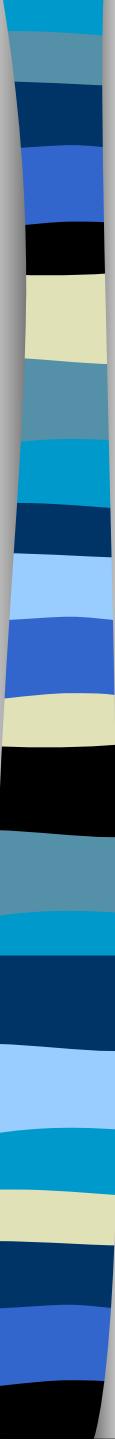
# Review: Principles of Body Mobilization Techniques

Q: What techniques do BMTs utilize?

A: Passive stretching movements and joint mobilizations

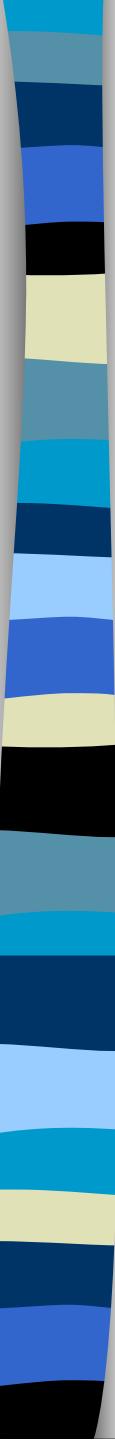
Tractioning

Soft-tissue techniques (compressions, jostling, and coarse vibration)



## Review: Principles of Body Mobilization Techniques

Q: What BMT principle “affords your client the opportunity to assimilate and internalize information without the usual guilt-producing emphasis on following orders without deviation”?



# Review: Principles of Body Mobilization Techniques

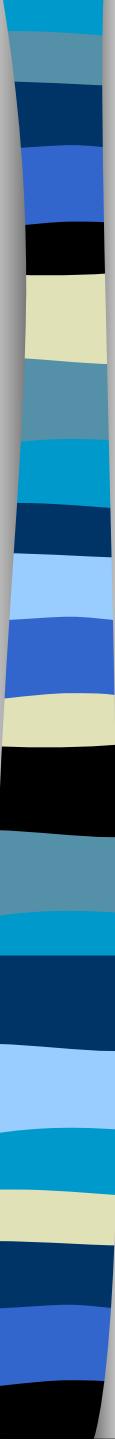
Q: What BMT principle “affords your client the opportunity to assimilate and internalize information without the usual guilt-producing emphasis on following orders without deviation”?

A: The distraction principle



# Review: Principles of Body Mobilization Techniques

Q: What is the result of performing mobilizations combined with pressure points?



# Review: Principles of Body Mobilization Techniques

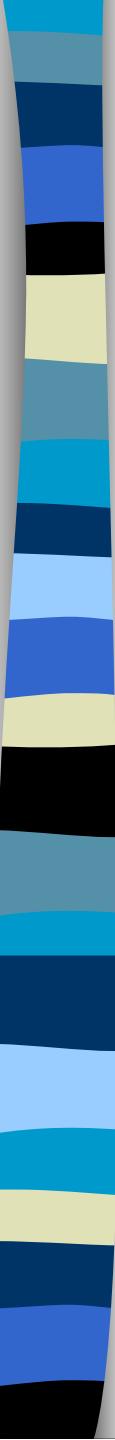
Q: What is the result of performing mobilizations combined with pressure points?

A: Simultaneous impulses are sent to the brain reporting information about movement and pressure. This drastically **reduces the potential invasiveness** of direct compression.



# Review: Principles of Body Mobilization Techniques

Q: Why is “the inability to relax or respond to the movements” a contraindication for BMTs?



## Review: Principles of Body Mobilization Techniques

Q: Why is “the inability to relax or respond to the movements” a contraindication for BMTs?

A: In this case BMTs could be **counterproductive** and not have therapeutic benefit.



# Review: Principles of Body Mobilization Techniques

Q: Why is “joint inflammation including rheumatoid arthritis” a contraindication for BMTs?

# Review: Principles of Body Mobilization Techniques

Q: Why is “joint inflammation including rheumatoid arthritis” a contraindication for BMTs?

A: **Rheumatoid arthritis** Synovial membranes of various joints being attacked by immune system cells.

Joint mobilizations can **exacerbate pain** in joints suffering from inflammation.



# Review: Principles of Body Mobilization Techniques

Q: Why is advanced diabetes a contraindication for BMTs?

# Review: Principles of Body Mobilization Techniques

Q: Why is advanced diabetes a contraindication for BMTs?

A: Complications of advanced diabetes have their own contraindications:

- High blood glucose causes blood chemical changes leading to atherosclerosis.
- **Atherosclerosis** Arteries become inelastic, brittle, and hardened due to accumulated plaque deposits.
- Atherosclerosis leads to:
  - Cardiovascular disease** (stroke, hypertension, aneurysm)
  - Ulcers and gangrene
  - Renal failure
  - Impaired vision (diabetic retinopathy)
  - Neuropathy
- Modifications: reduce blood pressure, but minimize circulation.



# Review: Principles of Body Mobilization Techniques

Q: Why is “prolonged use of steroids” a BMT contraindication?

# Review: Principles of Body Mobilization Techniques

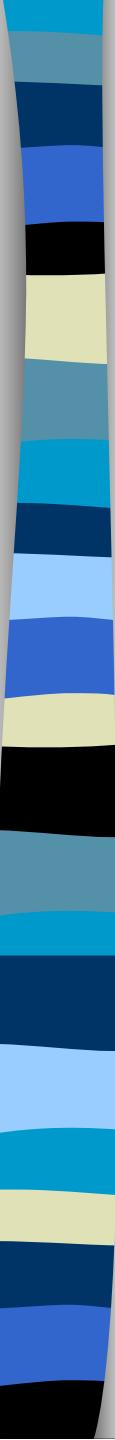
Q: Why is “prolonged use of steroids” a BMT contraindication?

A: Adrenal gland function is reduced leading to a diminished response to physical stress. Also **osteoporosis** is a side effect of prolonged steroid use, increasing the risk of broken bones.



# Review: Principles of Body Mobilization Techniques

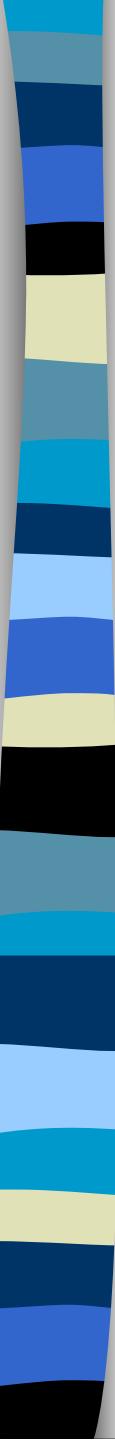
Q: If BMTs cause pain, what should you do?



# Review: Principles of Body Mobilization Techniques

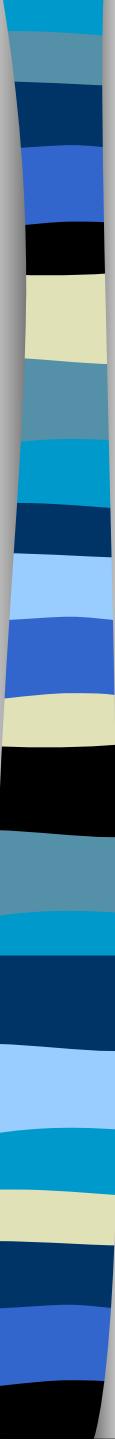
Q: If BMTs cause pain, what should you do?

A: **Discontinue** or modify the use of BMTs to avoid causing pain.



# Review: Principles of Body Mobilization Techniques

Q: What is the best guideline for deciding if BMTs are appropriate for a client?



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Q: What is the best guideline for deciding if BMTs are appropriate for a client?

A: Assess the receiver's **ability to move and to allow** specific muscle lengthening techniques. Normal joint movement and muscle lengthening are good signs that BMTs are appropriate treatment options.



# Supine BMTs



## 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

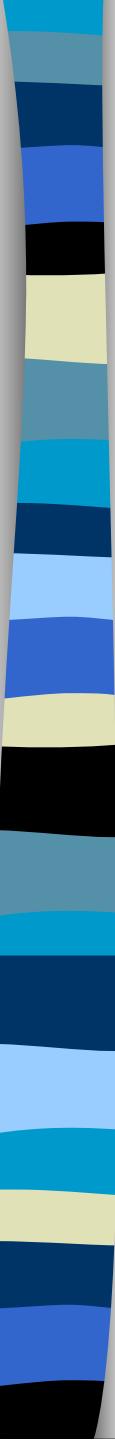
Grasp ankle with outside hand. Rhythmically alternate between medial rotation of the hip and allowing it to laterally rotate to start position.

# 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.

## 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 toward 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.



# Supine BMTs

- 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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