LEARNING OBJECTIVES:

By the end of these two sessions, the student is expected to:

1. Define Sports Massage
2. Explain the difference between sports massage and other modalities
3. List populations other than athletes that can benefit from sports massage
4. Explain and demonstrate a pre-event massage with correct techniques and appropriate timing.
5. Explain and demonstrate a post-event massage with correct techniques and appropriate timing.
6. List 5 sports massage techniques.
7. Identify and discuss at least 5 benefits of sports massage
8. Identify and discuss contraindications for sports massage
9. List at least 10 supplies needed for event massage
10. Explain and apply a short interview to be conducted before event massage

Tension anywhere in the body is tension everywhere in the body

~Ralph Stephens, LMT~
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Articles are at the end of this manual
DEFINITIONS OF SPORTS MASSAGE/HISTORY

The science and art of applying massage and related techniques to ensure the health and well-being of the athlete to enhance athletic performance. ~Understanding Sports Massage

Sports massage addresses the ongoing tasks of preventing and limiting injuries and of optimizing capabilities for physical performance. ~Sports Massage in a Nutshell

WHO ARE THE CLIENTS FOR SPORTS MASSAGE?

Almost anyone who is physically active can benefit from sports massage techniques.

- Performers whose art can lead them into overuse problems such as dancers and musicians
- People with physically demanding jobs such as bodyworkers (that’s us!!), firefighters, construction workers, etc.
- People involved with recreational sports or fitness activity such as running, aerobics, biking, skiing, hiking, skating, soccer, volleyball, etc.
- Athletes: Professional, amateur and “weekend warriors”
  - Olympics
  - Pan-Am Games
  - Goodwill Games
  - Boston Marathon
  - Local and Regional Run/Walk Events

WHAT’S THE DIFFERENCE BETWEEN SPORTS MASSAGE AND TRADITIONAL SWEDISH MASSAGE?

Sports massage techniques are deeper, more vigorous, more intense and more interactive and emphasis is to muscle groups needed for performance.

CONTINUING EDUCATION IN SPORTS MASSAGE BY:

- Benny Vaughn
- Ralph Stephens
CONTRAINDICATIONS AND CAUTIONS

- Where application could worsen the problem
- Infections
- Possible fractures
- Open wounds or burns
- Undiagnosed tumors/lumps
- Varicose veins
- Blood clots/phlebitis
- Rash
- Contagious disease present
- Dehydration (mostly occurring post-event)
- Hyperthermia (mostly occurring post-event)
- Hypothermia (mostly occurring post-event)

OTHER DEFINITIONS, LAWS AND TERMS

Davis’ Law – If muscle ends are brought closer together, the pull of tonus is increased which shortens the muscle (may even cause hypertrophy); and if the muscle ends are separated beyond normal, tonus is lessened or lost (thus the muscle becomes “weak”)

Arndt-Schultz Law – Weak stimuli activate physiologic activity, moderately strong stimuli stimulate physiologic activity and very strong stimuli inhibit or abolish physiologic activity. (strong stimuli >> less function)

Hyperemia – presence of an increased amount of blood in a part or organ (Defined by Stedman’s Medical Dictionary)

Edema – an accumulation of an excessive amount of watery fluid in cells, tissues or serous cavities (Defined by Stedman’s Medical Dictionary)

Ischemia – lack of blood supply to a body part (Defined by Principles of Athletic Training)

Fatigue – a feeling of tiredness, exhaustion, or lack of energy (Extracted from www.webmd.com)

Contusion – any mechanical injury (usually caused by a blow) resulting in hemorrhage beneath unbroken skin. Also called a bruise. (Defined by Stedman’s Medical Dictionary)

Hematoma – A localized collection of blood exuded from broken walls of blood vessels, usually clotted, in an organ, space, or tissue; contusions (bruises) and black eyes are familiar forms that are seldom serious. (Defined by Miller-Keane Medical Dictionary, 2000 and extracted from www.webmd.com)
**Muscle Spasm** – increased tension, with or without shortening of a muscle, due to non-voluntary motor nerve activity. Spasm cannot be stopped by voluntary relaxation. (*Myofascial Pain and Dysfunction, Travell and Simons*)

**Muscle Cramp** – a painful involuntary contraction of a skeletal muscle or muscle group. Cramps have been attributed to a lack of water or other electrolytes (solution that is a conductor of electricity; sodium, chloride, potassium, magnesium and calcium which are essential elements in muscle contraction) in relation to muscle fatigue. (Defined by *Principles of Athletic Training*)

**Electrolytes** – solution that is a conductor of electricity; sodium, chloride, potassium, magnesium and calcium are essential elements in muscle contraction (defined by *Principles of Athletic Training*) SEE ATTACHED ARTICLE ON ELECTROLYTES – pg 23

**Muscle Stiffness** – occurs when a group of muscles have been worked hard for a long period of time. The fluids that collect in the muscles during and after exercise are absorbed into the bloodstream at a slow rate. As a result the muscle becomes swollen, shorter and thicker and therefore resists stretching. Light exercise, massage and passive mobilization assist in reducing stiffness. Muscle stiffness does not produce pain. (Defined by *Principles of Athletic Training*)

**Acute-Onset Muscle Soreness**—related to impeded circulation causing muscular Ischemia. Lactic acid and potassium collect in the muscle and stimulate pain receptors. (Defined by *Principles of Athletic Training*)

**Strain** – a.k.a. pulled muscle; an excessive stretching or tearing of a muscle and its fibers

- **First Degree** – produces mild inflammation from which there is usually rapid recovery. Muscle testing may reveal no abnormality.
- **Second Degree** – involves damage to muscle or tendon fibers and moderate inflammation. Testing usually reveals some weakness of the injured muscle.
- **Third Degree** – causes tearing of more than half of the muscle’s fibers with marked inflammation, pain and palpable defect that may require surgical repair. Muscle testing is not possible due to pain and loss of function. (Defined by Clinical Pathology for the Professional Bodyworker)

**Sprain** – a traumatic joint twist that results in stretching or total tearing of the stabilizing connective tissues. When a joint is forced beyond its normal anatomical limits, microscopic and gross pathologies occur. Healing of ligaments and joint capsules is slow due to a relatively poor blood supply (Defined by *Principles of Athletic Training*)

**Grading based on severity:**

(According to Clinical Pathology for the Professional Bodyworker)

- **First Degree** – characterized by some pain, minimum loss of function, mild point tenderness, little or no swelling and no abnormal motion when tested.
Second Degree – involves pain, moderate loss of function, swelling and in some cases slight to moderate instability

Third Degree – a complete rupture of the ligament that causes hypermobility and inflammation of the joint. A third degree sprain may also include a subluxation/dislocation that has been reduced spontaneously.

NOTE: According to Principles of Athletic Training:
- Joints that are most vulnerable to sprains in sports are the ankles, knees and shoulders
- Sprains occur least often in wrists and elbows

Stages of Inflammation for Sprains:
(According to Clinical Pathology for the Professional Bodyworker)
- Acute sprains – characterized by redness, pain, swelling and loss of movement as well as discoloration of the surrounding tissues. This stage usually lasts for 24-48 hours. Acute sprains are best treated by using RICE.
- Subacute sprains – when significant signs and symptoms of inflammation have subsided. The client will still experience limited ROM of the injured joint and there may be a tendency for inflammation to be reactivated. Contrast baths can help restore circulation, ease pain and relieve muscle spasms around the injured joint.
- Chronic sprains – where a ligament(s) has experienced repeated attacks of acute inflammation and healing by fibrosis. As a result, the ligament is thickened, its fiber pattern is irregular and it may be permanently lengthened. The involved joint may be lax and have a tendency to subluxate or dislocate.

ROM – Range of motion

Facilitation – to make easy or easier (Defined by Webster’s New World Dictionary, 1990)

Tendonitis – inflammation of tendon-muscle attachments, tendons or both. Tendinitis has a gradual onset, diffuse tenderness because of repeated microtraumas and degenerative changes. Obvious signs of tendonitis are swelling and pain that move with the tendon. (Defined by Principles of Athletic Training)

- Lateral Epicondylitis – forced or repetitive wrist extension (tennis elbow/backhand)
- Medial Epicondylitis – forced or repetitive wrist flexion (golf elbow/trail arm)
HEAT ILLNESSES/ HYPERTHERMIA: (definitions from Principles of Athletic Training)
- Condition where the body temperature is higher than normal
- Body’s rate of heat production exceeds its ability to dissipate the heat
- May be brought on by dehydration, high humidity, high temperatures

Heat Rash (a.k.a. prickly heat) – a benign condition associated with a red, raised rash accompanied by sensations of prickling and tingling during sweating. It usually occurs when the skin is continuously wet with unevaporated sweat. The rash is generally localized to areas of the body covered with clothing.

Heat Syncope (a.k.a. heat collapse) – associated with rapid physical fatigue during overexposure to heat. It is usually caused by standing in heat for long periods or by not being accustomed to exercising in the heat.

Heat Cramps – extremely painful muscle spasms that occur most commonly in the calf and abdomen, although any muscle can be involved.
- Includes profuse sweating
- May be due to inadequate fluid replacement (water and electrolytes)
- Can perform massage and mild stretching (may try ice massage)
- Advise client to drink cool water and replace electrolytes (bananas are a good source for potassium replacement)

- Seek medical treatment if cramps occur in many different muscles

Heat Exhaustion – a result of inadequate replacement of fluids lost through sweating
**DO NOT TREAT – Seek medical treatment immediately**

Signs & Symptoms
- Hair erection on chest and upper arms
- Throbbing headache
- Nausea
- Stumbling/dizziness
- Hyperventilation
- Skin is cool and pale
- Excessive sweating
- Chilling or shivering
- Fatigue
Heat Stroke – life-threatening failure of the body’s heat-controlling mechanism

**DO NOT TREAT; DO NOT GIVE FLUIDS BY MOUTH; SEEK MEDICAL TREATMENT IMMEDIATELY**

**Signs & Symptoms**
- Incoherent speech
- Clumsiness
- Lack of focus/confusion
- Aggressiveness followed rapidly by unconsciousness
- No sweating at all
- Flushed, hot skin
- Shallow breathing
- Rapid, strong pulse
- Dizziness
- Apathy
- Any gradual impairment of consciousness

**HYPOTHERMIA**
- Having a core body temperature much lower than normal
- Occurs when the body’s rate of heat production is exceeded by its heat loss
- Dampness increases the risk of hypothermia

**NOTE: According to Principles of Athletic Training:**
- 65% of heat produced in the body is lost through radiation
- Most heat is lost from warm vascular areas such as the head and neck
- 20% of heat loss is through evaporation: 2/3 through the skin and 1/3 through the respiratory tract
- Cold, in general is more penetrating than heat. Once a muscle has been cooled through the subcutaneous fat layer, cold’s effects last longer than heat because fat acts as an insulator against rewarming.

**Signs & Symptoms**
- Shivering
- Euphoria
- Appearance of intoxication
- Blue lips
- Blue nail beds
- May become disoriented
- May begin to hallucinate
- May become combative
- May lose consciousness

**DO NOT TREAT – Seek medical treatment immediately**
MAJOR APPLICATIONS OF SPORTS MASSAGE

1. **Recovery** – to enhance athletes physical and mental recovery from strenuous sports activity
2. **Remedial** – to improve a debilitating condition
3. **Rehabilitation** – to facilitate healing after a disabling injury
4. **Maintenance** – to enhance recovery from strenuous exertion, to treat debilitating conditions and to help the athlete maintain optimal health
5. **Event** – to help the athlete prepare for and recover from a specific competitive event. Event massage is divided into three (3) sub-applications:
   a. **Pre-event** – To help prepare the athlete physically and mentally for a specific event (Don’t want to over relax a client)
   b. **Inter-event** – To help the athlete in recovering from one event and prepare for an upcoming event
   c. **Post-event** – To help the athlete to recover from an event and either administer first aid or refer problem conditions to another health professional (Don’t want to over-stress tired tissue)

PRIMARY EFFECTS OF EVENT MASSAGE

**Mechanical, Physiological, Psychological**

- Improves circulation which:
  - Increases blood flow
  - Increases lymph flow
  - Increases oxygen and nutrients to soft tissue
  - Facilitates removal of metabolic waste
  - Reduces swelling
  - Aids in the healing process
- Muscle relaxation/reduces muscle spasm
- General relaxation
- Connective tissue normalization/muscle flexibility
- Increased mental alertness and clarity
- Useful in preventing injuries (*NOTE:* Most common time for injury is the beginning of an event – not properly warmed up OR at the very end of an event – muscles are fatigued and dehydrated)
- Stretches soft tissue

OTHER "non sport" BENEFITS OF THIS WORK:

- You will be able to give a full-body massage in 10-20 minutes
- The client does not have to remove clothes
- A great way to introduce people to massage to help them feel comfortable
SECONDARY EFFECTS

- Greater energy
- Normal ROM and fluid movement
- Faster recovery
  - Help reduce loss of physical performance capabilities (clear with treating medical personnel before initiating massage treatment)
  - Help regain physical performance capabilities once sufficient healing has occurred to allow mobility (clear with treating medical personnel before initiating massage treatment)
- Pain Reduction
- Appropriate level of emotional stimulation
- General relaxation induces a psychological response/builds confidence

THE ATHLETE’S MENTALITY

- Most athletes become used to a fair amount of discomfort in actively pursuing their chosen sports and generally “want to play no matter what”
- In pre-event massage, the athlete’s primary purpose is not to become relaxed but to reach a body state that functions more efficiently with less outright pain.

THE THERAPIST’S MIND AND BODY

Early quote from Mat Bullock, University of Illinois Athletic Trainer (1925) “A good massage therapist thinks less of the manner of moving his hands than of the tissues upon which he is working.”

Therapist’s Duties:
- Communicate with the client which means: both talking with and listening to the client (What are they saying or not saying; watch for pain responses in eyes and face)
- Be respectful (with touch, of their body, their sport, etc.)
- Awareness of touch / “Airplane” contact
- RELAX!!
- Use good body mechanics (save your body!!) including the following where applicable:
  - Bent knees
  - Lunges
  - Use body weight not muscle strength
  - Arms extended NOT locked
- BREATHE!!
- HAVE FUN!!
SUPPLIES

- **Confidence** – lack of confidence is transmitted through the therapist’s hands
- **Professionalism/Character** (Character is defined as what you do when you can do nothing). (NOTE: Although the setting may be casual, the massage practitioner’s behavior must reflect professional and ethical standards. A professional uniform is important as well. Paraphrased from Mosby’s Fundamentals of Therapeutic Massage)
- Massage table (no bolster or face cradle needed – more stuff to carry, lose or have broken)
- Lubrication (oil, cream, lotion, gel)
- Plastic fitted sheet or multiple material fitted sheets
- Alcohol solution to clean plastic between athletes
- Paper towels (use for face area and/or to wipe down plastic sheets)
- Wipes (for hands and/or massage table cleaning)
- Hand sanitizer gel
- Garbage bag (don't be a piglet ;-
- Water/snacks (for the therapist)
- Ice/baggies (if no medical tent)
- Sunscreen/hat/bug spray (hot, outdoor events)
- Blanket (for cold events)
- Mobile phone/Cell phone (optional)
- Business cards/literature
- Clipboard/pen/paper
- Informed Consent/Release forms/Client Intake forms
- Smiles and encouraging words!!

***IMPORTANT***

➤ Upon your arrival, identify where the medical tent and/or medical personnel are located for referrals

➤ Be able to clearly identify your location if you need to dial 911
CLIENT EVALUATION/INTERVIEW

Purpose: To gather information and help the clients feel comfortable

- Introduce yourself
- Ask client’s name
- Ask questions regarding race/event (What activity did you just/will you participate in? How long until you compete? Where did you place/How did you do?)
- Ask if client is feeling ok? Feeling hot? Feeling cold?
- Request that client sign release form/intake form and obtain informed consent
- Ask about primary complaints/areas that need special attention
- Ask about medications.
- Ask about medical conditions
- Ask about any injuries
- Observe behavior (Do you see any unusual behavior?)
- Keep me informed so I know if what I am doing feels good or hurts (especially if it hurts)
- Explain about the treatment (pre-event: short, fast-paced to warm muscles, get blood going to muscles to assist with energy and endurance, should not hurt, etc.; post-event: short, general, aid in recovery, should not hurt, etc.)
SPORTS MASSAGE STROKES/TECHNIQUES
(INFORMATION PER PERFORMANCE MASSAGE UNLESS OTHERWISE NOTED)

★ ALL TECHNIQUES SHOULD BE APPLIED TOWARD THE HEART TO ENCOURAGE VENOUS FLOW
★ MAKE EYE CONTACT WITH CLIENT
★ ANYTIME CALVES ARE WORKED, ANKLE SHOULD BE SUPPORTED, OFF THE END OR SIDE OF THE TABLE
★ WORK ONE EXTREMITY AND COMPARE TO OTHER FOR CLIENT IMPACT
★ EACH MOVE/STROKE IS PERFORMED 3-5 TIMES

ENERGY MOVES – used to loosen and stretch connective tissue, increase circulation and unwind tight muscles; used to stimulate and energize when applied briskly

- **Rocking** – introduces gentle motion (great way to begin or end a massage)
  - Sacrum/Back
  - Hamstrings/Back
  - Sacral Stretching
- **Shaking** – helps the recipient to “let go”; exert gentle traction while shaking to decompress joints; confuses the positional proprioceptors and results in relaxation (according to Mosby’s Fundamentals of Therapeutic Massage)
- **Jostling** – throwing the muscle back and forth
- **Vibration** – loosens connective tissues, stimulates nerve endings and encourages deeper lymphatic and venous circulation--not used much for event massage
- **Tapotement** – good for warm-up to stimulate the nervous system; do not use for cool down as it may set off spasms or cramps; less invasive when applied parallel to muscle fibers; includes beating, pounding, hacking or tapping ***no slapping**

MUSCLE FLUSHING – used to decongest and flush metabolic wastes and toxins from musculature to decrease muscle soreness; also used to oxygenate muscles

- **Kneading** – pulling the muscle away from underlying or adjacent muscle; creates passive muscle movement and slight stretching
- **Wringing/snake bite**
  - Actively stimulates flow of blood and lymph
  - The faster the work, the more stimulating to the nervous system
- **Skin rolling** – increases skin’s pliability and circulation; breaks up adhesions; separates muscles from each other and from fascia (not used in event massage)
- **Heel squeeze** – great for applying two-sided compression to larger muscles
- **Effleurage** – gliding with smooth strokes over the skin parallel with the muscle fibers
  - The most sedating stroke
  - Calms nervous system
  - Changes fluids in cells
  - Use with thumbs, fingers, palms, loose fists, knuckles or forearm
SPORTS MASSAGE STROKES/TECHNIQUES (CONT’D)

INFORMATION PER PERFORMANCE MASSAGE UNLESS OTHERWISE NOTED

PRESSURE TECHNIQUES – spreads the muscle fibers, enhancing their ability to contract and relax as well as bringing more nutrients and oxygen to the muscles

- **Stretch & Twist Compressions** – lengthen and unwinds tight musculature with gentle traction
- **Muscle Broadening** – effective but non-invasive way to spread muscle fibers to reduce fascial build-up; may enhance contractibility and muscle strength; when muscles contract they shorten and become broader
- **Compressions/Muscle Pumping** – great for decongesting tired muscles or preparing an athlete prior to an event or workout because it generates quick blood flow to the muscles to loosen and warm them up; can be used with loosely clenched fist, palm, heel of hand, thumb or fingertips
- **Direct Pressure** – effective way to neutralize localized areas of spasm and tenderness; can be used with thumb, fingertip, elbow, braced thumb or braced fingertip; a.k.a. ischemic pressure, acupressure

FRICTION (CIRCULAR, CROSS-FIBER, DEEP TRANSVERSE) – moves skin over muscles and fascia – does not glide over skin; used with thumb, fingertips, braced thumb, braced fingertips, fist or palm

- Used to broaden specific muscle fibers and free them from adhesions
- Great for injuries and scar tissue
- Great for palpation
- **Palmar Friction** – superficial application used to warm tissues

STRETCHING AND ROM – used to reduce muscle tension, initiate muscle relaxation, facilitate muscle lengthening, and reduce risk of injury due to muscle imbalance

- Be sure to warm up tissue before any stretching techniques are used
- Move into and out of stretching/ROM slowly

NOTE: As with any treatment or technique, do not use if:

- You have not had sufficient training
- It is out of your scope of practice
- You do not feel confident/comfortable performing it

COMMON TYPES OF STRETCHING: (SEE ARTICLE – pg 29)

1. BALLISTIC STRETCHING
2. DYNAMIC STRETCHING
3. ACTIVE STRETCHING
4. PASSIVE (OR RELAXED) STRETCHING
5. STATIC STRETCHING
6. ISOMETRIC STRETCHING
7. PNF STRETCHING
PRE-EVENT MASSAGE

Goals/Benefits

- Helps to prepare the athlete physically and mentally for a specific event (Don’t want to over relax a client)
- Performed within 4 hours of event (Ideal time is 30-45 minutes before event)
- Physiological impact – Encourages a flush of oxygenated blood to area(s)
- Psychological impact – Allows for more focused concentration, centering
- Decreases injury potential – Prevents pulls and tears and produces hyperemia
- Increase ROM/flexibility
- Increase circulation/warm-up tissue
- Decrease anxiety and nervous tension

Guidelines

- Less than 20 minutes in duration
- Tempo is upbeat and rhythmic
- Work is not too deep
- Work should not be painful
- Work is focused on muscle groups that will be used the most

IMPORTANT NOTES

- Don’t relax client to point of sleepiness or where they become unfocused (we want conscious and energized clients)
- Respect tolerance of client
- Athletes should not receive their very first massage before an important competition

Strokes/Techniques

- Compressions/muscle pumping (palmar, digital)
- Heel squeeze
- Friction (palmar, digital, circular)
- Petrissage/Kneading
- Wringing
- Broadening
- Rocking
- Jostling
- Shaking
- Percussion/Tapotement (beating, hacking, tapping)
- Stretching and ROM techniques

NOTE: Do not use effleurage in pre-event massage as it creates a sedative effect
INTER-EVENT MASSAGE

- When an athlete is required to compete several times during a 1-2 day period (track meet, cross-country bike race, half-time, etc.)
- Combines aspects of pre- and post-event applications where the athlete is recovering from one performance and preparing for the next.

Goals/Benefits
Combination of pre- and post-event

Guidelines
- Generally 10-15 minute session (depends on time between events: half-time may use quick kneading whereas a multiple-day bike race may allow for longer sessions and recovery)
- Work is not deep or painful
- Work on recovery of muscle groups used most
- Work on areas of tension from preceding performance

IMPORTANT NOTES
- Respect tolerance of client

Strokes/Techniques
- Compressions/muscle pumping (palmar, digital)
- Heel squeeze
- Friction (palmar, digital, circular)
- Petrissage/Kneading
- Wringing
- Broadening
- Rocking
- Jostling
- Shaking
- Percussion/Tapotement (beating, hacking, tapping)
- Stretching and ROM techniques

NOTE: May use some effleurage to flush out metabolic waste
POST-EVENT MASSAGE

Goals/Benefits
- Can be a great reward or incentive
- Facilitate recovery of fatigued muscles
- Clear/flush out muscle congestion of metabolic waste

Guidelines
- Perform within 4 hours of end of event to facilitate physical and psychological recovery
- Problem conditions/injuries may be identified and evaluated by appropriate/qualified medical personnel
- Sessions should be 20 minutes or less (but may be longer if massage is given 1 or more hours after the event)
- Athlete should be cooled down to recovery heart rate
- Work should not be very deep

IMPORTANT NOTES
- Be alert for dehydration, hypothermia and/or hyperthermia
- Respect tolerance of client as he/she may be more tender/sensitive due to fatigue
- Client may have cramps after performance due to dehydration

Methods of controlling cramps
- **Direct compression** (with hand, fist, forearm etc. to the cramping muscle while it is in a shortened position)
- **Approximation** (grasp muscle on either side of the cramp and push hands toward each other)
- **Reciprocal Inhibition** (engage antagonist of the cramping muscle in an isometric contraction)
- **Ice** (to create numbness to a cramping muscle)

Strokes/Techniques (performed slowly but fast enough to get to entire body in 20 min. or less)
- Effleurage/jostle back (may need lubrication for this)
- Compressions/muscle pumping (palmar, digital)
- Heel squeeze
- Friction (palmar, digital, circular)
- Petrissage/Kneading
- Wringing
- Broadening
- Rocking
- Jostling
- Shaking
- Stretching and ROM techniques

Note: Do not use tapotement or deep transverse friction in post-event massage
HELPFUL INFORMATION/TIPS

- **Stay within client’s pain tolerance.** Use pain scale 1-10; 1 = no pain or discomfort and 10 = excruciating pain/ “take me to the hospital now!” keep level between 5 and 7 for therapeutic effectiveness.

**IMPORTANT:** Explain the significance of pain/discomfort to the client (that exceeding the therapeutic zone triggers protective reflexes & tension and guarding that are counterproductive to massage)

- Keep a towel(s) handy to:
  - Remove excess lubrication from your hands or the athlete
  - Wipe sweat off your face/neck
  - Use as a barrier between you and the client
  - Create shoulder bolsters

- Lower table to allow for better leverage/pressure

- Treatment for soft tissue damage:
  - **REST**
  - **ICE**
  - **COMPRESSION**
  - **ELEVATION**

- Primary vs. secondary injury (fire hydrant w/ and w/o hose)

- As a general rule, ice should not be applied longer than 20 to 30 minutes at any one time (according to *Principles of Athletic Training*)

- **Ice application/ice massage:** The athlete should experience sensations of cold, burning, aching and numbness; ice should be applied from 20-30 minutes at a time (according to *Principles of Athletic Training*)

- Refer to more qualified practitioner (medical or massage) when applicable

- Cat food/tuna cans under table legs outside

- Work one extremity and compare to the other
Blue Sky School of Professional Massage & Therapeutic Bodywork

CHAIR/TABLE MASSAGE SIGN-UP SHEET

Today's Date & Location: __________________________________________________

We are happy to offer you a free chair/table massage session performed by a student massage therapist. This 10-minute session is for the purpose of wellness only. We will not be addressing any specific problems or complaints. We will ask a few simple health questions related to receiving massage. All information is kept confidential. Your signature below indicates that you agree to answer these simple questions and that you release all parties from any liability with regard to receiving a massage.

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SUGGESTED MASSAGE FLOWS/TECHNIQUES

PRONE

→ Rocking sacrum/back
→ Rocking hamstrings/back
→ Sacral stretching (with or without rocking)
→ Stretch opposite shoulder/hip
→ Petrissage neck
→ Circular friction to the back/hips
→ Petrissage shoulders
→ Stretch upper trap (pull inferiorly)
→ Compressions to deltoids
→ Broadening arms
→ Friction to warm up joints/fascia: elbows/shoulders
→ Arm jostling
→ Compressions to gluteal area
→ Friction on hamstrings/calves (palmar and/or circular)
→ Wringing hamstrings
→ Wringing calves
→ Broadening legs (hamstrings/calves)
→ Heel squeeze gluteal area
→ Heel squeeze hamstrings
→ Heel squeeze calves
→ Friction to warm up joints/fascia: achilles tendon
→ Jostling legs
→ Effleurage ankle to hip/jostle back to ankle (except pre-event)
→ Hip decompression
→ Ankle decompression
→ Tapotement to entire body (except post-event)
SUPINE

- Cervical traction
- Compressions to pectoralis muscles
- Pectoralis pin/stretch
- Broadening arms
- Shaking arm
- Rocking leg (especially if very sore/tight)
- Bent leg shaking
- Friction to warm up joints/fascia: hip flexor attachments
- Friction on quads (palmar and/or circular)
- Heel squeeze quads
- Wringing quads
- Broadening quads
- Friction to warm up joints/fascia: knees
- Compression to opposite side adductors
- Compressions to ITB (straight or bent leg)
- Compressions to anterior compartment (IR leg above knee)
- Leg toss
- Leg whip
- Leg jostling
- Ankle ROM
- Effleurage ankle to hip/jostle back to ankle (except pre-event) *tuck pants under heel
- Hip decompression
- Gastrocnemius stretch
- Piriformis stretch
- Tapotement to entire body (except post-event)
REFERENCES:


Web links:

- http://www.esportmed.com
- http://www.thebodyworker.com
- http://www.amtamassage.org
- http://www.aboutmassage.com
- http://www.abmp.com
- http://www.massagemag.com
- http://www.massageresource.com
What are Electrolytes?

Electrolyte is a "medical/scientific" term for salts, specifically ions. The term electrolyte means that this ion is electrically-charged and moves to either a negative (cathode) or positive (anode) electrode:

- ions that move to the cathode (cations) are positively charged
- ions that move to the anode (anions) are negatively charged

For example, your body fluids -- blood, plasma, interstitial fluid (fluid between cells) -- are like seawater and have a high concentration of sodium chloride (table salt, or NaCl). The electrolytes in sodium chloride are:

- sodium ion (Na\(^+\)) - cation
- chloride ion (Cl\(^-\)) - anion

As for your body, the major electrolytes are as follows:

- sodium (Na\(^+\))
- potassium (K\(^+\))
- chloride (Cl\(^-\))
- calcium (Ca\(^{2+}\))
- magnesium (Mg\(^{2+}\))
- bicarbonate (HCO\(_3\)^-)
- phosphate (PO\(_4\)^{3-})
- sulfate (SO\(_4\)^{2-})

Electrolytes are important because they are what your cells (especially nerve, heart, muscle) use to maintain voltages across their cell membranes and to carry electrical impulses (nerve impulses, muscle contractions) across themselves and to other cells. Your kidneys work to keep the electrolyte concentrations in your blood constant despite changes in your body. For example, when you exercise heavily, you lose electrolytes in your sweat, particularly sodium and potassium. These electrolytes must be replaced to keep the electrolyte concentrations of your body fluids constant. So, many sports drinks have sodium chloride or potassium chloride added to them. They also have sugar and flavorings to provide your body with extra energy and to make the drink taste better.

Another example where electrolyte drinks are important is when infants/children have chronic vomiting or diarrhea, perhaps due to intestinal flu viruses. When children vomit or have diarrhea, they lose electrolytes. Again, these electrolytes and the fluids must be replaced to prevent dehydration and seizures. Therefore, drinks such as Pedialyte have sodium and potassium in them like the sports drinks do. However, pediatricians do not recommend giving sports drinks to a sick child! Sports drinks have much higher sugar concentrations than Pedialyte and the high sugar is not a proper treatment.
Sports drink -- or just plain water?

By Jane K. Frobose, Colorado State University Extension, Denver County

Sports drinks? Electrolyte beverage? Sugar water? Glucose polymer? or just plain water? If you exercise, you need to replenish the fluids your body loses in sweating. For the real go-getters, that could be a problem. If you weigh about 150 pounds and sweat away more than two percent of body weight or three pounds, you are putting your heart under stress.

When the body is under stress, your temperature increases and performance declines. During continuous, high-intensity exercise in hot weather, you can sweat away a two to four pounds (one to two quarts) in an hour.

If you are an athlete or someone who takes exercise seriously, fluid replacement is critical. Dehydration severely limits athletic performance. Heat stroke, organ damage and possible death may result if fluids are not consumed at regular intervals during exercise.

The best way to avoid dehydration is to drink enough fluids to offset fluid loss. Drink before, during and after a workout. The serious exerciser can weigh before and after a typical workout to figure out how much fluid is needed. Consume two cups of water for each pound lost during exercise.

Thirst is not an adequate indicator of dehydration. By the time you feel thirsty you may already be dehydrated. And you can quench your thirst before the body's fluid replacement requirements are met. Sports physiologists recommend that you start drinking before you feel thirsty and keep drinking even after your thirst is quenched.

Plain water, which is easily absorbed by the body, not only is perfectly adequate but is the best beverage to drink. Leading sports physiologists have found that the difference between sports drinks and plain water is meaningful only to people who push themselves to the activity level of elitist, dedicated athletes.

Those who train or participate in events for four hours or more, may benefit from drinking a diluted sports drink.

Replenishing the body's electrolytes, which is a major selling point of sports drinks, is less important than the ads would have you believe. It is true that sodium, which helps regulate the body's fluid balance and plays a role in muscle contraction, is lost in sweat. Except, however, for athletes who compete in endurance events, exercisers needn't worry about running short on sodium or potassium. Both of these nutrients are plentiful in the American diet.

Here are some tips to keep from "running dry".

- Drink water before exercise. Drink water, diluted fruit juice or diluted sports drink during exercise, practice and competition.
- During exercise, drink about eight ounces of fluid every 15 to 20 minutes. Cold drinks are absorbed most rapidly.
- If you exercise vigorously for less than one hour, or moderately for less than two hours, water is all you need. Add a squeeze of lime or a splash of juice for variety.
- If you exercise strenuously for more than one hour, or moderately for more than two hours, you can benefit from an energy drink. Be sure the carbohydrate content doesn't exceed eight percent by weight. More than that will slow absorption and may cause stomach cramps.
- Refuel your muscles within two hours after exercise.
- Avoid drinks with caffeine or alcohol which are thought to have a dehydrating effect. Carbonated drinks tend to make you feel full, making it difficult to drink enough.
- Never restrict fluids during exercise.
- Always make fluids a part of your exercise routine.

For more information, contact Jane Frobose in Denver County, Colorado at (303) 640-5276 or e-mail: denver@coop.ext.colostate.edu or contact your local Colorado State University Extension office.

Updated Tuesday, November 27, 2007.
Benefits of Water

The human body, which is made up of between 55 and 75 percent water (lean people have more water in their bodies because muscle holds more water than fat), is in need of constant water replenishment.

Your lungs expel between two and four cups of water each day through normal breathing - even more on a cold day. If your feet sweat, there goes another cup of water. If you make half a dozen trips to the bathroom during the day, that's six cups of water. If you perspire, you expel about two cups of water (which doesn't include exercise-induced perspiration).

A person would have to lose 10 percent of her body weight in fluids to be considered dehydrated, but as little as two percent can affect athletic performance, cause tiredness and dull critical thinking abilities. Adequate water consumption can help lessen the chance of kidney stones, keep joints lubricated, prevent and lessen the severity of colds and flu and help prevent constipation.

Health benefits of water

Water is crucial to your health. It makes up, on average, 60 percent of your body weight. Every system in your body depends on water.

Lack of water can lead to dehydration, a condition that occurs when you don't have enough water in your body to carry on normal functions. Even mild dehydration - as little as a 1 percent to 2 percent loss of your body weight - can sap your energy and make you tired. Dehydration poses a particular health risk for the very young and the very old. Signs and symptoms of dehydration include:

- Excessive thirst
- Fatigue
- Headache
- Dry mouth
- Little or no urination
- Muscle weakness
- Dizziness
- Lightheadedness

How much water do you need?

Every day you lose water through sweating - noticeable and unnoticeable - exhaling, urinating and bowel movements. For your body to function properly, you need to replace this water by consuming beverages and foods that contain water. So how much water, or more precisely fluid, do you need?

This isn't an easy question to answer. A healthy adult's daily fluid intake can vary widely. Most people drink fluid to quench thirst, to supply perceived water needs and "out of habit." At least three approaches estimate total fluid (water) needs for healthy, sedentary adults living in a temperate climate.

- **Replacement approach.** The average urine output for adults is 1.5 liters a day. You lose close to an additional liter of water a day through breathing, sweating and bowel movements. Food usually accounts for 20 percent of your fluid intake, so you if you consume 2 liters of water or other beverages a day (a little more than 8 cups), along with your normal diet, you can replace the lost fluids.

- **Eight 8-ounce glasses of water a day.** Another approach to water intake is the "8 x 8 rule" - drink eight 8-ounce glasses of water a day (about 1.9 liters). The rule could also be stated, "drink eight 8-ounce glasses of
“Fluid a day,” as all fluids count toward the daily total. Though this approach isn't supported by scientific evidence, many people use this basic rule as a guideline for how much water and other fluids to drink.

- **Dietary recommendations.** The Institute of Medicine recommends that men consume 3 liters (about 13 cups) of total beverages a day and women consume 2.2 liters (about 9 cups) of total beverages a day. These guidelines are based on national food surveys that assessed people's average fluid intakes.

You can choose any of these fluid intake approaches to gauge your fluid needs. But your current total fluid intake is probably OK if you drink enough water to quench your thirst, produce a colorless or slightly yellow normal amount of urine, and feel well.

**Factors that influence water needs**
You may need to modify total fluid intake from these recommended amounts depending on several factors, including how active you are, the climate, your health status, and if you're pregnant or breast-feeding.

- **Exercise.** If you exercise or engage in any activity that makes you sweat, you'll need to drink extra water to compensate for that fluid loss. Drink 2 cups of water two hours before a long endurance event, for example, a marathon or half-marathon. One to 2 cups of water is also adequate for shorter bouts of exercise. During the activity, replenish fluids at regular intervals, and continue drinking water or other fluids after you're finished. During intense exercise involving significant sweating, for example, during a marathon, sodium is lost in sweat, and you may need a sports drink with sodium rather than just water.

- **Environment.** You need to drink additional water in hot or humid weather to help lower your body temperature and to replace what you lose through sweating. You may also need extra water in cold weather if you sweat while wearing insulated clothing. Heated, indoor air can cause your skin to lose moisture, increasing your daily fluid requirements. And altitudes greater than 2,500 meters (8,200 feet) also can affect how much water your body needs. Higher altitudes may trigger increased urination and more rapid breathing, which uses up more of your fluid reserves.

- **Illnesses or health conditions.** Some signs and symptoms of illnesses, such as fever, vomiting and diarrhea, cause your body to lose extra fluids. To replace lost fluids, drink more water or oral rehydration solutions (Gatorade, Powerade, CeraLyte, others). When water loss can't be replaced orally, intravenous water and electrolytes may be necessary. Increased water intake is nearly always advised in people with urinary tract stones. On the other hand, you may need to limit the amount of water you drink if you have certain conditions that impair excretion of water - such as heart failure and some types of kidney, liver, adrenal and thyroid diseases.

- **Pregnant or breast-feeding.** Women who are pregnant or breast-feeding need additional water to stay hydrated and to replenish the fluids lost, especially when nursing. The Institute of Medicine recommends that pregnant women drink 2.3 liters (nearly 10 cups) of fluids a day and women who breast-feed consume 3.1 liters (about 13 cups) of fluids a day.

**Beyond the tap: Many sources of water**
You don't need to sip from your water bottle all day to satisfy your fluid needs. Your diet, including the beverages you drink, can provide a large portion of what you need. In an average adult diet, food provides about 20 percent of total water intake. The remaining 80 percent comes from beverages of all kinds.

**Fruits and vegetables** - besides being good sources of vitamins, minerals and fiber - contain lots of water. For example, oranges are 87 percent water, and cucumbers are 95 percent water. Milk, juice and other beverages also have large amounts of water. Conversely, dried fruits, nuts, grain products and baked goods generally contain less water.

**Make it count: Meet your water needs through food and beverages**
Alcohol - such as beer and wine - and caffeinated beverages - such as coffee, tea or soda - can contribute to your total
fluid intake. But your best beverage is still water. Water is calorie-free, inexpensive when drawn from a faucet or fountain, and readily available in and out of your home.

**Thirst not always a reliable gauge**

If you're healthy and not in any dehydrating conditions, you can generally use your thirst as an indicator of when to drink water. But thirst isn't always an adequate gauge of your body's need for fluid replenishment. The older you are, the less you're able to sense that you're thirsty. And during vigorous exercise, an important amount of your fluid reserves may be lost before you feel thirsty. So make sure that you're sufficiently hydrated before, during and after exercise.

Increased thirst and increased urination, both in volume and frequency, can be signs and symptoms of diabetes. With diabetes, excess blood sugar (glucose) in your body draws water from your tissues, making you feel dehydrated. To quench your thirst, you drink a lot of water and other beverages and that leads to more frequent urination. If you notice unexplained increases in your thirst and urination, see your doctor. It may not necessarily mean you have diabetes. It could be something else. And some people consume large amounts of water and experience increased urine output not associated with any underlying disease.

**Diabetes - Staying safely hydrated**

Make a conscious effort to keep yourself hydrated and make water your beverage of choice. Nearly every healthy adult can consider the following:

- Drink a glass of water with each meal and between each meal.
- Take water breaks instead of coffee or tea breaks.
- Substitute sparkling water for alcoholic drinks at social gatherings.

If you drink water from a bottle, thoroughly clean or replace the bottle often. Every time you drink, bacteria from your mouth contaminate water in the bottle. If you use a bottle repeatedly, make sure that the bottle is designed for reuse. To keep it clean, wash your container in hot, soapy water or run it through a dishwasher before refilling it.

Though uncommon, it's possible to drink too much water. Drinking excessive amounts can overwhelm your kidneys' ability to get rid of the water. This can lead to hyponatremia, a condition in which excess water intake dilutes the normal amount of sodium in the blood. People who are older, who have certain medical conditions such as congestive heart failure and cirrhosis, or who are taking certain diuretics are at higher risk of hyponatremia.
TYPES OF STRETCHING

Just as there are different types of flexibility, there are also different types of stretching. Stretches are either dynamic (meaning they involve motion) or static (meaning they involve no motion). Dynamic stretches affect dynamic flexibility and static stretches affect static flexibility (and dynamic flexibility to some degree).

The different types of stretching are:

1. ballistic stretching
2. dynamic stretching
3. active stretching
4. passive (or relaxed) stretching
5. static stretching
6. isometric stretching
7. PNF stretching

Ballistic Stretching

Ballistic stretching uses the momentum of a moving body or a limb in an attempt to force it beyond its normal range of motion. This is stretching, or "warming up", by bouncing into (or out of) a stretched position, using the stretched muscles as a spring which pulls you out of the stretched position. (e.g. bouncing down repeatedly to touch your toes.) This type of stretching is not considered useful and can lead to injury. It does not allow your muscles to adjust to, and relax in, the stretched position. It may instead cause them to tighten up by repeatedly activating the stretch reflex.

Dynamic Stretching

Dynamic stretching, according to Kurz, "involves moving parts of your body and gradually increasing reach, speed of movement, or both." Do not confuse dynamic stretching with ballistic stretching! Dynamic stretching consists of controlled leg and arm swings that take you (gently!) to the limits of your range of motion. Ballistic stretches involve trying to force a part of the body beyond its range of motion. In dynamic stretches, there are no bounces or "jerky" movements. An example of dynamic stretching would be slow, controlled leg swings, arm swings, or torso twists.

Dynamic stretching improves dynamic flexibility and is quite useful as part of your warm-up for an active or aerobic workout (such as a dance or martial-arts class).

According to Kurz, dynamic stretching exercises should be performed in sets of 8-12 repetitions:

Perform your exercises (leg raises, arm swings) in sets of eight to twelve repetitions. If after a few sets you feel tired - stop. Tired muscles are less elastic, which causes a decrease in the amplitude of your movements. Do only the number of repetitions that you can do without decreasing your range of motion. More repetitions will only set the nervous regulation of the muscles' length at the level of these less than best repetitions and may cause you to lose some of your flexibility. What you repeat more times or with a greater effort will leave a deeper trace in your [kinesthetic] memory! After reaching the maximal range of motion in a joint in any direction of movement, you should not do many more repetitions of this movement in a given workout. Even if you can maintain a maximal range of motion over many repetitions, you will set an unnecessarily solid memory of the range of these movements. You will then have to overcome these memories in order to make further progress.
Active Stretching

*Active stretching* is also referred to as *static-active stretching*. An active stretch is one where you assume a position and then hold it there with no assistance other than using the strength of your agonist muscles. For example, bringing your leg up high and then holding it there without anything (other than your leg muscles themselves) to keep the leg in that extended position. The tension of the agonists in an active stretch helps to relax the muscles being stretched (the antagonists) by reciprocal inhibition (see section *Reciprocal Inhibition*).

Active stretching increases active flexibility and strengthens the agonistic muscles. Active stretches are usually quite difficult to hold and maintain for more than 10 seconds and rarely need to be held any longer than 15 seconds.

Many of the movements (or stretches) found in various forms of yoga are active stretches.

Passive Stretching

*Passive stretching* is also referred to as *relaxed stretching*, and as *static-passive stretching*. A passive stretch is one where you assume a position and hold it with some other part of your body, or with the assistance of a partner or some other apparatus. For example, bringing your leg up high and then holding it there with your hand. The splits is an example of a passive stretch (in this case the floor is the “apparatus” that you use to maintain your extended position).

Slow, relaxed stretching is useful in relieving spasms in muscles that are healing after an injury. Obviously, you should check with your doctor first to see if it is okay to attempt to stretch the injured muscles.

Relaxed stretching is also very good for "cooling down" after a workout and helps reduce post-workout muscle fatigue, and soreness.

Static Stretching

Many people use the term "passive stretching" and "static stretching" interchangeably. However, there are a number of people who make a distinction between the two. According to M. Alter:

*Static stretching* involves holding a position. That is, you stretch to the farthest point and hold the stretch ...

*Passive stretching* is a technique in which you are relaxed and make no contribution to the range of motion. Instead, an external force is created by an outside agent, either manually or mechanically.

Notice that the definition of passive stretching given in the previous section encompasses both of the above definitions. Throughout this document, when the term *static stretching or passive stretching* is used, its intended meaning is the definition of passive stretching as described in the previous section. You should be aware of these alternative meanings, however, when looking at other references on stretching.

Isometric Stretching

*Isometric stretching* is a type of static stretching (meaning it does not use motion) which involves the resistance of muscle groups through isometric contractions (tensing) of the stretched muscles (see section *Types of Muscle Contractions*). The use of isometric stretching is one of the fastest ways to develop increased static-passive flexibility and is much more effective than either passive stretching or active stretching alone. Isometric stretches also help to develop strength in the "tensed" muscles (which helps to develop static-active flexibility), and seems to decrease the amount of pain usually associated with stretching.
The most common ways to provide the needed resistance for an isometric stretch are to apply resistance manually to one's own limbs, to have a partner apply the resistance, or to use an apparatus such as a wall (or the floor) to provide resistance.

An example of manual resistance would be holding onto the ball of your foot to keep it from flexing while you are using the muscles of your calf to try and straighten your instep so that the toes are pointed.

An example of using a partner to provide resistance would be having a partner hold your leg up high (and keep it there) while you attempt to force your leg back down to the ground.

An example of using the wall to provide resistance would be the well known "push-the-wall" calf-stretch where you are actively attempting to move the wall (even though you know you can’t).

Isometric stretching is not recommended for children and adolescents whose bones are still growing. These people are usually already flexible enough that the strong stretches produced by the isometric contraction have a much higher risk of damaging tendons and connective tissue. Kurz strongly recommends preceding any isometric stretch of a muscle with dynamic strength training for the muscle to be stretched. A full session of isometric stretching makes a lot of demands on the muscles being stretched and should not be performed more than once per day for a given group of muscles (ideally, no more than once every 36 hours).

The proper way to perform an isometric stretch is as follows:

1. Assume the position of a passive stretch for the desired muscle.
2. Next, tense the stretched muscle for 7-15 seconds (resisting against some force that will not move, like the floor or a partner).
3. Finally, relax the muscle for at least 20 seconds.

Some people seem to recommend holding the isometric contraction for longer than 15 seconds, but according to SynerStretch (the videotape), research has shown that this is not necessary. So you might as well make your stretching routine less time consuming.

**How Isometric Stretching Works**

Recall from our previous discussion (see section How Muscles Contract) that there is no such thing as a partially contracted muscle fiber: when a muscle is contracted, some of the fibers contract and some remain at rest (more fibers are recruited as the load on the muscle increases). Similarly, when a muscle is stretched, some of the fibers are elongated and some remain at rest (see section What Happens When You Stretch). During an isometric contraction, some of the resting fibers are being pulled upon from both ends by the muscles that are contracting. The result is that some of those resting fibers stretch!

Normally, the handful of fibers that stretch during an isometric contraction are not very significant. The true effectiveness of the isometric contraction occurs when a muscle that is already in a stretched position is subjected to an isometric contraction. In this case, some of the muscle fibers are already stretched before the contraction, and, if held long enough, the initial passive stretch overcomes the stretch reflex and triggers the lengthening reaction, inhibiting the stretched fibers from contracting. At this point, according to SynerStretch:

When you isometrically contracted, some of the resting fibers would contract, many of the resting fibers would stretch, and many of the already stretched fibers, which are being prevented from contracting by the inverse myotatic reflex [the lengthening reaction], would stretch even more. When the isometric contraction was relaxed and the contracting fibers returned to their resting length, the stretched fibers would retain their ability to stretch beyond their normal limit. ... the whole muscle would be able to stretch beyond its initial maximum, and you would have increased flexibility ...
The reason that the stretched fibers develop and retain the ability to stretch beyond their normal limit during an isometric stretch has to do with the muscle spindles (see section Proprioceptors): The signal which tells the muscle to contract voluntarily, also tells the muscle spindle's (intrafusal) muscle fibers to shorten, increasing sensitivity of the stretch reflex. This mechanism normally maintains the sensitivity of the muscle spindle as the muscle shortens during contraction. This allows the muscle spindles to habituate (become accustomed) to an even further-lengthened position.

PNF Stretching

PNF stretching is currently the fastest and most effective way known to increase static-passive flexibility. PNF is an acronym for proprioceptive neuromuscular facilitation. It is not really a type of stretching but is a technique of combining passive stretching and isometric stretching in order to achieve maximum static flexibility. Actually, the term PNF stretching is itself a misnomer. PNF was initially developed as a method of rehabilitating stroke victims. PNF refers to any of several post-isometric relaxation stretching techniques in which a muscle group is passively stretched, then contracts isometrically against resistance while in the stretched position, and then is passively stretched again through the resulting increased range of motion. PNF stretching usually employs the use of a partner to provide resistance against the isometric contraction and then later to passively take the joint through its increased range of motion. It may be performed, however, without a partner, although it is usually more effective with a partner's assistance.

Most PNF stretching techniques employ isometric agonist contraction/relaxation where the stretched muscles are contracted isometrically and then relaxed. Some PNF techniques also employ isometric antagonist contraction where the antagonists of the stretched muscles are contracted. In all cases, it is important to note that the stretched muscle should be rested (and relaxed) for at least 20 seconds before performing another PNF technique. The most common PNF stretching techniques are:

the hold-relax

This technique is also called the contract-relax. After assuming an initial passive stretch, the muscle being stretched is isometrically contracted for 7-15 seconds, after which the muscle is briefly relaxed for 2-3 seconds, and then immediately subjected to a passive stretch which stretches the muscle even further than the initial passive stretch. This final passive stretch is held for 10-15 seconds. The muscle is then relaxed for 20 seconds before performing another PNF technique.

the hold-relax-contract

This technique is also called the contract-relax-contract, and the contract-relax-antagonist-contract (or CRAC). It involves performing two isometric contractions: first of the agonists, then, of the antagonists. The first part is similar to the hold-relax where, after assuming an initial passive stretch, the stretched muscle is isometrically contracted for 7-15 seconds. Then the muscle is relaxed while its antagonist immediately performs an isometric contraction that is held for 7-15 seconds. The muscles are then relaxed for 20 seconds before performing another PNF technique.

the hold-relax-swing

This technique (and a similar technique called the hold-relax-bounce) actually involves the use of dynamic or ballistic stretches in conjunction with static and isometric stretches. It is very risky, and is successfully used only by the most advanced of athletes and dancers that have managed to achieve a high level of control over their muscle stretch reflex. It is similar to the hold-relax technique except that a dynamic or ballistic stretch is employed in place of the final passive stretch.

Notice that in the hold-relax-contract, there is no final passive stretch. It is replaced by the antagonist-contraction which, via reciprocal inhibition, serves to relax and further stretch the muscle that was subjected to the initial passive stretch. Because there is no final passive stretch, this PNF technique is considered one of the safest PNF techniques to perform (it is less likely to result in torn muscle tissue). Some people like to make the technique even more intense by adding the final passive stretch after the second isometric contraction. Although this can result in greater flexibility gains, it also increases the likelihood of injury.
Even more risky are dynamic and ballistic PNF stretching techniques like the hold-relax-swing, and the hold-relax-bounce. If you are not a professional athlete or dancer, you probably have no business attempting either of these techniques (the likelihood of injury is just too great). Even professionals should not attempt these techniques without the guidance of a professional coach or training advisor. These two techniques have the greatest potential for rapid flexibility gains, but only when performed by people who have a sufficiently high level of control of the stretch reflex in the muscles that are being stretched.

Like isometric stretching, PNF stretching is also not recommended for children and people whose bones are still growing (for the same reasons. Also like isometric stretching, PNF stretching helps strengthen the muscles that are contracted and therefore is good for increasing active flexibility as well as passive flexibility. Furthermore, as with isometric stretching, PNF stretching is very strenuous and should be performed for a given muscle group no more than once per day (ideally, no more than once per 36 hour period).

The initial recommended procedure for PNF stretching is to perform the desired PNF technique 3-5 times for a given muscle group (resting 20 seconds between each repetition). However, HFLTA cites a 1987 study whose results suggest that performing 3-5 repetitions of a PNF technique for a given muscle group is not necessarily any more effective than performing the technique only once. As a result, in order to decrease the amount of time taken up by your stretching routine (without decreasing its effectiveness), HFLTA recommends performing only one PNF technique per muscle group stretched in a given stretching session.

**How PNF Stretching Works**

Remember that during an isometric stretch, when the muscle performing the isometric contraction is relaxed, it retains its ability to stretch beyond its initial maximum length. Well, PNF tries to take immediate advantage of this increased range of motion by immediately subjecting the contracted muscle to a passive stretch.

The isometric contraction of the stretched muscle accomplishes several things:

1. As explained previously, it helps to train the stretch receptors of the muscle spindle to immediately accommodate a greater muscle length.
2. The intense muscle contraction, and the fact that it is maintained for a period of time, serves to fatigue many of the fast-twitch fibers of the contracting muscles. This makes it harder for the fatigued muscle fibers to contract in resistance to a subsequent stretch.
3. The tension generated by the contraction activates the golgi tendon organ, which inhibits contraction of the muscle via the lengthening reaction. Voluntary contraction during a stretch increases tension on the muscle, activating the golgi tendon organs more than the stretch alone. So, when the voluntary contraction is stopped, the muscle is even more inhibited from contracting against a subsequent stretch.

PNF stretching techniques take advantage of the sudden "vulnerability" of the muscle and its increased range of motion by using the period of time immediately following the isometric contraction to train the stretch receptors to get used to this new, increased, range of muscle length. This is what the final passive (or in some cases, dynamic) stretch accomplishes.
LEARNING OBJECTIVES:
1. Discuss the value of research to the massage therapy profession as well as its place in allied/complementary medicine.
2. Demonstrate the ability to locate credible research articles in health related journals as well as read, interpret and evaluate technical information found.
3. Demonstrate the ability to speak in front of a group of people.
4. Determine biases and limitations in the findings or promises the articles are based on.
5. Articulate your findings in an easy to understand manner as if speaking with a potential client or another health care professional.

Resources:

- AMTA
- BRAUN & SIMONSON: *Introduction to Massage Therapy*
- FRITZ: *Fundamentals of Therapeutic Massage*
- HYMEL: *Research Methods for Massage and Holistic Therapies*
- SALVO, Susan: *Massage Therapy, Principles and Practice*

Reports will be presented in class beginning week 1 of Semester 2
RESEARCH

Massage therapy has been practiced for thousands of years. There is evidence of it in cave times. There is evidence during the Biblical period, dark ages, middle ages and all throughout history. Throughout history, massage has been used as part of health care. There are many things that have always been believed to be true about massage. Why should we just now begin to concern ourselves with researching what has always been known as a beneficial treatment for many ailments? Research is the difference between beliefs and truths.

It is first important to look back at the history of massage and bear in mind that research had taken place. Hippocrates did not just decide one day that massage was the best treatment. There is written documentation of research in England as well as from American physicians. One American physician researched massage in China, wrote extensively about it and was published in medical journals. At some point in time during the twentieth century (probably after the introduction of penicillin) massage fell out of favor and research into labor intensive treatments was discontinued.

Research in modern times proves scientifically the benefits of massage. It is conducted in very specific ways to prove that the research is valid and non-biased. It involves statistics, specific methods and controls. Valid research studies are then published and reviewed by peers adding validity to the research process. Others are able to examine the study and conclude that it was done in an appropriate manner as well as if the findings are accurate and significant. This evidence of the validity of massage proves to both the scientific community and the average person the true benefits of massage. Sandy Fritz describes the importance of research very well in her text, *Fundamentals of Therapeutic Massage*. She states that, “Only a growing body of research and data replication that establishes the positive biochemical and behavioral reaction to touch will convince the medical profession that massage is therapeutic.

As a therapist this research will benefit you and your clientele in addition to the medical profession. Research adds to the professionalism of health care. It also proves that massage is truly both a preventative intervention as well as a treatment. In the past many contraindications were listed as such with no valid documentation. With the addition of research, it is now known that some past contraindications for massage are truly an indication. It is through research that we understand exactly the physiological effects of massage on the body. It is with that knowledge and understanding that it can be determined which conditions can be treated with massage and which conditions should be considered as a contraindication.

Therapists with access to research studies are able to show clients and other health professionals the research to back up their statements and beliefs. They are therefore better equipped to treat clients and build the profession. Many medical schools, however, are beginning to integrate massage research as part of their
education for possible treatments. Educating the public and future medical practitioners furthers the massage profession as a whole. With this education, the medical community and public will have a greater understanding of benefits and the training of a massage therapist. It also confirms that massage therapy is truly a complementary medicine. Unfortunately, there are still some health professionals who have not been informed of the massive amount of favorable massage research. This lack of knowledge has a direct effect on the client/patient who may not receive the best possible care. This is when good communication with the client and their medical practitioner is important.

It is essential that massage therapists be able to obtain the latest research, be able to understand and evaluate it, and be able to communicate it to both clients and other medical professionals. Research is available through the World Wide Web and through professional journals. Studies should be read carefully and evaluated for their validity and impact. Therapists should also be comfortable sharing those research findings in a manner that reflects the understanding of the listener in terms of plain English to a client or medical terminology when speaking to a medical professional.
ORAL REPORT GUIDELINES

The following is the information needed to present your oral report:

- Form small groups (instructor discretion as to size)

- Locate and read a research article that your group has found in a health related journal or on the internet. This must be actual research and not just a news or informative article presented in a journal.

- Present to the class the following information:
  1. Research study title and the purpose of the research.
  2. List the statistical tests used.
  3. State the sample size used and if the group size was okay or not, and why?
  4. The outcomes of the research.
  5. The strengths and limitations of the research.
  6. Was there any follow-up and was the duration of the follow-up okay, or not okay and why?
  7. Was the completeness of follow-up okay, and why?
  8. The clinical implications for patients/clients or other health care practitioners?
  9. How does the research apply to the student and/or the massage therapy profession?
 10. Ideas for future research.
 11. Overview of the study?
 12. What were the researchers trying to prove?
 13. Did they prove their hypothesis?
 14. Do you feel it was a quality study or did it lack some key elements?
 15. What are your opinions on the research and its findings?

The presentation should be 10 to 15 minutes in length. Each member of the group must present some of the information.

Presentations will begin week 1 of Semester 2.
ORAL REPORT CHECKLIST

This checklist serves a dual purpose:

1) The Student should use this checklist as you are writing your report; you will be given a Pass/Fail grade based on your ability to include all of the points of the checklist in your Oral Report.

2) This checklist is to be used by the Instructor to grade the student’s Oral Report. The student is required to show the points in the checklist in order to pass this assignment. If there is more than one item not checked, the student fails the Oral Report portion of their grade. The Student must present the report again including the items that were missed during the original presentation to receive a passing grade for the Oral Report.

☐ Locate and read a research article that your group has found in a health related journal or on the internet. This must be actual research and not just a news or informative article presented in a journal.

Present to the class the following information:

☐ Research study title and the purpose of the research.
☐ List the statistical tests used
☐ State the sample size used and if the group size was okay or not, and why?
☐ The outcomes of the research and its relevance/value to the field of massage.
☐ The strengths and limitations of the research.
☐ Was there any follow-up and was the duration of the follow-up okay, or not okay and why?
☐ Was the completeness of follow-up okay, and why?
☐ The clinical implications for patients/clients or other health care practitioners?
☐ Ideas for future research.
☐ Overview of the study?
☐ What were the researchers trying to prove?
☐ Did they prove their hypothesis?
☐ Do you feel it was a quality study or did it lack some key elements?
☐ What are your opinions on the research and its findings?
Available Resources to Locate Research Studies

Some websites will have abstract (a type of overview of a study), abstract plus (a longer version) and full documents available. The abstract is a wonderful tool to determine if this is the type of study you are interested in learning more about. However, the abstract does not have enough information for this requirement. Many of the sites will have a box that can be checked or where it can be determined if you are viewing a full document rather than an abstract. Please use the full document study for this requirement.

Useful Web Sites:

AMTA Foundation: http://www.amtafoundation.org

AMTA Massage Therapy Journal: http://www.amtamassage.org/research/index.html

Canadian Touch Research Center: http://www.ccrt-ctrc.org

Research Council for Complementary Medicine: http://www.rccm.org.uk/

CMTA research: http://www.cmta.ca

Cochrane Reviews: http://www.cochranelibrary.com

Internet Health Library: www.internethealthlibrary.com

Massage and Bodywork: www.massagetherapyfoundation.org

Massage Therapy Foundation: www.massageandbodywork.com

Massage Today: www.massagetoday.com


Medlineplus: http://www.medlineplus.gov


Touch Research Institute: www.miami.edu/touch-research

These are just a few of the websites that are available.
LEARNING OBJECTIVES:
By the end of this session, the student will be expected to:

1. List equipment used for chair massage.
2. State reasons why and list the environments in which a massage therapist might choose to use chair massage.
3. Demonstrate procedures of sanitation and hygiene for on-site chair massage.
4. Demonstrate how to properly adjust the chair for a client.
5. Demonstrate proper body mechanics and safety considerations when working with a client in the seated position.
6. Demonstrate effective communication skills with client before, during and after the massage.
7. Demonstrate ability to perform a basic seated massage routine.
8. Demonstrate ability to perform Pelvic Stabilization based on indications and contraindications.

SEATED MASSAGE
Seated Massage is often referred to as Chair Massage.

David Palmer introduced seated massage to the workplace in the early 1980s. His goal was to make massage therapy safe, convenient, affordable for anyone, anywhere, anytime.

Environments for Seated Massage

<table>
<thead>
<tr>
<th>Airports</th>
<th>Beauty Salons</th>
<th>Businesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic offices</td>
<td>Concerts</td>
<td>Day Spas</td>
</tr>
<tr>
<td>Fairs and Festivals</td>
<td>Golf courses</td>
<td>Health food stores</td>
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<tr>
<td>Hospitals</td>
<td>Hospices</td>
<td>Locker rooms</td>
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<tr>
<td>Nursing homes</td>
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<tr>
<td>Retail Stores</td>
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<tr>
<td>Sporting Events</td>
<td>Teams</td>
<td>Street Corners</td>
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</table>
Benefits for Seated Massage
- Charge for a seated massage session is $1.00 per minute.
- No need for the client to disrobe.
- Lubricants typically are not used.
- Clients feel less vulnerable seated in a chair than lying on a table.
- Client’s time commitment is less, especially when the therapist comes to the client.
- Promotional tool to introduce massage to the public.
- Great for the client who has difficulty getting on and off a massage table.
- Great for the client who can not lie down.

Sanitization and Hygiene Considerations
- Use antimicrobial disposable towel or hand sanitizer.
- Clean the equipment with the antimicrobial towel or sanitizer spray and paper towels.
- Antimicrobial skin barriers can further protect your hands.
- Face cradle cover for client comfort and chair protection.

Safety Considerations
- Demonstrate the proper way to get on and off the massage chair.
- Keep the area clear and unobstructed for you and your client.

Body Mechanics
- Lunge (bow) stance
- Feet and body in the direction of force
- Back straight
- Head up
- Movement comes from your pelvis
- Elbows slightly flexed
- Wrists should not be extended more than 45 degrees.
- “Stacking the bones”
- Relaxed body
- Breath

Adjusting the Chair
- Face Cradle
- Chest Pad
- Arm Rest

Communication
- Health Concerns: list ones of concern (diabetes, cancer, heart disease, broken bones, etc)
- Explain what you will be doing during the session
- Consent to work the head
- Pressure

Massage Routine
- Watch a demonstration
- Be creative, use the techniques that you have learned in class as well as seminars and create a routine
- See MTPP chapter 15 for a possible flow pattern to get you started
**PELVIC STABILIZATION** – Isometric Contractions (will be repeated in Semester 2)

**Anterior Rotation (Tilt) Correction**

**Client Position:** Supine

**Indications:** Used to correct an anterior rotation/tilt of the pelvis

**Contraindications:** Do not perform these techniques on someone who has had a hip replacement, loose ligaments/hypermobility or low back pain.

1. After supine posture analysis, lower the client’s short leg off the table with therapist on the same side.
2. Therapist places superior hand on the opposite ASIS, this hand must hold firmly to insure that no movement of the hip occurs.
3. Place the inferior hand on the thigh just proximal to the knee.
4. Ask the client to raise their upper leg toward the ceiling with about 20% of their strength with therapist meeting it equally to allow no movement to occur.
5. Repeat 2 more times. However during each repetition the leg will be lowered farther toward the floor. (Optional movement: the leg can also be moved laterally)
6. Repeat on the opposite leg.

**NOTE:** Alternative client position can be used for client’s with low-back pain. Instead of having leg off table, leg can remain on table with other knee bent.

**Pubic Symphysis Correction**

**Client Position:** Supine with knees bent; Heels placed 10 – 12” from the gluts with ankles together.

**Indications:** To correct the alignment of the pubic symphysis

**Contraindications:** Do not perform these techniques on someone who has had a hip replacement or loose ligaments.

1. **Outward Movements** – The client moves their knees apart, while the therapist resists with equal pressure on the lateral part of client’s knees.
   - **1st position:** Knees together
   - **2nd position:** Knees 6” – 10” apart
   - **3rd position:** Knees 12” – 16” apart
2. **Inward Movements** – The client moves their knees together, while the therapist resists with equal pressure on the medial portion of client’s knees.
   - **1st position:** Knees 12” – 16” apart
   - **2nd position:** Knees 6” – 10” apart
   - **3rd position:** Knees almost together

**NOTE:** Be careful when working with male clients, as they may pinch themselves. They may need to readjust before using this technique.
CLINICAL SOFT TISSUE TECHNIQUES

LECTURE OUTLINE:
Condition Management

CST101-II
Sessions 3 & 4

LEARNING OBJECTIVES:
By the end of the session, the student will be expected to:

1. Apply and explain considerations of client/condition management in massage practice.
2. Define indication, contraindication, general avoidance and inflammation.
3. For each pathology / disease:
   a. Define.
   b. Explain application to massage therapy.
   c. Integrate information into massage practice.

References:
Massage Therapy Practice and Principles, 4th Edition by Susan Salvo = MTPP
Pathology for Massage Therapists, by Salvo and Anderson= PATH
Introduction to Massage Therapy, by Braun and Simonson
The Essential Massage Companion, by Dr. Bryan A. Born.
A Massage Therapist’s Guide to Pathology, by Werner and Benjamin.

Objective of Client Management Outline:
Below are guidelines/protocols for all Blue Sky students to follow during the remainder of your education (especially in Student Clinic). These guidelines were created in order to give guidance to students when presented with clients with different types of disorders, pathologies, diseases or taking medications. Please follow these guidelines for remainder of your education.

In Semester 2, the objective will be for the students to assess clients on their own and CRITICALLY THINK. This will lead to the students developing their own treatment plans based on each individual client.
1) **IMPORTANT NOTES:**

- We are treating individuals *NOT* conditions or diseases.
- Various factors are taken into account when choosing what kind of massage or bodywork to use for each session/client:
  - Our client’s medical, physical and emotional conditions.
  - If the client has any diseases.
  - What medications the client may be taking
- Everyone needs touch. When you work on a client, work with confidence and nurturing intent. **Come from the heart.**
- **Communication** is *EXTREMELY* important, therefore ask the client what they need and empower them to ask questions especially during the session.
  - If you are not familiar with a medical condition or disease, **ASK THE CLIENT** about it (i.e. how it affects them, if they have had massage since being diagnosed, what their limitations are physically, etc.).
- Clients don’t always need "hands on" massage or deep tissue work. Remember to utilize all of the skills you have or will learn (Lymphatic, Polarity, Jin Shin Do, Reiki, etc.).
- The following information is a guideline *ONLY...not gospel.* Use your judgment and logical thinking to understand why/why not to perform a technique.
- When in doubt don’t.
- When the client requests a massage but you are unsure if the timing is right based on the disease, ask for a physician’s written approval before you give the massage.
- Consider a shorter lighter massage for clients that may have a stressed or weaker immune system.

2) **DEFINITIONS:**

**Indication:** A therapeutic application that **promotes** health or **assists** in a process.

**Contraindication:** Any condition that renders a particular treatment **improper** or **undesirable.**

**General avoidance:** Factors that require a physician’s evaluation to rule out serious underlying conditions before any massage is indicated.

**Local/regional avoidance:** Do massage, but avoid a particular area

**Inflammation:** Heat, redness, swelling, and pain are all signs of inflammation. Do not massage areas of inflammation.
3) **DISEASES / PATHOLOGIES**

**DIABETES** (also known as diabetes mellitus): A metabolic disorder that leads to elevated blood glucose (sugar) levels.

**Massage Application:**

- Light to moderate pressure works well if the medical condition is under control. If the client tolerates massage well and has no loss of sensation, deeper pressure can be used. However, area around last insulin injection site should be avoided.

- Massage can affect blood sugar levels, discuss this with client before beginning massage. Ask if they notice certain signs that their blood sugar is high/low and if they have anything (food or insulin) on hand should it change dramatically.

- Check in with the client to make sure they are not light headed or dizzy. If they are, get the clinic supervisor and end the session.

- Clients with diabetes should wait an extra few minutes to make sure they are stable before leaving the building.

- Watch for diabetic ulcers as well as be aware of possible neuropathy.

**HEART DISEASE** (a circulatory disorder)

**HEART ATTACKS** (also called myocardial infarction or MI): Death of the myocardial (heart) tissue due to an interrupted blood supply (coronary).

**Massage Application:**

- Light to moderate pressure works well if the medical condition is stable.

- Be aware of any medications client may be taking (aspirin, etc).

**CONGESTIVE HEART FAILURE:** Heart is failing to pump blood to body.

**Massage Application:**

- Do NOT give this client a massage; however energy work may be helpful especially to help control or reduce stress for this client.

**HYPERTENSION** (a circulatory disorder): High blood pressure.

**Massage Application:**

- If it is under control light to moderate pressure is suggested.

- Client may be a bit light headed when they get up, so assist them or encourage them to sit on the edge of the table for a few minutes to ensure that they don’t experience any dizziness or lightheadedness.
CANCER

Determine how long the client has had cancer, if it is "active" or in remission.

- “Active” is when a client has less than 5 years of remission.
- “Cured” is when the client has been in remission for 5 or more years.

Massage Application:

- If a client has been in remission for less than 5 years, then massage **must not** be performed unless the client brings a written permission notice from a physician.
- If the client has been considered "cured," you may proceed with the massage.
- The American Cancer Society advocates massage to comfort and help improve the quality of life for patients with cancer. Current research shows it helps relieve pain, side-effects from chemotherapy and increases lymphocytes and natural killer cell counts.
- A shorter, lighter massage is most appropriate for a client with cancer. Modify length to client’s tolerance.
- If massage is performed, do not work directly on the following:
  
  A tumor
  Undiagnosed swelling
  Thickening of tissue
  Radiation burns
  IV site
  Rash
  Lyphedema. (**NOTE:** Blue Sky training in lymphatic massage DOES NOT mean you are qualified to work on an area of lymphedema).

- If client is feeling nauseous, do not use rocking, shaking or tapotement techniques.
- Wait 48 hours to perform massage on a client that is receiving chemotherapy or wear gloves as chemo can leach out of the clients body and be absorbed by the therapist
- Avoid working with clients who are not feeling physically or emotionally well.
- Do not massage if client has a fever.
- Avoid using scented lotions or oils as well as personal fragrances.
CANCER continued

- Client who is undergoing radiation or chemotherapy is more susceptible to bruising - use a lighter pressure or a more gentle technique such as Reiki, Polarity, or Craniosacral Therapy or consider just working the hands, feet or face.

- Use caution with ROM or stretching

VARICOSE VEINS (a circulatory disorder): Dilated veins possessing incompetent valves. Twisted or "ropey" superficial veins found more often in women than men.

Massage Application:

- This was previously considered a contraindication, however, new recommendations are to use a very light effleurage stroke. Avoiding these areas leaves a disconnected feeling. Clients will appreciate the touch to this area that may cause some discomfort.

- Massage the proximal areas before moving to the distal areas as this helps decongest the proximal blood vessels that eventually drain blood from the distal vessels.

- Deep massage is contraindicated.

FIBROMYALGIA: A chronic condition that produces musculoskeletal pain. The cause is unknown and the list of additional symptoms varies from person to person. Check with your client to determine how their fibromyalgia affects them.

Massage Application:

- A full body relaxation massage of short duration is indicated.

- Use pressure as tolerated by client. Check on every new area you work and check pressure each and every visit. Clients may change the type of work they want (i.e. light or heavy pressure) from session to session as well as body part to body part (i.e. the left arm may be more sensitive than the right). Check with the client before and during each session to determine if the pressure is appropriate as their tolerance can change dramatically.

- For a first time client, err on pressure that is light and increase the pressure with future visits as tolerated by the client.

- Clients are hypersensitive and easy to over treat.

- Energy work may be appropriate if client is extremely hypersensitive.

- Cold application is contraindicated.
MULTIPLE SCLEROSIS (a nervous system/autoimmune condition): A disorder that progressively affects the myelin sheath (covering) of the neurons in the brain and spinal cord thereby affecting the entire nervous system. Symptoms and severity vary from person to person. Check with your client as to how it affects them.

Massage Application:

- The goal is to relax the client and decrease the tone in the muscle.
- Shorter, lighter sessions are recommended for clients who are severely affected, but some clients who may be in remission or have fewer symptoms may tolerate a variety of techniques and pressures quite well.
- Relaxing strokes used repetitively and rhythmically are beneficial. This affects the neuro-chemicals that aid in reducing depression, which may accompany this disease.
- Hydrotherapy and extreme temperatures are typically contraindicated as it can cause client to feel weak. You should check with each, individual client and ask how he or she personally tolerates temperature changes. If they can tolerate heat/cold, moderate temperatures are best.

OSTEOARTHRITIS: A chronic degenerative joint disease, typically caused by a breakdown of the cartilage which can be due to age, joint injury, obesity or mechanical stress.

Massage Application:

- If the client is in an acute inflammatory stage, massage is contraindicated over the affected joints; however energy work may be appropriate.
- If the client has chronic osteoarthritis, massage is indicated to relax muscles, which will in turn reduce pain.
- Pressure as tolerated by client.
- Heat can help increase circulation and decrease stiffness.

RHEUMATOID ARTHRITIS: An autoimmune disease that affects multiple systems, producing degenerative changes in connective tissue and inflammation in synovial membranes.

Massage Application:

- If client is in an acute inflammatory stage, massage is contraindicated over the affected joints; however energy work may be appropriate.
- If the client has chronic rheumatoid arthritis, massage is indicated to relax muscles, which will, in turn, reduce pain. Massage may also help to balance the autonomic nervous system, which may reduce the incidence of flare up.
- Massage should be shorter in duration.
- Hot packs help alleviate pain.
4) **SKIN CONDITIONS:**

- **NOTE:** If the skin has been compromised in any way (broken skin, open skin, scabbed skin, etc.) the area is at least considered a local contraindication.

**COMMON WARTS:** (also known as verruca): A mass of cutaneous elevations caused by a contagious virus.

**Massage Application:**

- A local contraindication or gloves and tea tree oil can be used if the therapist chooses to work on the feet.

**CONTACT DERMATITIS:** A non-contagious skin rash usually brought about by an irritation or allergic reaction

**Massage Application:**

- This should be treated as a local contraindication. However if rash is from an unknown cause you may want to encourage your client to reschedule. Massage does affect histamine levels and therefore the client may break out in other areas or could be more sensitive to any lubrication used.

**ECZEMA:** An acute or chronic superficial inflammation characterized by redness and/or any of the following: watery discharge, crusting, scaling, itching, and burning or may look like extremely dry skin. It is a non-contagious skin rash usually brought about by an irritation or allergic reaction.

**Massage Application:**

- This should be treated as a local contraindication. Calendula cream can be used on the area to help soothe the rash

**HIVES:** A non-contagious allergic reaction characterized by intense itching and patches of red, raised wheals or bumps. It is not uncommon for the cause to not be identifiable

**Massage Application:**

- This should be treated as a regional contraindication as massage will aggravate condition.

**PSORIASIS:** Distinct, red, flaky skin elevations marked by periods of remission and exacerbation. A chronic, non-contagious inflammation of the skin

- **Massage Application:** This should be treated as a local contraindication in the acute phase.

**ATHLETE’S FOOT:** A superficial fungal infection of the foot characterized by discoloration of the skin and a ridge of red tissue that may also include flaky, peeling skin.

**Massage Application:**

- Local contraindication or gloves and tea tree oil can be used if the therapist chooses to work on the feet.
**ACNE:** An infection of the sebaceous glands and hair follicles caused by bacteria.

**Massage Application:**
- Pimples are infections where the skin is compromised.
- This should be treated as a local contraindication.

5) **OTHER CONDITIONS/CONSIDERATIONS**

**PREGNANCY:** A woman carrying a child inside of her.

**Massage Application:**

*HIGH RISK PREGNANCY* - Do **NOT** proceed without written release of physician**

**HIGH RISK INCLUDES THE FOLLOWING:**
- Diabetic mother.
- Cardiac Disorders – heart disease.
- Chronic Hypertension.
- Previous Problem in Pregnancy – previous miscarriage.
- Mothers under 20 or over 35.
- Asthmatic mother.
- Suspected RH negative mother or other genetic problems.
- Drug addictions or exposure to drugs.
- Previous multiple births.
- Proceed with caution if no prenatal care (physician's release advised).
- If the client has a history of spontaneous abortions (miscarriages), avoid massage in the first trimester because everything, including massage, is suspected should she miscarry.
- If she is experiencing eclampsia (toxemia), massage is contraindicated unless ordered by her physician.

**NORMAL/HEALTHY PREGNANCY** - -Use the following guidelines:
- Avoid deep abdominal massage for the entire pregnancy and for 3 months after childbirth, unless directed by a physician.
- Be sure to get consent from the client to work on the abdomen.
• Pressure point around ankles and Achilles tendon should be avoided; pressure point between thumb and finger (Hoku point) should be avoided.

• Avoid rocking or rhythmic motions if client is experiencing morning sickness.

• First trimester, the client’s position is not a concern unless she is not comfortable in a certain position.

• Second and third trimester, a modified supine and side lying position should be used. Pregnancy table may be used if client is comfortable. Keep in mind pregnancy tables do not fit every body type or every pregnancy. Practice setting up and using table before required to use it for a pregnant client.

• Use only an open flat hand applying gentle pressure in the medial thigh region.

• Avoid the use of essential oils as some induce uterine contraction / miscarriage.

• Assist client on and off the table when necessary.

• For women experiencing heartburn, the client should complete any meals at least two hours before massage to minimize symptoms.

• Allow the client to change position often if necessary.

• Due to the increased pressure on the bladder, suggest to your client that they use the bathroom before the massage is to start.

**ELDERLY/GERIATRIC CLIENTELE:** A person who is 70 years of age or older who exhibits weak or debilitated condition. Keep in mind some people are quite healthy and active at age 70 or older while some could be considered geriatric at 65.

**Massage Application:**

• Shorter and lighter massage is appropriate.

• Adjust the length and pressure for future visits as tolerated by your client.

• Many geriatric clients have numerous health conditions. Check health history carefully for pathologies as well as prescription medications.

• Skin is typically thinner and will bruise more easily.

• Guard against chilling. May want to keep room slightly warmer.

• Clients may have hearing impairments. Give clear, concise directions while looking directly at client.

• Allow more time for client to undress and dress.

• Bones are more fragile. Use caution when doing neck mobilization.
- Organs are not as able to handle increase in circulation and processing of toxins. Therefore a shorter massage is recommended.

- They can experience a drop in blood pressure when moving from a reclined to the upright position, so assist the client as needed and remind them to sit on the edge of the table for a few minutes to ensure that they experience no dizziness or lightheadedness.

- It is important that you provide an opportunity for the elderly clients to talk and share their thoughts with you. You may be one of the only sources of touch and caring that they receive - especially those that live alone.

**CHRONIC ILLNESS:** Any long-lasting or recurrent condition of the body for which no cure is known.

**Massage Application:**

- Lighter, shorter massage given more frequent.

- Constantly monitor the client as massage therapy can be tiring for the client.

**INFANTS:** A person under the age of 3.

**Massage Application:**

- Usually a technique taught to the parent or caregiver of the infant, however, if requested, a specially trained therapist can work on the infant for specific therapeutic needs.

- Informed consent must be obtained from the parents or legal guardians before the massage starts.

- The parent or guardian should stay in the room during the session.

- The session ends when the child says it ends as they have short attention spans.

- You may want to have favorite toys or books available.

**PEDIATRICS:** People between the ages of 3 to 18.

**Massage Application:**

- Informed consent must be obtained from the parents or legal guardians before a session.

- It is advised to have the parent stay in the room during treatment, especially if the child is of the opposite gender.

- When working with younger children, you should follow their cues as to how long the massage should last. The session ends when the child says it ends as they have shorter attention spans.

- When working with teens, you may want parent/guardian to stay in outer waiting area, but leave door open during session and they may be treated the same length of time as adults.

- Children have a greater tendency towards being ticklish. You may need to work through the sheet or use the client's hand.
PHYSICALLY CHALLENGED INDIVIDUALS: According to the guidelines of the Americans with Disabilities Act, a physical disability or impairment is any physiologic disorder, condition, cosmetic disfigurement, or anatomic loss that affects one or more of the bodies systems.

Massage Application:

- Do not assume or predict a client’s needs, always ask what, if any, assistance may be needed.
- Treat a client with a disability just like anyone else.

MENTALLY DISABLED

Massage Application:

- If the client is unable to provide informed consent, make sure to get informed consent from a parent or guardian.

SURGERIES

Massage Application:

- If surgery is recent, make sure that the incisions are completely healed with no weeping areas.
- Depending how recent the surgery and what type, you may need to get a doctor's authorization. The area may be at least a local contraindication.
- If the surgery is not so recent, depending on the type of surgery, massage would be beneficial to help break up scar tissue and keep the tissue mobile and flexible.

6) MEDICATIONS:

NOTE: Massage may affect how the body metabolizes medications. Be sure to check with the client frequently during the massage session to make sure the client isn't experiencing any adverse effects. As with any massage, be sure to direct the client to turn to one side before they get up and get up slowly in case dizziness occurs.

DIURETICS: Drugs that increase the excretion of water and electrolytes in the urine. They may be prescribed for hypertension as well as any water/fluid retention including carpal tunnel.

Massage Application:

- If client is on a diuretic, DO NOT suggest to the client to "drink plenty of water" as the client may be on a fluid restriction.

ANTICOAGULANTS: Prevent blood clotting (blood thinners). May be prescribed for stroke or heart problems (including aspirin).

Massage Application:

- Client may bruise more easily. Therefore avoid using deep work, compression, friction, tapotement and skin rolling.
HORMONES: (including hormone replacement therapy, birth control). Stimulate and regulate body functions. May be prescribed to prevent pregnancy, regulate hormone levels and to control symptoms of menopause. Do not forget that men can be prescribed hormones as well as women.

Massage Application:
- Estrogens may change blood-clotting abilities.

STEROIDS: Used to treat any number of inflammatory conditions.

Massage Application:
- Do not utilize techniques such as friction, skin rolling or stretching methods that may create inflammation.

ANTI-INFECTIVES: (including antibiotics, antivirals, antifungals, etc.) Used to treat a wide variety of bacterial infections.

Massage Application:
- Those taking anti-infective medications have a compromised immune system; therefore it is important to avoid over stressing the system.

CENTRAL NERVOUS SYSTEM MEDICATIONS: (including antianxiety/sedatives, antipsychotics, antidepressants, anticonvulsants, antiparkinsonism agents) Used in the treatment of anxiety, panic disorder, and insomnia.

Massage Application:
- Massage can increase or decrease the effects of these medications depending on the techniques and intention. Instruct client to inform physician that they are receiving massage and therefore should monitor dosage.

ANALGESICS / PAIN RELIEVERS: (including codeine or other narcotics, aspirin, acetaminophen/Tylenol and Naproxen/Aleve)

Massage Application:
- Pain perception is inhibited when taking analgesics
- Reduce the intensity/pressure of massage and avoid techniques that cause inflammation. **NOTE:** Aspirin also thins the blood therefore watch for bruising.

ANTI-INFLAMMATORY: (including non-steroidal anti-inflammatory medications [NSAIDS] such as aspirin, ibuprofen, naproxen/Aleve). Used to reduce inflammatory conditions.

Massage Application:
- Do not utilize techniques such as friction, skin rolling or stretching methods that may create inflammation.
ALCOHOL/RECREATIONAL DRUGS

- Do not massage an individual who is under the influence of drugs or alcohol. Allow at least 12 hours to have passed since their last drink before you start to massage. Hangover symptoms and additional side-effects of massage may increase.

DENTURES: An artificial replacement for teeth.

Massage Application:

- Communicate to these clients that their dentures may fall out due to the pressure on their face when they are prone. Therefore they may want to remove them before beginning massage.

EYE CONTACTS

- Inform the client they may want to remove their contacts. This is to prevent them from drying out or sticking to their eyes due to the pressure from the face cradle, and/or keeping their eyes closed and not blinking.
- Adjusting the face cradle can help reduce the eye pressure when the client is prone.
- Avoid massaging near or directly over the eyes when the client is supine.

AROUSAL RESPONSE OF CLIENT

Massage Application:

- If the arousal is a simple neurological response, it can be ignored.
- If the arousal is intentional/sexual and the client becomes inappropriate, end the session immediately and locate your supervisor immediately.
LEARNING OBJECTIVES:

By the end of this session, the student will be expected to:

1. Describe and demonstrate how to check for contraindications of chest and abdominal massage.
2. List the benefits of the techniques used in chest and abdominal massage.
3. Demonstrate proficiency of the techniques used for chest and abdominal massage.
4. Demonstrate proper positioning of the client.
5. Demonstrate proper body mechanics when performing these techniques.
6. Demonstrate effective communication skills with client before, during and after the massage.
7. Demonstrate ability to perform a colon massage.

See Abdominal Massage article from Massage and Bodywork

Draping for Abdominal Massage

AAA = Abdominal Aortic Aneurysm

An aneurysm is a sac formed by the dilation of the wall of an artery, a vein in the heart. The abdominal aorta is the largest artery in the body. Arteriosclerosis is the most common cause of an aortic aneurysm. The arteriosclerosis can weaken the aortic wall and the pressure of the blood being pumped through the aorta causes expansion at the site of weakness.
**Rib Release:**

**Client Position:** Supine, arms at side  
**Therapist Position:** Side of table, chest level, facing client.

**Muscles Affected:** Intercostals

**Treatment:**  
1. Therapist will work on the client’s ribs closest to therapist.  
2. The therapist has one hand on the posterior ribs and the other hand on the corresponding anterior part of the ribs. Start on the inferior rib cage and move superiorly.  
3. Mobilize the ribs by gently pushing posterior and anterior.  
4. After the ribs have more mobility, follow the breath and gently compress ribs during exhalation.  
5. Hold this compression for at least 3 cycles of breathing, always taking up the slack on the exhalation.  
6. Traction gently laterally, allowing the tissue to release.  
7. Slowly release the traction.  
8. Repeat these moves as you move up the ribs.  
9. Repeat on the other side.

**Anterior Rib Rake:**

**Client Position:** Supine  
**Therapist Position:** Standing at the head of the table.  
**Tissue Affected:** Lung expansion

**Draping:** Cover the breast area with a towel or pillow case. Fold the sheet and tuck at the hips, leaving the abdomen area exposed.

**Treatment:**  
1. Apply oil to the ribs and abdomen.  
2. In a hand over hand motion, working from inferior to superior, allowing the fingers to glide between the ribs. Work the *intercostals muscles.*  
3. Repeat on other side.
**Sternum Vibration:**

*Client Position:* Supine

*Therapist Position:* Standing at the head of the table.

*Tissue Affected:* Lymph movement

*Treatment:* 1. Gently vibrate the sternum with three fingers working in an inferior to superior motion.
   2. Working inferior to the clavicle, moving the lymph with hand over hand movements.

Starting at the sternum, with small strokes, lengthening the strokes as you move laterally toward the shoulder.

**First Rib Release:**

*Client Position:* Supine, arms at side

*Therapist Position:* Seated at the head of the table.

*Tissue Affected:* First rib

*Treatment:* 1. Therapist’s thumb on the posterior first rib and fingers on the clavicle.
   2. On the inhalation, the therapist’s thumb presses on the back of the 1st rib.
   3. On the exhalation roll the fingers forward and press down on the clavicle with the sides of the fingers.
   4. Rock back and forth with inhalation and exhalation several times.

**Lung/Chest Pump:**

*Client Position:* Supine

*Therapist Position:* Standing at the head of the table.

*Tissue Affected:* Lung expansion

*Treatment:* 1. The therapist’s open hands are placed inferior to the client’s clavicle, following the angle of the clavicle. Fingertips should be pointed inward.
   2. As the client inhales and exhales, the therapist follows the client’s breath.
   3. Hold compression on the ribs during exhalation.
   4. Have the client breath deeply and completely 2 more times. Each time they breathe, take up the slack during exhalation, the therapist continues to hold a firm compression.
   5. On the next deep breath, the therapist quickly, without warning, removes their hands.

This allows the ribs to expand rapidly, filling the lungs with air.

**Note:** This technique may not be suitable for all clients, especially those with fragile bones, osteoporosis or a pacemaker.
**Sub-Clavius Release:**

**Client Position:** Supine

**Therapist Position:** Standing at the side of the table facing the client.

**Tissue Affected:** Subclavius

**Treatment:**

1. The therapist’s hand/fingers closest the client are placed on the superior aspect of the clavicle at the sternum.
2. The therapist grasps the client’s wrist applying slight traction; slowly move the client’s arm, raising it above the client’s head.
3. As the client’s arm is being moved through this range of motion, the therapist is simultaneously having their fingers curling posterior the client’s clavicle.
4. Allow the client to breathe into this move.

**Diaphragm Release:**

**Client Position:** Supine with knees flexed and feet flat on the table. This shortens the oblique and abdominal muscles for a more successful treatment.

**Therapist Position:** Standing on the opposite side of the table that you will be working.

**Draping:** Cover the breast area with a towel or pillow case. Fold the sheet and tuck at the hips leaving the abdomen area exposed.

**Muscle Affected:** Diaphragm

This is beneficial for the person with breathing difficulties as well as the athletes, singers, actors, speakers or anyone who could benefit from an increasing in lung capacity.

**Treatment:**

1. Starting medially working laterally using a thumb over thumb motion, with the intention of reaching the posterior side of the rib. This move will treat the diaphragm muscle.
2. Repeat the above move using gliding thumbs instead of the thumb over thumb motion.
3. **Side Lying Diaphragm Release:** Information can be found in Basic Clinical Massage Therapy: Integrating Anatomy and Treatment, page 158 & 159.
Hiatal Hernia Release:

Client Position: Supine with knees flexed and feet flat on the table. This shortens the oblique and abdominal muscles for a more successful treatment.

Therapist Position: Standing on the client’s left side.

Intention of the Move: To pull the stomach down/inferior to the diaphragm, return it to its original position.

Draping: Cover the breast area with a towel or pillow case. Fold the sheet and tuck at the hips leaving the abdomen area exposed.

** If you feel a pulse move away from the area and reposition fingers.

Never push on or massage a pulse. **

Treatment: 1. Massage the diaphragm muscle.
   2. Place two flat fingers inferior and slightly lateral to the xiphoid process.
   3. Working with the client’s breath, on the exhalation slide the fingers posterior and superior (up under the rib cage).
   4. On the inhalation hold fingers firmly in place.
   5. On the next exhalation allow the fingers to sink deeper and again on the inhalation hold the fingers firmly in place.
   6. On the third exhalation glide deeper and superiorly again and hold.
   7. Curve fingers posterior and inferiorly pulling down on the stomach (a backwards “j” motion).
Hiatal Hernia
**Colon Massage:**

**Client Position:** Supine with knees flexed and feet flat on the table. This shortens the oblique and abdominal muscles for a more successful treatment.

**Therapist Position:** Standing on the client’s left side.

**Draping:** Cover the breast area with a towel or pillow case. Fold the sheet and tuck at the hips leaving the abdomen area exposed.

**Intention of the Move:** To promote a healthy digestive system. This work is helpful in stimulating the peristalsis movements of the intestinal track and thus it is beneficial work for the client who is constipated.

**Treatment:**

1. Check for an **aneurysm**, by resting a flat hand on the client’s abdomen and feel for a pulse.
2. Spread oil on the abdomen in a clockwise motion.
3. Visualize the colon and each of its parts (descending, transverse and ascending). Now divide each of these parts into three parts.
4. Facing the client’s feet. Starting at the lower third of the descending colon using thumb over thumb movement’s work inferiorly toward the sigmoid colon. Repeat 3 times.
5. Then work the **sigmoid colon**, sideways “S” movements.
6. Work the second/third of the descending colon moving inferiorly. Repeat 3 times.
7. Do a cleansing stroke----work the first/third of the descending colon and the sigmoid colon.
8. Work the third/third of the descending colon using a thumb over thumb movement. Repeat 3 times.
9. Do a cleansing stroke. Clear all preceding areas that have already been worked.
10. The transition between the descending colon and the transverse colon is where the **splenic flexure** is located. Using the side of your hand, vibrate in a medial to lateral (downward and outward) motion following the angle of the ribs. Vibrate 3-5 times. There is no need to repeat this move once the initial vibration has been done.
11. Do a cleansing stroke to the entire descending and sigmoid colon.
12. Using finger over finger motions work the first/third of the transverse colon. Work medial to lateral.
13. Cleansing stroke.
14. Work the second/third of the transverse colon.
15. Cleansing stroke.
16. Work the third/third of the transverse colon.
17. Cleansing stroke to the entire transverse, descending and sigmoid colon.
18. The **hepatic flexure** is located between the transverse colon and the ascending colon. Using the side of your hand vibrate in a lateral to medial (upward and inward) motion following the angle of the ribs. Vibrate 3-5 times. There is no need to repeat this move once the initial vibration has been done.

19. Using finger over finger motion work the first/third of the ascending colon. Work in an inferior to superior (upward) direction.


21. Work the second/third of the ascending colon.

22. Cleansing stroke.

23. Work the third/third of the ascending colon.

24. Cleanse the entire colon, ascending, transverse, descending and sigmoid colon. It is ok to do this more than once.

25. Using an upside-down “hitch hiker” thumb twist 3-5 times in a clockwise motion at the end of the ascending colon.

26. Cleanse the entire colon.

27. Do clockwise petrissage and vibration movements on the small intestine area.

28. Cleanse through the entire colon, ascending, transverse, descending and sigmoid).
Large Intestine

Figure 19.14 Anatomy of the large intestine.

The subdivisions of the large intestine are the cecum, colon, rectum, and anal canal.

Illustration taken from Introduction to the Human Body by Totora/Grabowski
CLINICAL SOFT TISSUE TECHNIQUES

PRACTICE OUTLINE:

Side Lying

CST101-II

LEARNING OBJECTIVES:
By the end of this session, the student will be expected to:

1. Cite examples of populations who may benefit from the side-lying position.
2. Demonstrate proper positioning and draping of the client for side-lying massage.
3. Demonstrate proper body mechanics while performing the massage.
4. Demonstrate a full body relaxation massage in the side-lying position.
5. Apply hydrotherapy to side-lying position.

INFORMATION:
Sample populations side-lying position is appropriate for:

- Pregnant women.
- Older adults.
- People with breathing difficulties.
- People who have a difficult time rolling over.
- People who cannot or prefer not to be in the prone position.
- People who cannot, due to difficulty or injury, be in the supine position.
PROPER POSITIONING / DRAPIING / BODY MECHANICS:

- **Positioning**
  - Spine in alignment
    - Either right or left lateral positions (client’s preference or you may ask).
    - Client’s back should be near edge of table (allows for pillow space and easier for therapist to work the client’s back).
    - Support the head and neck.
    - Pillow between the knees.
    - Pillow between the ankles.
    - Pillow under the side that the client lies on *(if necessary to prevent the client’s back from curving).*
    - Pillow in front of the client to provide security, warmth, to support the upper arm and prevent the back from rotating.

- **Hydrotherapy Application:**
  - Use fomentek for the client to lie on.
  - Could be used hot or cold.
  - Great for supporting the abdomen, especially in the pregnant client.

- **Draping**
  - Only the area that is being worked on is exposed (*unless for comfort reasons the client has requested otherwise*).
  - Again, make sure the client is warm.
  - Small blankets and towels can be used to provide warmth and security.

- **Body Mechanics**
  - Shoulders down. Bent knees. Head up.
  - Straight back, in order to maintain the straight back it may be best to sit, especially when working the client’s back.
  - Relaxed shoulders, arms, forearms, wrists and hands.
  - Feet in the direction of force.
  - Bending from the hips, not the waist.
  - Power from the feet / core of the body / the legs.
  - Breath, relaxed and freely.
• Routine
  
  o Side-lying position.
  o Client lies on left side with right knee bent and supported. Head on right.
  o Begin to work.

  This is just one example of flow for side-lying massage. Each therapist should determine what works best for themselves and their client.

  ▪ Right side head.
  ▪ Right side face.
  ▪ Right side neck.
  ▪ Right side shoulder and upper thorax.
  ▪ Right arm and hand.
  ▪ Right side back.
  ▪ Right side gluteal.
  ▪ Right posterior leg.
  ▪ Right lateral leg.
  ▪ Left medial leg.
  ▪ Left foot.
  
  o Turn client to right side with left leg bent and supported.
  o Begin to work:

  ▪ Right foot.
  ▪ Right medial leg.
  ▪ Left lateral leg.
  ▪ Left posterior leg.
  ▪ Left side gluteal.
  ▪ Left side back.
  ▪ Left side arm and hand.
  ▪ Left side shoulder and upper thorax.
  ▪ Left side neck.
  ▪ Left side face.
  ▪ Left side head.
LEARNING OBJECTIVES:
By the end of this session, the student will be expected to:

1. Define energy.
2. Demonstrate techniques to ground and center before working on a client.
3. Explain how intention can affect clients during a session.
4. Demonstrate an understanding of the somatic emotional effect.
5. Demonstrate an understanding of how to scan energy with hands and intention.
6. Have an understanding of what it means to be a channel and not the source of energy for our clients.
7. Have a basic understanding of how positive and negative thinking can have a physiological effect on the body.

SUGGESTED READING:

- **Hands of Light**. Barbara Ann Brennan
- **Light Emerging**. Barbara Ann Brennan
- **The Therapeutic Touch**. Dolores Krieger, Ph.D., R.N.
- **The Healing Path**. Jacqueline Young
- **Healing Massage Techniques: Holistic, Classic and Emerging Methods**. Frances M. Tappan
- **Introduction to Massage Therapy**.
- **Polarity Therapy**. Alan Siegel ND
- **Polarity Therapy Workbook**. John Beaulieu
- **The Celestine Prophecy**. DVD or Book, James Redfield
- **The Hidden Messages in Water**. Masaru Emoto
Watch DVD: **What the Bleep Do We Know**

**LECTURE:**

**Journal** - Have students spend 10 min. becoming aware of their body and journaling how they are feeling – physically and emotionally.

**What is Energy?**
Also referred to as prana, qi or ki, energy is the life force in all things. It is not only the source that allows everything to work and move, but energy is also in and around every person, place and thing. Think about how you may have met someone for the first time instantly liking or disliking them but you can’t exactly say why. Then there’s that person you know that can light up a whole room with their smile. Not to mention, the person whose dark mood lowers the energy of an entire room. What about that feeling of unease or comfort when you walk into a building or room for the first time? We’re constantly reading the energy around us.

The energy surrounding us has been referred to for centuries; however, not everyone is able to visibly “see” the energy. In about 1930 a technique called **Kirlian photography** was discovered which allows us to see illnesses based on the energy patterns in this type of photo. There is also newer technology that can read the electromagnetic frequencies of the body making it even easier for continued studies and research.

During your massage sessions, do you sometimes feel your arms growing heavy? This is a different feeling than tired and sore muscles, but can still be painful. This is energy that you may be absorbing from your client. You can lower your hand with the palm facing the floor and visualize the energy pouring out of your hand like water and being transmuted back into the earth. Another technique that works is running cold water over your hands and arms or even salt water has a cleansing effect on the energy. You do not want to make it a practice to take on your client’s pain and released energies. Grounding and centering before massage helps protect you which we will go into further later.

**Energy Ball:**
- Rub both hands together creating energy between the hands.
- Hold this energy between your hands, cradling it and rolling it into a ball.
- Begin to play with this “energy ball” you’ve created – expanding and contracting it.
- Try playing energy ball catch with one of your fellow students. Feel the slight change of sensation as it lands in or leaves your hands.
- When ready, expand the energy ball so that it is larger than your entire body – like being in a giant energy bubble.
- Contract the “bubble” and observe what effects it has on your posture.
- Expand the “bubble” and observe what effects it has on posture.

Discuss your experiences.
**Healing Energy**
According to Bernie Siegel in his book *Love, Medicine and Miracles* (1986; New York; Harper & Row), “The body heals, not the therapy…the body can utilize any form of energy for healing…even plain water – as long as the patient believes in it.” In other words, you will not be able to heal your body unless you believe it can be healed. It is your faith (and your client’s) in the process that ultimately allows healing to occur.

In a recent study DNA actually changed its shape according to the feelings of the researcher. When researchers felt gratitude, love, joy, and appreciation the DNA strands relaxed, becoming longer. When the researchers felt anger, fear, frustration, or stress the DNA strand responded by tightening up, becoming shorter and actually shutting down certain DNA codes. Codes were reversed and switched back on when the researchers responded with love, joy, gratitude, and appreciation again. If this is true, imagine what our fast paced, high stress world is doing to our bodies. I find myself spending more time releasing client’s muscles tightened by stress and anxiety than all other causes combined.

**We do not do the healing.** We are simply the facilitators encouraging the body’s own healing systems to switch back on and giving it the extra energy it needs to heal itself. Most energy work is simple observation and support. We as therapists are more effective as conductors of energy rather than providers or sources of energy.

Imagine giving each client your own energy. You would be exhausted by the end of the day. Now imagine bringing energy in the top of your head and up through your feet and out your hands to the client. This allows for an unlimited channel of energy for you and your client to utilize.

**Meditation:**
- Sit with both feet on the floor and back straight.
- Briefly rub both hands together.
- Then lay your hands palms up on your thighs and close your eyes.
- Focus on your breathing – are your breaths small and shallow or large and deep. (1 min.)
- Imagine your whole body breathing as one with your lungs. In and out, in and out. (Spend 1 – 2 min.)
- Allow yourself to be in a space of gratitude. This helps increase the flow of energy. Think of all the things you’re grateful for in your life no matter how small. (family, friends, relationships, pets, your clients, food to eat, warm bed to sleep in, car for transportation, good health, etc.)
- Next, I want you to focus on the intention of bringing energy in the top of your head and down and out the palms of your hands. (Spend 1 – 2 min.)
- Next, focus your intention on bringing energy up from the ear through the soles of your feet and out your hands. (1 – 2 min.)
- Allow this energy to flow freely through you.
- Remember the source of this energy is unlimited.
- It not only helps your client in their healing process, but also you in yours.
- When you feel ready, you may open your eyes.

Discuss student’s experiences and feedback.

*FYI - No matter how lost, down, or alone you may find yourself sometimes, shifting your thoughts to ones of gratitude will help raise your energy and your mood. Remember those DNA can use all the help they can get.*
Grounding/Centering

Grounding yourself before working with a client is a valuable tool of protection that helps you keep your energy separate from your clients. It also allows you to conduct energy to and from the Earth keeping your own energy levels from being depleted. Being grounded is recognizing that you are ready to conduct this energy and that you are a facilitator for healing and positive change.

Centering is a process of focusing your attention on the massage session and leaving all else at the door – present in the moment and client focused. Visualization and breathing are the most common techniques used for centering. Leave all worries, frustrations, anger, and stress at the door so as not to have a negative impact on our clients.

Both grounding and centering are necessary during any massage session as they make a difference in your intent and approach.

Grounding Techniques:

Try all of the following and then choose which ones work best for you.

Roots - Therapist visualizes themselves as a tree with roots coming out the bottom of their feet and growing down into the ground, feeling the earth around the roots. Visualize your roots going as deep and as wide as you can with lots of branching out. Can you see them running all the way to the center of the earth? The roots will help act as a conductor to bring energy up from the earth and also to drain unwanted tension and energy down into the earth to be transmuted.

Bubble – Therapist visualizes him- or herself standing within a bubble of light, which will protect them from any unwanted energy entering their energy field.

Bodies in Sand –
- Lay on floor with eyes closed. Imagine your body lying in warm sand.
- Focus on inhale and exhale.
- Without changing anything, observe your feet. Do they make an equal impression in the sand?
- Observe legs.
- Observe low back.
- Shoulders
- Arms
- Head
- Come slowly back into the room

This practice helps slow the chatter loop in your brain and brings your awareness back into your body.
**61 Points** – Guide can be found at each location’s store. This practice helps bring your awareness back into your body helping you to ground and center. Notice points that your mind or consciousness drifted away on making it hard to focus. Often these are points that you may have an energy blockage of some sort. Try refocusing on these points with the intent to resolve the blockage.

**8 Strands of Silk** – You should be familiar with this technique, but it is also very effective in grounding and clearing your energy field.

**Eagle Yoga Pose** – Stand on one leg, place your other foot behind the knee of the leg you’re standing on. Hold for 30 – 60 sec. Then trade legs.

Ask students to share their own favorite grounding techniques with the class. There are many different ways to ground, and there is no one right technique. The most important issue is to find the one that works best for you.

**Cradle Head and Intuition**

Have students pair up and set up massage tables.

- The therapist sits at the head of the table. Center and ground before touching the client.
- Gently cradle the clients head in your hands.
- Use your intuition to “feel” where you need to work.
- Just let your attention fall wherever it may on their body and any information that may come to you.
- Don’t concentrate too hard – relax – allow their body to tell you what it needs.
- Allow 5 – 10 min.

Discuss your experiences with each other and the class. Switch roles and repeat.

**Scanning the Body with your Hands**

Everyone has the ability to scan energy fields with their hands. Remember when you first started to massage and you couldn’t feel the different muscles under your hands. That is no longer the case, you now feel each individual muscle and whether it is tight. The same thing is true of scanning the body, your hands need to learn how to pick up the subtle differences it feels over the body. This takes an open mind and practice. Don’t try too hard, just relax and allow the information to come to you.

- Make sure the therapist is grounded and centered before starting this exercise.
- Starting at the head, place your hands 4 – 6 inches above the body.
- Slowly work your way down the body – to the neck, shoulders, arms, hands, torso, hips, legs, and feet.
- Paying attention to any changes you feel no matter how subtle they may be – temperature changes, tingling, heaviness, breeze/air, any change in sensation or intuitive information.
- Rotate around the room scanning different bodies, then trade roles and repeat the exercise.

Discuss your experiences with each other. Then share your findings and experiences with the class.
If during this practice or in your massage room, you feel you have picked up some energy from your client, you can visualize it pouring out of your arm and hand like water toward the earth, wash your arms and hands in cold water, or if necessary, later at home take a sea salt bath. Often just recognizing it isn’t your energy will be enough to release it. This is not if this happens, but when it happens. Students who didn’t feel or acknowledge the existence of energy during massage school, will later call with questions on how to deal with it when they start experiencing pain in the same places their clients had earlier that day. This is also why grounding and centering is so important.

Journal
Go back to your journals and log what your body and emotions are feeling at this point in class. Observe any changes between the journal entries.

Intentions
- Therapists will focus on a negative emotion (anger, jealousy, fear, worry, grief, stress, etc.) that they can easily relate to at this point in their life without telling their client what it is. Then simply hold the client’s head cradled in your hands while you continue to focus on this emotion and related thoughts. (2 – 5 min.) The client may ask to have the session stopped if at any time it becomes too uncomfortable.

- Next the therapist focuses on joy, peace, and gratitude before allowing the client off the table. (2 – 5 min.)

Discuss the experience. Imagine the implications for your massage sessions with clients. Be mindful of your emotions during your massage sessions because they do have an effect on your client.

Switch roles and repeat.
LEARNING OBJECTIVES:
By the end of this session, the student will be expected to:
1. Define energy blocks.
2. Define emotional release.
3. State ways to deal with emotional releases during the massage session.
4. Demonstrate an understanding of the chakra system and its components.
5. Demonstrate an understanding of scanning chakras with a pendulum or your hands.
6. Demonstrate how to chart energy work and where to document it in a SOAP note.

SUGGESTED READING:
- Hands of Light. Barbara Ann Brennan
- Light Emerging. Barbara Ann Brennan
- The Therapeutic Touch. Dolores Krieger, Ph.D., R.N.
- The Healing Path. Jacqueline Young
- Introduction to Massage Therapy.
- Polarity Therapy. Alan Siegel ND
- Polarity Therapy Workbook. John Beaulieu
- The Celestine Prophecy. DVD or Book, James Redfield
- The Hidden Messages in Water. Masaru Emoto
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<th>No.</th>
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<th>Endocrine Gland</th>
<th>Physiological Function</th>
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<th>Dysfunction</th>
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<td>7</td>
<td>Silvery white</td>
<td>NA</td>
<td>Pineal</td>
<td>Biorhythms; upper skull, cerebral cortex, skin</td>
<td>Spiritual connection; bliss</td>
<td>Problems with learning, perception; epilepsy, color blindness, alcoholism, nervous disorders, neurosis, insomnia</td>
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<td>Purple/indigo</td>
<td>NA</td>
<td>Pituitary</td>
<td>Senses; eyes, sinuses, base of skull, temporal lobes</td>
<td>Meditation, vision, insight, creativity;</td>
<td>Dullness, overworked; migraines, blindness, glaucoma, brain tumors, strokes</td>
</tr>
<tr>
<td>Throat</td>
<td>5</td>
<td>Blue</td>
<td>Ether</td>
<td>Thyroid</td>
<td>Vocal communication; throat, mouth, teeth, jaw, ears</td>
<td>Self-image, self-love, self-expression</td>
<td>Sore throat, laryngitis, deafness, tooth decay, TMJ, cervical problems</td>
</tr>
<tr>
<td>Heart</td>
<td>4</td>
<td>Green</td>
<td>Air</td>
<td>Thymus</td>
<td>Respiratory, cardiovascular, lymphatic/immune functions; pericardium, heart, lungs, circulation</td>
<td>Love of others, compassion, harmony</td>
<td>Heart problems, pneumonia, chronic bronchitis, tuberculosis</td>
</tr>
<tr>
<td>Solar Plexus</td>
<td>3</td>
<td>Yellow</td>
<td>Fire</td>
<td>Pancreas</td>
<td>Digestion, enzymatic functions; stomach, liver, gallbladder, pancreas, small intestine, muscles</td>
<td>Life force, emotions, mental capacity, ambition, self-worth</td>
<td>Indigestion, ulcers, hepatitis, gallstones, pancreatitis, diabetes</td>
</tr>
<tr>
<td>Sacral</td>
<td>2</td>
<td>Orange</td>
<td>Water</td>
<td>Ovaries/Testes</td>
<td>Reproduction, colon; sex organs, bladder, uterus/prostate</td>
<td>Relationships, sexual energy;</td>
<td>Endometriosis, sterility, menstrual cramps, fibroids, prostate problems, sexual dysfunction, sciatica; envious, no concern for physical body</td>
</tr>
<tr>
<td>Root (Base)</td>
<td>1</td>
<td>Red</td>
<td>Earth</td>
<td>Adrenals</td>
<td>Elimination; kidneys, blood, skeletal system</td>
<td>Survival, security</td>
<td>Problems with feet, knees, hips; arthritis, kidney stones, osteoporosis, autoimmune deficiency; aggression, anger, violence, jealousy</td>
</tr>
</tbody>
</table>
LECTURE:

Chakras – see attached chart

The word “chakra” comes from the ancient language Sanskrit and means “wheel of light”. A chakra is an energy center where many meridians (energy channels) converge and cross over each other. When healthy, each chakra forms a clockwise vortex on the front and correspondingly on the back of the body according to Barbara Brennan’s book, *Hands of Light*. The Tibetan system has 6 major chakras, but the Indian system has 7 major chakras and 21 minor chakras. The Indian system is typically the one referenced when discussing chakras and is more widely known in the U.S. The Indian system is the one we will be utilizing for class.

These energy centers affect us in our entirety. They affect our mind, body, and spirit, and therefore have certain emotions, attitudes, and physical aspects for each chakra. While there are many different things associated with each chakra, our focus in class will be on name/location, color, endocrine gland, and physiological function. See the attached chart and review. It is often helpful to use colored pencils or markers to color in the corresponding color for each chakra on the chart.

FYI: the root chakra can also be referred to as the base chakra and the color for the crown chakra is according to some sources violet/purple. Other things referenced are consistent in most sources.

When all chakras are open and balanced, we can have optimum health and well-being. However, if the energy is somehow blocked or distorted, the chakra can become sluggish and both physiological and psychological imbalances occur. The chakra may need stimulation to become active and balanced again. Chakras can become blocked or distorted through life experiences, emotions, values, and beliefs among many other things.

Watch Chakra Video

Chakra Meditation

- Have students either lie flat on the floor in corpse pose or sit comfortably in a chair or on the floor with their back straight.
- Close your eyes and take 3 slow deep breaths. Concentrate on the intention of breathing with your whole body. Allowing all of the tension in your body melt away.
- Notice how your body feels as you breathe. Slow, heavy, sluggish or light and airy. Tight, stressed or loose and relaxed. What is your body telling you? What does it need from you?
- Next, I want you to focus on the first chakra, the root chakra which is located between the pubic bone and sacrum and reaches downward connecting you to the earth. Breathe the color red into this area several times with the intention of grounding, clearing, and energizing this chakra. Affirm – I’m connected to all others. I feel safe and secure in this world.
- Now move up to the second chakra, the sacral chakra between the pubic bone and naval. Breathe the color orange into this area as you clear and energize the second chakra. Affirm – My creativity expresses my power in the world, and I maintain healthy boundaries with all others.
- Now move up to the third chakra, the solar plexus, at the center of your being – your power center – just below the rib cage. This is where we unconsciously place our hands to protect ourselves. Are you someone that makes life happen or does life happen to you? Breathe bright yellow light into your solar plexus. Affirm – My self esteem is the positive, powerful source that directs my actions in this world.
Now move up to the fourth chakra, the **heart chakra**, at the center of your chest. Feel your love for others and for yourself. This is also the place of forgiveness. Breathe healing **green** light into the heart chakra. Affirm – I love myself and care for myself so much that I desire to love others. My spirit soars as I follow my heart.

Now move up to the fifth chakra, the **throat chakra** at the base of your neck. Breathe a beautiful sky **blue** into this chakra. Affirm – I speak my truth honestly and with love, I follow my bliss.

Now move up to the sixth chakra, the **brow or third eye** which is located at the center of your forehead just between your eyebrows. Breathe **indigo**, a deep purplish blue, into this area. Affirm – I trust my intuition to guide my decisions and to support and lead me on my right path.

Now move up to the seventh chakra, the **crown chakra** which is at the top of the head and reaches upward. Breathe a bright **white** light into this chakra as it reaches up to our higher selves, God, universal consciousness, or to whatever you believe to be the source of the pure white light of unconditional love that is the source for all that is, was, and ever will be. Affirm – I am connected with my soul and with the White Light of the Divine. I trust that I’m always exactly where I am meant to be in my life.

- Move your focus from the beautiful rainbow of colors of your chakras back to your physical body. How does your body feel now?
- When you are ready, you can slowly bring your awareness back to your body, wiggling your fingers and toes, opening your eyes, and returning to the room.

Discuss your experiences. Does your body, energy, and emotions feel different? Were some chakra colors easier to visualize than others?

**Scanning Chakras**

Scanning the body and specifically the chakras is something that requires an open mind and practice. Everyone has the ability. It is not a gift that a select few are given. The therapist must be grounded and centered and then focus on each chakra. The energy within a chakra can be more easily sensed by a pendulum, which acts as an amplifier to the energy within the chakra. People who have developed a great sensitivity in their hands may be able to sense the energy patterns without the pendulum. While holding the pendulum about 1-2 inches above each chakra, the pendulum will begin to move. The pattern in which it moves helps determine if the chakra is open or closed, and how much energy is within that chakra or if there is a distortion. The book **Hands of Light**, by Barbara Ann Brennan has a complete diagnostic chart to assist you with pendulum diagnosis.

A pendulum is any weighted object (often pointed at the bottom, but doesn’t have to be) and hangs from a 3 – 6 inch chain or string. You can find them in metaphysical stores, but you can easily use one of your necklaces with a pendant or make your own.

**Practice scanning chakras with a pendulum:**

Have the person whose chakras are being scanned lie supine on the massage table.

Hold the string or chain so the pendulum is 1 – 2 inches above the center of each chakra. See chakra chart for locations. The crown chakra is checked just superior to the top of the head. The root chakra is best found between the legs just superior of the knees. The rest are above each chakras location on the body. A healthy chakra will usually have a nice clockwise circle. We are often clearing, transitioning, and healing so **just because it’s not going clockwise doesn’t mean it’s a bad thing**. Our chakras change throughout the day as we face different situations and perceptions of those situations.
Sometimes you may get patterns that leave you wondering how it could possibly be doing that. Again, the book, *Hands of Light*, by Barbara Ann Brennan has a full diagnostic chart for your reference.

Try rubbing your palms briskly together then placing them on the body over the chakra center with the intention of helping the chakra balance and energize. Take as little or as much time as you feel you need then recheck the chakra. Is it more balanced and energized?

Holding your clients feet while you stand at the bottom of the table with the intention of helping them ground is a great technique to help clients feel more centered in their bodies. Visualize the energy flowing down their bodies through their feet and into your hands. Then down and out the bottom of your feet.

Discuss your experiences with each other and as a class.

**Write SOAP note on the results of your pendulum scan.**

The results of the scan should be documented in the O: section, and the clients experiences should be documented in the A: section.

Example:

**S:** Client states he/she is stressed out from quizzes and exams.

**O:** Pendulum scan of all chakras. The crown chakra is running clockwise in a 4 in. circle. The third eye was counterclockwise with a 2 inch circle. The throat chakra was energized but counterclockwise. The heart chakra was 6 inches and clockwise. The solar plexus was about 3 in. and oval shaped. Sacral chakra - process of clearing/transition – flower pattern. No movement found at the base chakra. After placing my hands on each chakra for 1 – 5 min., all chakras were open, energized, and had a nice clockwise circular flow.

**A:** Client stated that at times they felt anxious or sad, but at the end were completely relaxed and felt much more mentally clear and energized.

**P:** Client should drink plenty of water and return in 2 weeks for another scan and relaxation massage.

**SOAP Charting**

Energy work can be difficult to describe and therefore what you and your client sensed and experienced throughout the session may require a much lengthier SOAP note. However, it is still very important to chart whatever has transpired in the session. Notes may need to include colors sensed, energy patterns, feelings, and if a release occurred what it felt like. Anything that you felt was significant during the session should also be documented in the SOAP note. It’s better to have too much information than not enough.

**Energy Blocks**

When the energy of our body becomes blocked for any number of reasons, a state of “dis” ease can occur. Energy blocks can exist in any part of the body by depressing, suppressing, or avoiding one’s feelings. This sometimes occurs when we have lost a loved one, with post traumatic stress disorder, have a history of abuse, or some other life experience that left an emotional impact on us. Traumas in our past are our own interpretation of that event. These can be large or small traumas. Most importantly, it is how it affected you in that point of your life. What may seem like nothing to you now, may have been very traumatic for a small child. These energy blocks may result in muscle tension, joint problems, and/or aches and pains in the body. If left untreated, these energy blocks could create an environment conducive to the formation of disease.
Massage and intention can help the client to dissolve these blockages in the body. It is important that one of our massage goals is to maintain and increase the flow of energy throughout the body. This will help our clients live healthier in body, mind, and spirit.

**Emotional Releases**

For a variety of reasons an emotional release can occur during the massage session. Clients may feel comfortable with the therapist and know that they are in a safe environment or events may have occurred that cause a client to have an emotional release as they begin to relax. Emotional releases can be a result of cell memory with the muscle tissue itself and emotional chemicals are also stored within connective tissue and can surface while the therapist is using myofascial techniques.

Emotional releases can occur as clear emotions such as crying, anger, or joy, but can also occur as muscle twitching, squirminess, or tightening of muscles.

**Recommendations:**
- Stay with your client
- Ask how they would like you to support them (continue working or stop the session)
- Listen/Don’t give advice
- Do not be judgmental
- Ask questions
- Keep breathing and encourage client to do so also
- Refer out if necessary (psychiatrist, therapist, doctor, or other)

**How Does Energy Work Fit in My Toolbox**

You can try using energy work in your massage sessions in a number of ways. You have a tight muscle you’re working on and none of the usual techniques are working. You decide to lay your hands on the muscle with the intention of giving your client the energy they need to heal and release the hypertonic muscle. Often, this is all it needed.

You notice your client is stressed and out of sorts so you hold onto their head or feet with the intention of calming and grounding them. You’ll be amazed how their breaths get slower, longer, and deeper and their body relaxes on the table.

You may choose to begin each massage cradling your clients head to feel where the body needs you to work. At the end of the massage, you can cradle the client’s head with the intention of giving them all the energy they need to energize, balance, and center their chakra system.

There are no contraindications to energy work so it is always a safe technique to utilize.