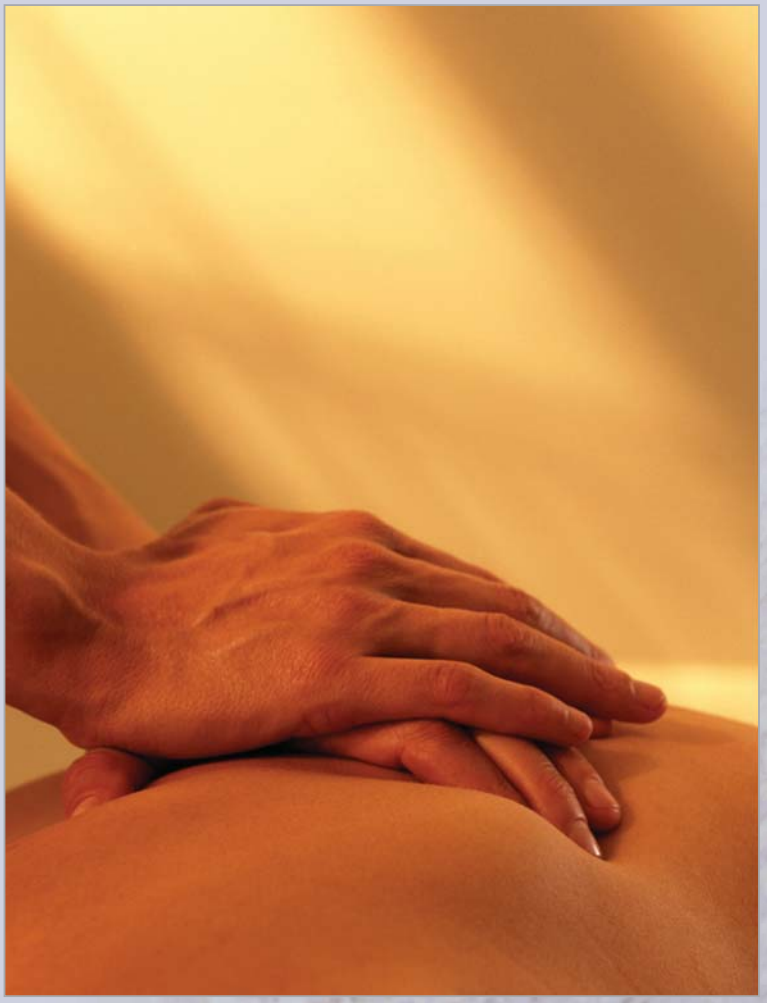
CHAPTER 4

Therapeutic Massage Techniques

LEARNING OUTCOMES

After completing this chapter, you will be able to:

- Identify conditions under which massage is and is not performed, known as indications and contraindications.
- Identify areas of endangerment that are beyond the scope of the entry-level massage therapist.
- Describe the basic anatomical and directional terms in order to begin work on the body.
- Describe the basic Swedish massage strokes that form the foundation of therapeutic massage.
- Outline and begin to incorporate all six considerations of application into the massage strokes.
- Understand and perform skeletal muscle palpation to identify spasms.
- Recognize the difference between massage sequence and flow, and begin to choreograph a massage routine.
- Discuss and demonstrate proper body mechanics for massage and bodywork.
- Practice a full massage routine for both table and chair.



KEY TERMS

areas of endangerment *(p. 76)*
compression *(p. 86)*
considerations *(p. 74)*
contusion *(p. 79)*
cramps *(p. 79)*
cross-stretch *(p. 86)*
depth or depth of pressure *(p. 80)*
direction *(p. 81)*
duration *(p. 81)*
effleurage *(p. 81)*
fine tremulous *(p. 86)*
frequency *(p. 81)*
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vibration *(p. 85)*
wringing *(p. 86)*

INTRODUCTION

All Western-oriented massage, whether it focuses on relaxation or more highly skilled work, is based on Swedish massage and the strokes first formulated by a Swedish fencing master. The term *Swedish* is often used to refer to a "light" or "relaxation" massage, whereas the term *therapeutic massage* denotes a more contemporary massage that is corrective or rehabilitative.

Certain **considerations** or elements dictate the specifics of each stroke, such as amount of pressure, the speed with which it is applied, and the length of time the stroke lasts. Your ability as a massage therapist to blend these considerations (or mechanics) with fluid movements creates a complete and fully satisfying massage that will appeal to a variety of clients.

For the entry-level massage therapist, general guidelines specify conditions where massage is and is not warranted, commonly known as **indications and contraindications**. Further, there are areas of the body known as **areas of endangerment** that require advanced training and are, therefore, not within the scope of this text. For safety reasons, these precautions must be understood early on in the therapist's training. However, all massage therapists should follow the old adage, "When in doubt, don't" and the medical credo "Do no harm."

Indications and Contraindications

Massage therapists often find themselves in situations where they must ask the seemingly simple question: "Can this person receive a massage at this time?" There are a few guidelines to follow that clearly state instances in which, or conditions where, massage is recommended (indicated) and instances in which, or conditions where, massage is not recommended (contraindicated).

TECHNIQUE EMPHASIS To complicate matters further, some conditions are local contraindications (so the rest of the body may receive massage), while some conditions may require a different massage modality.

Below are basic guidelines that will aid you in your decision. For an in-depth look at possible ramifications of working with clients taking medications, see chapter 22.

Indications

As mentioned in the Introduction and Overview, there are numerous benefits to receiving a massage and just as many conditions for which massage is indicated. First and

foremost, circulatory massage, such as Swedish massage, increases circulation. The individual cells of the body depend on an abundant supply of blood and lymph. These fluids supply nutrients and oxygen to the body as well as carry away wastes and toxins. So, massage simply helps promote overall good health.

Massage facilitates the smooth flow of energy and communication among the cardiovascular, digestive, urinary, respiratory, lymphatic, and nervous systems—creating homeostasis (constancy and balance in the body). With reference to the integumentary system, massage can often enhance skin condition. Massage directly improves the function of the oil and sweat glands that keep the skin lubricated, clean, and cooled. Tough, inflexible skin can become softer and more supple following massage. A healthier, more youthful appearance may be the result.

Massage also aids recovery from soft tissue injuries, such as sprains and strains. The growth and repair of tissues are accelerated by efficient circulation in the injured areas and appropriate stimulation of the healing tissues. Therefore, massage therapy can often help accelerate and improve recovery as well as reduce discomfort from such injuries (see chapter 13).

Finally, massage can have a calming effect on people who are high-strung ("Type A" personalities) and people who have become dependent on pharmaceuticals or alcohol for rest and relaxation (although it should never replace physician-prescribed medications for diagnosed mental or emotional disorders). Massage balances the nervous system by soothing or stimulating nerves and neural pathways, depending on which effect is needed by the individual at the time of the massage.

Common afflictions such as muscle tightness and tension, insomnia, and tension headache caused by stress; spasms and cramps (charley horses) resulting from sports activities; digestive disorders (including constipation and spastic colon) encouraged by a hectic lifestyle; arthritis, asthma, fibromyalgia, sinusitis, and temporomandibular joint dysfunction caused by certain pathologies; carpal tunnel syndrome and thoracic outlet syndrome caused by repetitive motions; and postural imbalances caused by temporary conditions such as pregnancy or genetic conditions such as scoliosis all warrant massage (see Introduction and Overview, and chapter 5). Generally, anytime a massage will be beneficial to the person and no underlying causes of concern such as disease or circulatory problems exist, it is considered an indication.

Contraindications

Contraindications may be general or local, specific to certain modalities, or determined by medication use. Circulatory massage is considered a total contraindication in situations in which any modification, modality, or location would result in unsafe conditions. A circulatory massage is defined as any massage modality, such as Swedish, that directly moves blood and lymph through the body, as opposed to an acupressure massage that works on meridians, and indirectly affects the blood and lymph system.

Anytime a client has a severe condition (e.g., severe insulin-dependent diabetes or high blood pressure), total or full-body circulatory massage is contraindicated. Edema due to any heart, lung, liver, or kidney dysfunction is a contraindication for massage. The response to touch (reflex effect on nervous system) could make the disease worse. In cardiovascular diseases, massage could dislodge a thrombus (blood clot), resulting in an embolus (floating blood clot) and causing heart attack or stroke. Abnormally high body temperature, often an indication of acute infection, is a contraindication for massage.

Modifications to massage such as refraining from working on a certain area (local) can be made to allow massage to the rest of the body. For example, you should not massage distal to (or below) varicose veins so you do not further damage already compromised veins, but you may proceed with massage on the rest of the body (or massage proximal to, above, the veins). Never perform massage over open wounds, lesions, or other potentially infectious sores.

Many grey areas exist in which the therapist must draw on training and practical experience to make an *educated* decision as to whether or not the client may receive a

massage. In some cases, it might be a quality of life issue. A terminally ill client, as in the case of a cancer or AIDS patient, would benefit from the touch of a skilled and compassionate therapist. In other cases, under a doctor's guidance, a client may receive a spot—or area-specific—massage to alleviate pain. If you question whether or not you should massage a client or specific area, do not do so until you have further clarification from another health care professional. It is far better to lose one massage than cause harm to a client. If your gut says no, listen!

Depending on the situation, you may be able to switch to another modality, such as Thai massage or Reiki. For example women who are breast cancer survivors may benefit from Thai massage or shiatsu. A small amount of localized acupressure massage and gentle stretching can be both relaxing and balancing for women emerging from a very difficult time. Further, energy work can be an excellent alternative to circulatory massage. Again, conditions that are contraindicated for circulatory full-body massage (such as lupus) may not be compromised by other modalities.

A client on anti-inflammatories (ibuprofen) or analgesics (aspirin and acetaminophen) may not be able to accurately assess pain levels during a massage. A client taking muscle relaxants will have an altered sense of stretch response, prohibiting very deep work. Circulatory massage is contraindicated for any client on an anticoagulant. Medications that slow the clotting process would be compromised by massage that increases blood flow.

Areas of Endangerment

Areas of endangerment are areas of the body where no pressure or no deep application of pressure is recommended because of underlying structures such as nerves, arteries, veins, and vital organs. Most areas of endangerment are located at joints, such as the back of the knee (popliteal region) or inside of the elbow (cubital region). There are a few instances where application of pressure to these areas is acceptable; however, this application requires highly specific training that does not fall within the entry-level massage therapist's scope of practice. The Think About It in this chapter lists areas of endangerment on the body. Figure 4.1 illustrates the location of these sites.

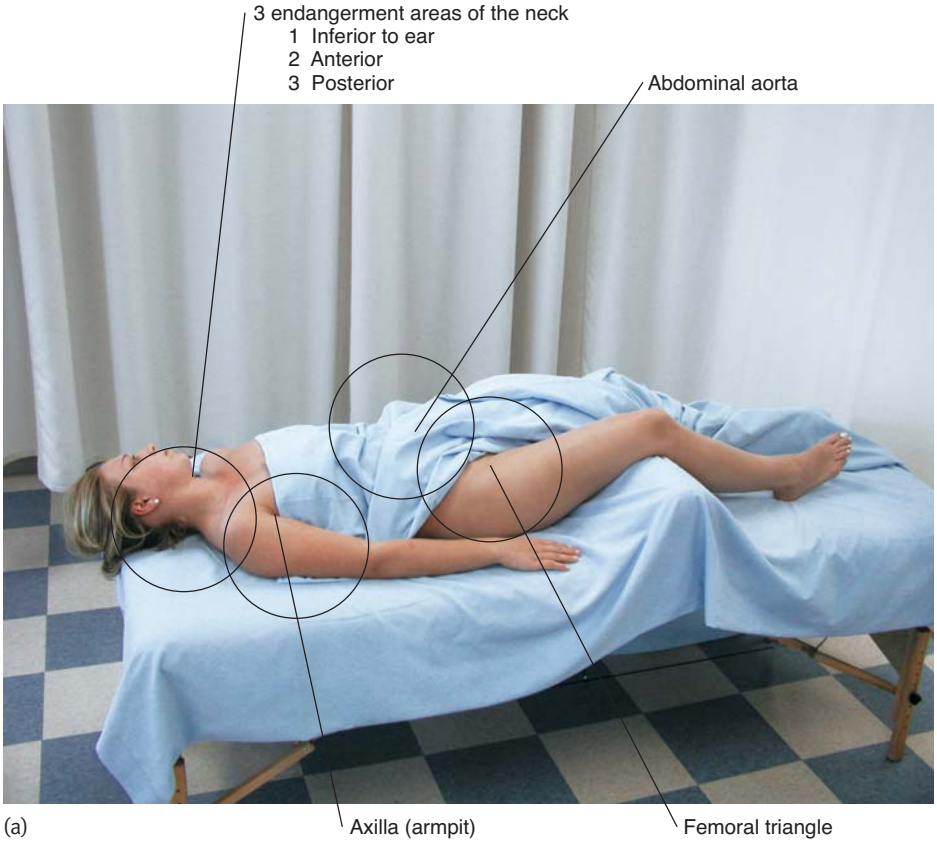
Directional Terms

Before working on the body, a complete understanding of body regions and directional terms is necessary. The body is discussed as it is held in anatomical position: standing erect with head and feet forward, arms at sides with palms facing forward. The extremities refer to the hands, arms, feet, and legs. The torso (or trunk) is the body from the chest cavity to the abdominal cavity, minus the head and neck. Medial refers to toward the midline of the body, while lateral refers to away from the midline. In any circulatory massage, work is done centripetally, which means toward the heart. See chapter 6 for a detailed discussion of directional terms. Also, begin to familiarize yourself with the muscles and their location and bony landmarks by reading chapters 8 and 9.

The Art of Skeletal Muscle Palpation

Simply stated, **palpation** is the art of observing with your eyes, touching with your hands, and identifying with your eyes and hands. When you palpate, you are using the art of touch to evaluate the body. Although there are many types of body palpation, we will focus on accessing the skeletal muscle structure and function. The purpose of the massage therapist's initial palpation evaluation is to determine whether skeletal muscles and their connective tissue coverings are functioning normally or abnormally. This will greatly assist you in determining the type of massage strokes—as well as the amount of pressure applied with the strokes—that are best suited to your client.

Detailed discussions of anatomy, physiology, and kinesiology can be found in part 2 of this text, but for our purposes here, a brief overview of anatomy and physiology re-



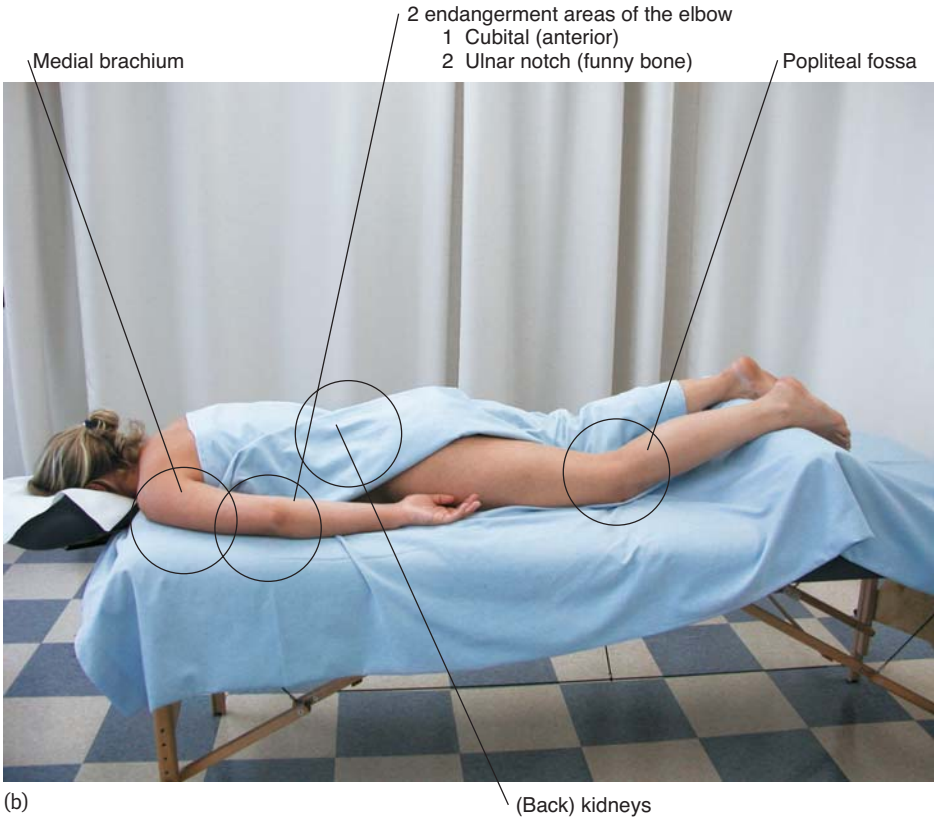


Figure 4.1
(*a*) Areas of endangerment in the supine position. (*b*) Areas of endangerment in the prone position.

Think About It Areas of Endangerment

1. Inferior to the ear
   Location: notch posterior to the ramus of the mandible
   Structure of concern: facial nerve, external carotid artery, styloid process
2. Anterior triangle of the neck
   Location: borders formed by SCM, trachea, and mandible
   Structures of concern: carotid artery, jugular vein, vagus nerve
3. Posterior triangle of the neck
   Location: borders formed by SCM, trapezius, and clavicle
   Structures of concern: brachial plexus, subclavian artery, jugular, brachiocephalic vein
4. Axilla
   Location: armpit
   Structures of concern: axillary, median, musculocutaneous, and ulnar nerves; axillary artery
5. Medial brachium
   Location: upper inner arm between biceps and triceps
   Structures of concern: ulnar, musculocutaneous, and median nerves; superior ulnar artery, brachial artery, basilic vein
6. Cubital area of the elbow
   Location: anterior bend of the elbow
   Structures of concern: median nerve, radial and ulnar arteries, median cubital vein
7. Ulnar notch of the elbow
   Location: "funny bone" between the medial epicondyle of the humerus and the olecranon process of the ulna
   Structures of concern: ulnar nerve
8. Femoral triangle
   Location: bordered by the sartorius muscle, adductor longus, and inguinal ligament
   Structures of concern: femoral nerve, femoral artery, femoral vein, great saphenous vein
9. Popliteal fossa
   Location: posterior aspect of the knee bordered by gastrocnemius and hamstring
   Structures of concern: tibial nerve, common peroneal nerve, popliteal vein
10. Abdomen
    Location: midabdomen
    Structures of concern: aorta
11. Back (Kidneys)
    Location: against the posterior abdominal wall at the level of T-12 to L-3 (under the twelfth rib); the right kidney is slightly lower than the left
    Structure of concern: kidney

veals that skeletal striated muscles are voluntary and controlled by conscious action of the central nervous system. They are named for the action they do, the region of the body they are found in, and their attachment sites to the skeleton. Skeletal muscles produce movement of body levers. Most massage procedures primarily affect skeletal muscles and their connective tissue coverings.

EXAM POINT Normal muscle contraction is palpated as a slight increase in tension as the muscle shortens.

The most commonly palpated muscle dysfunction is a **spasm**. Spasms are palpated as an increase in muscle tension due to increased shortening (hypertonicity), which the

client cannot release voluntarily. This muscle tension prevents lengthening of the muscles involved. Injury, disease, or emotional stress are the usual causes of muscle spasms.

Cramps are involuntary muscle twitches; they are palpable as muscle swelling and usually observable as quivering or palpitating of the muscle tissue. Convulsions are also involuntary spasms of a muscle that usually present a series of jerking movements in the muscle. Minor trauma to the body may cause a **contusion** or muscle bruise.

EXAM POINT Internal bleeding caused by the contusion will be palpable as swelling due to inflammation.

Tetonic contracture of muscle tissue results in continuous muscular contractions due to tonic or sustained spasm or fibrosis. It will palpate as a "hardening" of the muscle tissue and is usually observable as persistent twitching or a quick jerking of the muscle.

The most common injuries to muscle tissue are **strains** (torn, overstretched, or hypotonicity) of muscles. Strains are palpated by the degree or grade of strain. Grade I is an overstretching of only a few muscle fibers with minimal or no tearing of the fibers. Grade I may or may not be palpable or visually observable. Grade II consists of a partial tear in less than half of the muscle. Grade II strains show a thickening of the muscle tissue (which is palpable), and there may be some bleeding where the overlying skin may be discolored. Grade III presents tearing of up to 100% of the muscle. It is palpable by a depression or "bunching" of the muscle with very observable skin discoloration.

EXAM POINT Strains occur mostly in the belly of the muscle or at musculotendinous junctions.

Muscle atrophy is a wasting away of the tissue and is palpable by a decrease in the overall width of the muscle. **Hypertrophy** is an increase or broadening of the muscle due to vigorous activity or exercise. It is palpable by an enlargement of the muscle fibers. Flaccid muscles diminish in breadth due to a lack of muscle activity or exercise. They palpate as being very relaxed or without normal muscle tone.

The art of muscle palpation is a very important skill to develop as a massage therapist. It requires an understanding of the anatomy and physiology of the "instruments" used in palpation. Recall that these instruments are your eyes and hands (primarily the fingertips). In the clinical artistry of palpation, you must also be aware of how the act of observation and touch may change the anatomy and physiology of the muscle tissue.

Methodology

Many methods of muscle palpation are available to the massage practitioner. They range from intrusive to nonintrusive, active to passive, and very firm contact to little or almost no pressure at all. Firm or heavy pressure may cause muscles to tighten as the body responds to the force of the massage therapist's hand. The information gathered from forceful palpation may indicate more about the body's defense mechanisms than the actual condition of the muscle tissue and its connective tissue coverings.

Noninvasive, light palpation elicits no resistance from the body and more accurately detects the condition of the muscle tissue.

TECHNIQUE EMPHASIS When you palpate, remember the acronym PALPATE, or "*P*ress *A*lways *L*ightly, *P*erceive *A*t *T*he *E*xterior."

To accurately detect the condition of a muscle, you use the encapsulated nerve endings in your fingertips and pads to relay the information gathered to the brain. When

you palpate nonintrusively, you use **Meissner's corpuscles** for fine touch (see chapter 9). These corpuscles are located at the papillae of the dermis right underneath the epidermis (or outer covering of the skin).

Your goal in muscle palpation is to be like a dry sponge placed in a pool of water where information is "absorbed" through your hands. You can then accurately and precisely access the condition of your client's skeletal muscular system and proceed to massage using the most beneficial and effective routine for that individual.

Introduction to Massage and Bodywork

EXAM POINT Swedish massage was first formulated by Per Henrik Ling, a Swedish gymnastic instructor and fencing master, in the early 1800s. Ling's program provided the foundation for modern-day therapeutic massage and physical therapy.

Extensive travel through Asia gave Ling a background in martial arts and Eastern bodywork practices that he incorporated into Swedish gymnastics. These movements became the basis for body mechanics every Western-oriented therapist uses when working at the massage table.

EXAM POINT Although a Swede formulated the massage techniques or strokes, it was a Dutch physician, Johann Mezger, who was responsible for applying French and Latin terms to these techniques or strokes.

These terms are still in use today.

EXAM POINT There are five basic Swedish massage strokes, all of which can be used in the varied forms of therapeutic massage: effleurage, petrissage, friction, tapotement, and vibration.

Additional strokes such as compression, skin rolling, rocking, and shaking are derivatives of the basic five strokes. All of the massage strokes can be applied using one or both hands.

Considerations in Applying Massage Strokes

Generally, the application of any massage stroke involves six elements or considerations: depth, speed, rhythm, duration, direction, and frequency. Beginning massage therapists will have to consciously work at incorporating these considerations into their massage. With practice and experience, however, these considerations will become second nature, and the mechanical feeling will evolve into one of fluidity.

Depth or depth of pressure is the amount of force a stroke applies to the tissue. Regardless of what implement is used (thumb, heel of hand, or forearm), the amount of force you apply to the tissue depends on the desired result. If the stroke is performed with the intent of spreading lubricant, the depth of pressure will be less penetrating than if the intent is to reach deep into the tissue and break up adhesions.

Depth of pressure should be increased gradually and with great care. Imagine a friend giving you a "high five" as opposed to a punch in the arm. The "high five" is a warm gesture that is amicably received, whereas the punch is startling. With the punch, the body flinches, recoils, or withdraws in an attempt to protect itself. Muscles react in the same manner; they contract to guard themselves. Muscle contrac-

tion produces a protective mode that is counterproductive to effective work on the muscle.

Depth of pressure also depends on the client's tolerance. What is deep pressure to one client may not be deep to another. You should periodically ask your client about the pressure. Always watch for signs of discomfort, such as the client making a fist, holding the breath, or tightening facial muscles. Clients do not often verbalize pain; they believe that you, as the trained professional, know what is best. Finally, depth of pressure may change from one area of the body to another with the same client. Many people can take a good deal of pressure on their back but very little pressure on their legs, for example.

Speed of the stroke is how fast or slow a stroke is performed. Depending on the desired response—relaxation or invigoration—any stroke may be applied slowly or quickly. For example, compression applied with slow, rhythmic presses flushes lactic acid out of a muscle, while compression done quickly pumps fresh blood into the muscle and prepares it for action. In general, slow strokes soothe while fast strokes "wake up."

Rhythm is the regularity or constancy with which a stroke is applied. As with speed, rhythm can be slow or fast, depending on the desired result. Rhythm can speak to the overall tone of the massage; therapists must refrain from working in a herky-jerky fashion.

TECHNIQUE EMPHASIS Recall the analogy of the massage session as a dance; the massage therapist "leads" the dance through fluid steps in keeping with a "beat."

Duration is twofold; it can be the length of time each stroke lasts during its application or the length of time the stroke remains on any given body part. Again, if the desired result is relaxation, a slower and longer stroke is used. *Longer*, here, refers to the amount of tissue traversed, for example, the entire leg from foot to top of thigh. Second, the amount of time spent on any given area, such as the entire time spent on the leg, denotes duration.

Direction is the path or track of the stroke. On the extremities, the direction is centripetally or toward the heart. (Blood flows to the heart through veins, which have one-way valves. Pressure on these valves must be exerted in one direction only; hence, application of any massage stroke pushing blood through these valves must be toward the heart.) For example, effleuraging up the leg is applying effleurage from the foot, over the lower leg, and over the upper leg to the upper thigh (toward the heart).

Frequency is the number of times each stroke is performed. In general, the rule of three's applies: each stroke is performed three times before transitioning to another stroke or area of the body. To spread lubricant, for example, effleurage is applied three times, followed by transitioning to another stroke such as petrissage.

The Strokes

Definition

Effleurage is from the French word *effleurer*, meaning "to glide." Effleurage is considered a warming and gliding stroke and is used in many different ways. This stroke is demonstrated in figure 4.2. Effleurage is used to spread lubricant, to warm up the tissues to prepare them for deeper work, to transition to other strokes or other areas of the body, and to serve as a finishing stroke. Additionally, effleurage can be used during palpation to subtly identify muscles and tendons. In this manner, you palpate with finesse rather than poking or prodding.

EXAM POINT Given all of these applications, effleurage is considered the most versatile stroke of all.

Figure 4.2
(*a*) One-handed effleurage. (*b*) Two-handed effleurage. (*c*) Effleurage using ulnar side of hand. (*d*) Effleurage using thumb. (*e*) Forearm effleurage. (*f*) Proper placement of hands for effleurage on pectoralis. (*g*) Effleurage using a loose fist.

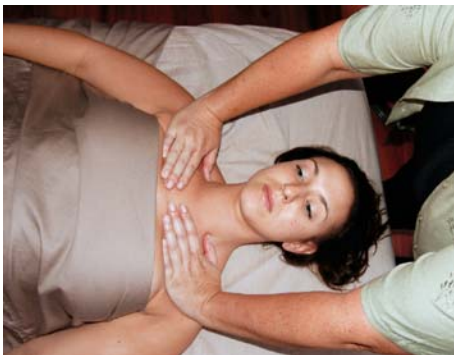
(a)

(b)

(c)

(d)

(e)



(f)

(g)

Application

Effleurage is applied with a flat hand, using the full palmar and finger surface, in a gliding manner. As the hands glide over the body, they fully follow the contours of the body, remaining in constant contact throughout the stroke. Any stroke that glides over the body—whether it is done with the hands, fingers, thumbs, forearms, or any other body part—is considered an effleurage stroke.

Considerations

The depth of an effleurage stroke can be light, moderate, or deep. As the stroke is first applied and lubricant is spread, the depth is fairly light, graduating to more moderate or deeper pressure as the tissue warms and the massage progresses. The speed with which this stroke is applied depends on the intent (i.e., slow to soothe and relax or fast to wake up the muscles). Effleurage is most often performed with constancy lasting an even amount of time. As a general rule, effleurage at least three times at the beginning, in between, and at the end of other strokes or parts of the body (to make sure the lubricant is adequately spread, the tissues are warmed, and to provide a finishing stroke). On the extremities, the direction is always toward the heart—centripetally—or with venous (blood) flow. On the torso or the back, the direction is not restricted to moving toward the heart.

Physiological Effect

Effleurage has the effect of calming down any nerves that may have become irritated. Firmly applied effleurage accelerates blood and lymph flow, and improves tissue drainage, which in turn reduces recent swelling. Rapid strokes, however, have the opposite effect; muscle tone is increased and tissue is stimulated.

Definition

Petrissage is from the French word *patrir*, meaning "to knead"; petrissage is also referred to as "milking" or "wringing" (figure 4.3). This stroke is perhaps the hardest stroke for new students to master since it involves the use of the *C* part of the hand (between the thumb and first finger, or the "webbing") as the primary pressure point. Petrissage almost always follows effleurage to further warm the muscle tissue. It can be applied with two hands or one, and is done toward the heart on the extremities.

Figure 4.3 **Two-handed petrissage**

Application

The *C* of the hand is used to push down into the muscle, grasp the muscle, pull it directly up off the bone, and release the tissue in a somewhat backward half-circle motion. In two-handed petrissage, both hands alternate in performing the same motion. The movement is helped with proper body mechanics; bending your left knee helps your left hand to drive down into the muscle, and bending your right knee helps your right hand.

Considerations

By its very nature, the depth of pressure of the petrissage stroke is somewhat deeper than that of other strokes. The speed and duration with which the stroke is performed depend on intent (the desired result being waking up the tissue). In two-handed petrissage, the rhythm is usually consistent between the two hands. Again, the direction on the extremities is always toward the heart. The frequency depends on the surface area covered (generally, it is performed more times on larger muscle groups such as the quadriceps or thigh muscles).

Physiological Effects

Kneading promotes the flow of tissue fluids and encourages increased blood flow by vasodilation. These effects help reduce swelling and resolve inflammation. Rigorous or deep kneading decreases muscle spasms by resetting the muscle spindles and allowing for lengthening of tissues shortened by injury.

Definition

Friction comes from the Latin word *frictio*, meaning "to rub"; friction often follows petrissage.

EXAM POINT Friction is the best stroke to break up adhesions (or muscle spasms) since it sinks deep into the muscle tissue and works to break apart and realign muscle fibers (figure 4.4).

Figure 4.4 **Friction with the thumb**

Application

Friction can be done with the thumbs (most common), the heel of hands, and the elbows. This stroke is applied in a parallel (in the direction of the fibers) or cross-fiber (across the direction of—or perpendicular to—the fibers) direction, or circular motion. It is performed with little or no lubricant.

Considerations

Unlike effleurage, the success of friction depends on not gliding over tissue; therefore, depth is important and movement is isolated to the underlying muscle and tendon fibers. As mentioned earlier, friction can be applied in *three ways:* (1) parallel, (2) cross-fiber, or (3) in a circular motion. The rhythm is constant, the speed is slow, and the duration is kept to a minimum as the stroke is intense. The frequency with which this stroke is used depends on your client's needs; suffice it to say, however, that you would not want to do a deep frictioning massage on the entire body!

Physiological Effects

Friction is aimed directly at the site of injury to mobilize muscle; separate adhesions in muscle, tendon, or scar tissue; and restore fibers to a more normal alignment for freer movement.

Definition

Tapotement is derived from the Old French term *tapir,* meaning "light blow." Tapotement is a percussion stroke with the blow being immediately pulled off the muscle as soon as the hand strikes the tissue. There are six types of tapotements: hacking/quacking, beating, cupping, slapping, tapping, and pincement (pinching).

Application

Hacking/quacking are performed using the ulnar side (little finger side) of the hand in alternating blows with the wrists kept loose. Beating is performed with the ulnar side of the hand and loose fists. Cupping is performed with the palmar side of the hand in concave position. Slapping is performed with the palmar side of the with usually more finger surface than palm. Tapping and pincement are both performed using the fingertips.

Considerations

Depending on which of the six tapotements is used and where, the six considerations of application will vary. Tapotements are not performed over the kidneys or bony surfaces.

Physiological Effects

The many variations of tapotement are stimulating initially but can become sedating with prolonged use. In this case, tapotements promote relaxation, desensitize irritated nerve endings, and break up congestion in the lung.

Definition

Vibration comes from the Latin term for "shaker"; vibration is a stroke that ranges from quick shaking to rhythmic rocking. It is an excellent stroke to both wake up tissue and encourage a client to "let go" of a limb that is unconsciously held in partial contraction.

Application

Performed with two hands enveloping the muscle and quickly oscillating back and forth, vibration is a preparatory stroke that increases circulation to get the muscle ready for sports competition. Both fingertips and hands can be used to apply continuous movement.

Considerations

Vibration can be done lightly or vigorously for varying lengths of time. As with the other strokes, use and application depend on the client's needs.

Physiological Effects

Vibration decreases hypertonicity in muscles by interrupting or distracting the receptors in the surrounding tissue or joint. It also stimulates nerve fibers and facilitates neuromuscular reeducation or rehabilitation techniques.

Additional Strokes

There are other strokes that some massage professionals consider to be derivatives or extensions of the five basic Swedish strokes. Other professionals consider these to be strokes in their own right. These strokes often are labeled for the modality with which they are associated, such as sports massage.

Compression is performed with the fist most often but can be applied with thumb, flat hand, elbows, or feet. Compression is performed by pushing directly down into the tissue and may be accompanied by a slight twist (figure 4.5).

Skin rolling is a stroke that addresses the skin and connective tissue. Skin rolling is performed by picking up the skin and connective tissue between the fingers and thumbs and rolling the tissue over the thumbs (figure 4.6).

Rocking is a stroke often used at the beginning and end of the massage to gently soothe the client by affecting the nervous system. Both hands are placed on the body, one on the lower cervical/upper thoracic area and one on the low back; then they generate a gentle, rocking motion.

Although **shaking** is similar to rocking, it is considered a gentler stroke than vibration. Shaking can encourage "letting go" when a client is unconsciously holding onto tension, which can make it difficult to work on a body part.

Fine tremulous is classified by some texts as a shaking stroke, while others list it with vibration. Fingertips are gently placed on the skin with a light, quick, and steady vibration movement stroking downward or outward.

Nerve stroke is a finishing stroke done with the fingertips of both hands lightly stroking down in an alternating fashion. It is sometimes considered an energy technique.

Wringing, a form of petrissage, is actually considered a sports massage stroke. As figure 4.7 shows, this stroke involves a twist (see chapter 13).

Cross-stretch (figure 4.8) is a myofascial release stretch that begins tissue release.

(a) (b) (c)

Figure 4.5

(*a*) Compression with back of fist. (*b*) Direct-sustained pressure with thumb (a compression). (*c*) Compression broadening (also known as broadening/lifting).

Figure 4.6 Skin rolling

Figure 4.7 Wringing

Figure 4.8 Cross-stretch (a myofascial release technique)

Thumb presses originate from Eastern modalities such as Thai massage and shiatsu and are used to hold pressure points. Thumb presses are performed with the pad of the thumb close to the nail (but not the nail).

Today, massage therapists who have furthered their education and extended their practice beyond the basic Swedish strokes perform what is often called therapeutic massage. Such a practice uses the full compliment of strokes or techniques. As you further your studies in both Western therapeutic massage and Eastern modalities, you can blend these techniques for an all-encompassing massage and bodywork session. As you will learn in the sections that follow, massage is an artful dance balancing simplicity with complexity in the integral flow of life.

Sequence and Flow

As a beginning massage student, you must concentrate on the technical aspects of the strokes and the body mechanics that help to deliver those strokes. However, as soon as you are comfortable with the application of strokes, turn your attention to the flow and intent of the massage.

Although a massage can be organized in many ways in terms of sequence or order, it is the flow that unifies the massage. Transitioning from one massage stroke to another or from one body part to another requires fluid movements. A great massage is the result of planning and "feeling." The therapist's intent is to offer to the client a full hour (or whatever the time frame is) of focused work that is nothing short of an artful performance. Using dance as an analogy for the massage, the dance steps falling in a certain order is the sequence, with one number flowing into the next to create the overall performance and work of art. Massage students should view themselves as choreographers of a wonderful dance that without their compassion and spirit would be nothing more than a conglomeration of strokes. Without this choreography, a therapist can be technically correct but not deliver a massage that is memorable and complete.

Descriptive terms for the **massage sequence** are mechanical, technical, thorough, efficient, organized, and logical. Descriptive terms for the **massage flow** are centered, fluid, connected, focused, transitional, and passionate.

Sequence

The client can be positioned on the massage table either **prone** (face down) or **supine** (face up). The decision to start either prone or supine may be dictated by many factors, such as the needs or desires of the client, the purpose of the massage, time parameters, and so on. In general, starting prone works well for most situations since many clients complain of back, shoulder, and neck pain. It is a good idea to address your client's chief complaint first, then work on other areas of the body (time permitting). A typical massage in prone position would begin with work on the back, followed by right leg and foot, then left leg and foot. You can also work on the right foot and leg, then left foot and leg, followed by the back. Starting with the feet and legs allows for application of a heat pack to the back, thereby warming the tissues before working deeply. With Eastern modalities, the work is from the feet up to the crown chakra; the client is turned supine, and work begins on the left foot and leg, followed by right foot and leg, right hand and arm, left hand and arm, chest, neck, and head and face.

A common sequence for beginning massage in the supine position would be to start with the face, head, and neck, followed by the chest, right hand and arm, left hand and arm, left foot and leg, and right foot and leg.

TECHNIQUE EMPHASIS Some therapists choose to work in either a clockwise or counterclockwise direction when working in the supine position (i.e., right hand and arm, right foot and leg, left foot and leg, left hand and foot). The client is then turned prone to work on the back, feet, and legs.

Flow

It is simplistic to say the massage must follow a logical sequence to flow. It is more accurate to say the individual parts must relate to the whole via the therapist's ability to make smooth transitions. Keep in mind that the sequence emanates from what the client's body tells you. Work may move around the body within one session, depending on what the body requires; sometimes, the work will be light, sometimes deep. At times, you may need to ease up on a certain area, move to another body part, and then come back to the area of concern when it is better tolerated or accepted by the client's body. Such an intuitive approach creates a wonderful flow.

All massage therapists approach their work from a nurturing perspective; the very nature of massage requires the therapist possess compassion, concern for others, well-being, and a desire to heal. Whereas the sequence can be considered the more *impersonal* side of massage, the flow can be regarded as the *personal* side. Many clients choose a particular therapist because they feel a certain connectedness or a bond with that person. Indeed, the massage becomes infused with the therapist's personality, philosophy, and spirituality: this is also known as the **massage therapist's intent**.

Strive to maintain continuity throughout the massage by remaining in contact with the client's body as much as possible. Contact here is both physical and mental. It is impractical to always have physical contact; however, it is imperative you maintain mental contact by staying focused on the massage. Resist all interruptions or distractions, such as thinking about what you are doing later that day or what errands you have to accomplish on your way home. A client can tell if your attention is elsewhere.

Body Mechanics

Whether you are performing massage at the table, chair, or on the mat, it is most important to use proper body mechanics at all times. Proper body mechanics ensure that the least amount of stress possible is placed on your body at any given moment. This is especially important if you are working in a setting in which you perform four or five massages back to back. Following proper body mechanics guidelines will also set the stage for a long career in massage therapy. In addition to these guidelines listed below, please read the section in chapter 6 entitled "Prevention and Healthy Living" for further discussion of maintaining good posture at home and work, proper lifting techniques, and improving sleeping habits. See also the section entitled "Biomechanics and Massage" in chapter 6 for further recommendations of proper positioning during massage. Remember, whatever the methodology, good body mechanics have their foundation in working from your center of gravity and establishing balance.

Guidelines

First, and foremost, find your center of gravity. If you are unaware of its presence in your body, develop a feel for it through yoga, T'ai chi, martial arts, dance, gymnastics, or a similar practice.

EXAM POINT In the martial arts and Eastern modalities, the center of gravity is called the *hara* or *tuntein*.

If you are familiar with yoga and chakras, your center of gravity is found between the solar plexus and sacral chakras.

TECHNIQUE EMPHASIS Remain centered and grounded in this center of gravity at all times by breathing into and out of this area.

Any and all movements should emanate from this center as well. Keep weight equally balanced over the pelvis and legs, with knees "soft," when standing symmetrically.

When you are standing asymmetrically, such as when performing effleurage up the leg from the side of the table, always keep your weight balanced between your front and back legs with emphasis on the back foot and leg; this corresponds to the yoga asana of the Warrior (*Virabhdrasana*). (See chapter 19 for further information). Do not allow the knee to bend more than 90 degrees, moving past the ankle, as this could cause injury to the knee. Although this is the basic posture for Swedish massage at the side of the table, please note that other modalities (such as *Lomi lomi*) involve specific footwork that has you "dancing" or "flying" around the table, yet operating from a very stable, balanced position.

TECHNIQUE EMPHASIS Weight on each foot is spread across what is referred to in yoga as the tripod of the foot.

Draw an imaginary line from the big toe edge, horizontally across to the little toe edge, down to the center of the heel, and back up to locate the tripod. Refer to figure 4.9 for some examples of body mechanics. Figure 4.10 illustrates the tripod points.

TECHNIQUE EMPHASIS Keep the back relatively straight and lengthened by imagining space between each vertebra, rather than straight and stiff in a military fashion.

Shoulders should remain over or slightly in front of hips. The length in the back should continue up through the cervical spine. Remember, the head can weigh up to 6 pounds; occasionally look up and straight ahead rather than down at the body you are working on to lessen neck strain.

Shoulders should be relaxed and down.

TECHNIQUE EMPHASIS Avoid drawing the shoulders up toward the ears using the upper trapezius.

This action will create tired shoulders after a long day. If using the forearm in a technique, keep the shoulder over or slightly behind the elbow to avoid putting pressure on or damaging the shoulder joint.

TECHNIQUE EMPHASIS Further, recognize that the strength of each stroke flows from the floor up through your legs, torso, shoulder, and down your arms. Elbows are kept "soft," not locked or hyperextended.

The pad toward the tip of the thumb is used for all work, not the nail tip or first joint.

TECHNIQUE EMPHASIS If using the thumb for gliding, especially if deep gliding work is done, keeping the thumb joints and wrist in alignment is of the utmost importance.

With developed palpation and usage skills, the elbow is a great substitute for the thumb. Some therapists also find it more comfortable to use a knobble of a T-Bar for holding pressure points. When using the heel of the hand, do not put undue pressure on a hyperextended wrist.

(a) An example of good body mechanics at the table
This therapist is perfectly balanced, keeping shoulders relaxed and down and slightly in front of hips. Her weight is on the back leg and foot, and her head is up.

(b) An example of poor body mechanics at the table
The therapist is off balance, having thrown her weight onto the front leg. Shoulders are drawn up, showing tension; elbows are locked with wrists in hyperflexion; and head is down, creating strain on the neck and shoulders.

(c) An example of good body mechanics at the chair
This therapist is perfectly balanced, keeping shoulders over hips, weight on the back leg and foot, and head up.

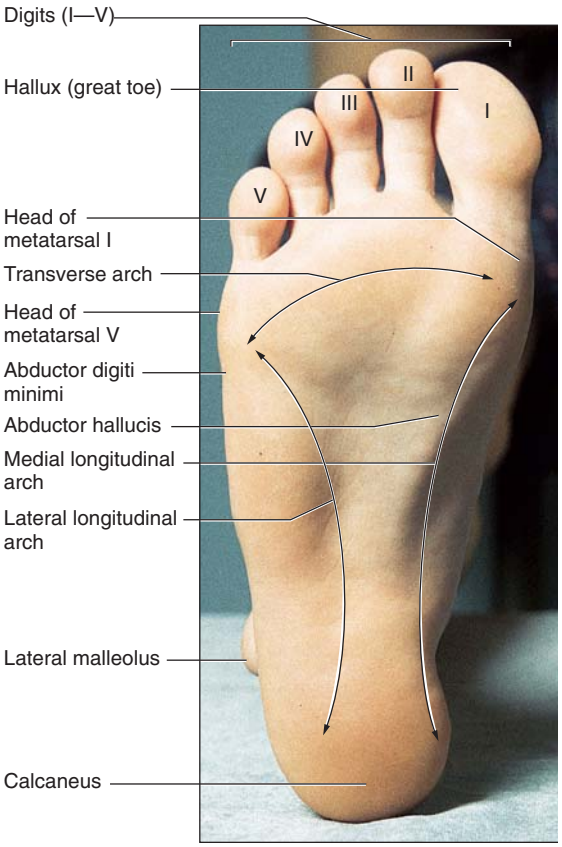
(d) An example of poor body mechanics at the chair
The therapist is off balance; torso is concave, shifting his center of gravity (hara) backward.

Figure 4.9

If you perform any of the bodywork modalities such as Thai massage or shiatsu, you will likely be working on the floor on a dense mat. In this case, it is still important to acknowledge and work from your center of gravity, which is relatively close to the floor. Keep your back as straight as possible without being rigid, with shoulders slightly in front of the hips. Weight can be shifted forward to move a part of the client's body via a lunge (one knee on the floor, one knee off with a 90-degree bend). For any pressure-point holding, position your body above the point with thumbs, wrists, elbows, and shoulders soft and in alignment. Do not allow your head to drop; this will help to prevent the neck muscles from becoming tired.

Remember that the objective of the Eastern modalities is to work effortlessly but effectively by using your body positioning and moving the client's body, rather than using sheer strength from your upper body. For example, with the client in prone position on the mat, cup the front of the shoulder and draw it back against your thumb, which is positioned along the vertebral border of the scapula. With this technique, less

Figure 4.10
To find the tripod of the foot, draw an imaginary line on the bottom of the foot from the ball of the foot under the big toe, over to the little toe edge, down to the center of the heel, and back up to the ball of the foot.



pressure tends to be put on individual joints (such as the thumb) as you are not pushing into the rhomboid attachments at the scapula. Working in this fashion in the Eastern modalities, use the client's body to his or her advantage. It is common in Thailand to massage from sunrise to sunset as a normal workday!

Table Massage Sequence

Set the massage table to the proper height after meeting with the client and determining the appropriate type of massage or modalities you may include. A general rule of thumb is fingertips or knuckles should brush the top of the table as you stand next to it; set it on the higher side for lighter work or smaller bodies and on the lower side for deeper work or larger bodies. Having discussed any recent concerns with the client or reviewed previous session notes, you are ready to choreograph that dance with your client and fully envelop your client in the massage experience. Be sure to familiarize yourself with the basic strokes, elementary anatomy, indications and contraindications, and basic safety precautions before beginning to practice a full sequence.

The sequence described here does not illustrate any spinal deviations and is performed with lubricant, except for the deep tissue sculpting move down the back. It starts with basic thumb glides; this stroke can later evolve into thumb stripping once you have learned about muscle physiology and understand frictioning along or across muscle fibers. Time frames are mentioned only as a guide to help the new student gauge time; the time will be shorter for new students using only a couple of the basic strokes and longer if the client has specific issues, such as a low back or shoulder problem.

Finally, this sequence includes a few pressure points with the work on the feet and hands, abdominals, shoulders, and neck and face taken from Thai massage. It is a great way to begin blending more Eastern-style modalities with Western therapeutic massage. Those who are not comfortable with (or do not choose to work in Eastern modal-

Figure 4.11 Client positioned prone

ities) may simply omit these points. Stretches, based on Eastern and Western principles of movement (see chapters 13 and 19), are not included here but can be added after you become proficient with the strokes, techniques, and draping.

In the sequence, you are the choreographer who—through knowledge, skill, and intent—choreographs the dance and creates the art of massage.

Prone

Ask your client to sit in the middle of the table, then lay on her side, using the arms to support her weight while lying down (figure 4.11). Have her turn onto her stomach with her face in the face cradle. Place a bolster under the ankles and adjust the drape (see chapters 2 and 3 for information concerning positioning, draping, and bolstering).

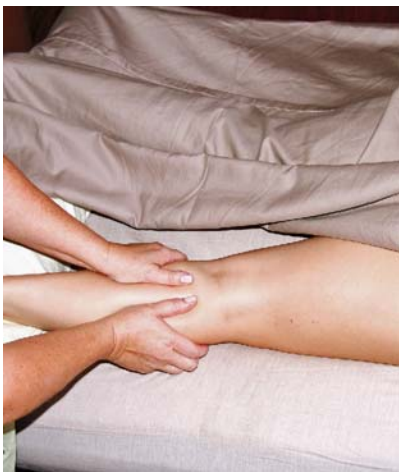
TECHNIQUE EMPHASIS Begin each massage by taking a few moments to center yourself through deep breathing and focus on the client in front of you.

Deep, rhythmic breathing by you, the therapist, throughout the massage will help you maintain your focus, connect with your client, and facilitate the flow of the massage (see chapter 19).

Feet and Legs (Approximately 10 Minutes)

Figure 4.12 illustrates the prone sequence for feet and legs. Gently place your hands on the client's heels to initiate touch. Undrape the client's right leg. Effleurage the entire foot and leg several times to spread the lubricant and warm the tissues. Work on the bottoms of the feet using alternating one-handed petrissage, horizontal and vertical thumb glides, and static pressure on acupressure points (six points: starting under the middle toe, move one thumb's width down toward the heel for point 2, move one thumb's width down for point 3, move one thumb's width over toward the arch for point 4, move one thumb's width up for point 5, move one thumb's width up to just under the big toe for point 6). Use compression/broadening on the heels, followed by sliding the ulnar side of the hand back and forth over the Achilles heel. Follow with hand over hand up the gastrocnemius and soleus. Petrissage the center, medial, and lateral aspects of the lower leg from ankle to just below the knee; follow with thumb glides, stopping to friction any spasms. Use compression/broadening and effleurage to complete the lower leg.

Figure 4.12 **Effleurage from foot to leg**
(*a*) Compression on bottom of foot. (*b*) Acupressure points on bottom of foot. (*c*) Effleurage entire foot coming off toes. (*d*) Compression on heel. (*e*) Gliding with ulnar side of hand along Achilles tendon. (*f*) Effleurage on calf. (*g*) Petrissage on calf. (*h*) Thumb glide and friction on calf. (*i*) Petrissage on calf with knee bent.



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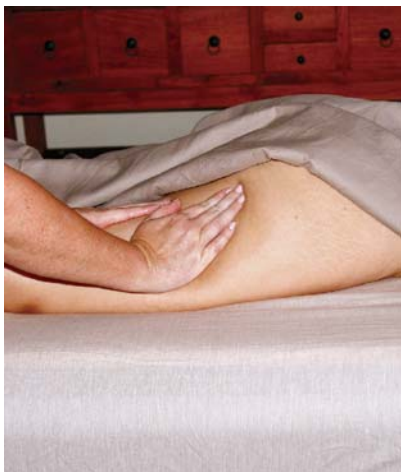

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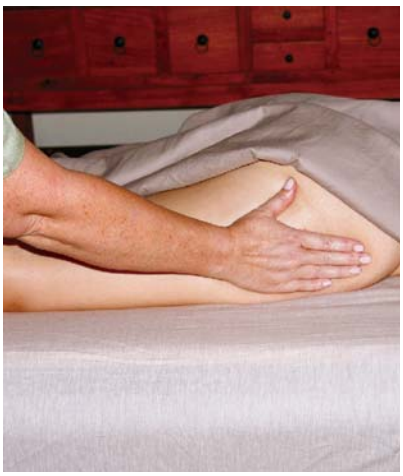

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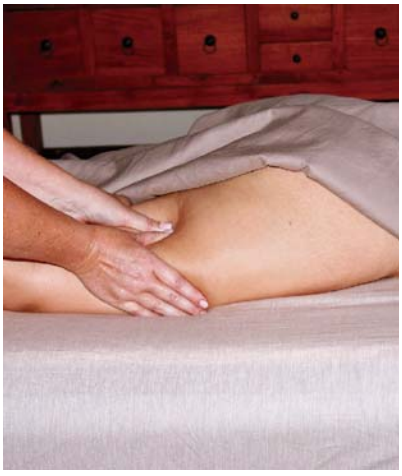

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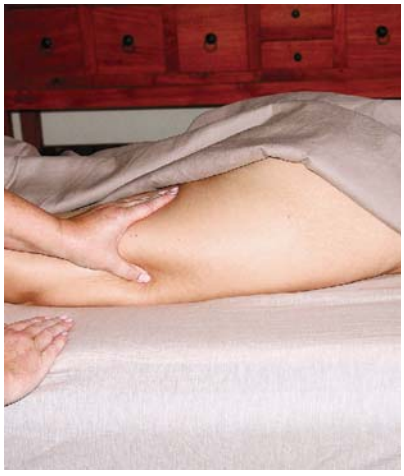


(n)

(o)

(p)

(q)

Figure 4.12 **Effleurage from foot to leg** ***(continued)***

(*j*) Compression broadening on calf. (*k*) Effleurage on thigh. (*l*) Effleurage on IT band. (*m*) Thumb glide on hamstrings. (*n*) Thumb glide on IT band. (*o*) Loose-fist compression on hamstrings. (*p*) Compression on gluteals. (*q*) Thumb glide on gluteals.

Effleurage up the leg (no pressure on the back of the knee) to transition to the thigh. Use the back of a loose fist (with pressure) to glide from just above the knee to the buttock. Petrissage the center, medial, and lateral aspects of the thigh, follow with thumb glides, and friction all of the hamstring muscles. Follow with compression/broadening and wringing.

Work on the buttocks (gluteal muscles) can be done over the drape with compressions, holding points just off the sacrum on the gluteus maximus, and beating (tapotement). After you have become more proficient with strokes and draping, work on the gluteals undraped (see chapter 13).

To finish, effleurage the entire foot and leg once again, giving it a gentle rocking motion (with no pressure) coming down the leg. Cover with the drape. With the palmar surface of your hand on either side of the knee, stroke away from the knee over the towel toward the foot and toward the buttock; follow with a forearm roll in the same fashion and finish with hacking/quacking. Perform the same movements on the left leg.

Back (Approximately 20 Minutes)

Figure 4.13 illustrates the back sequence. Draw the drape down to the low back/pelvic crest. Place your right hand at the inferior angle of the scapula; cross your left arm over your right arm and place your left hand on the flesh of the buttocks (gluteals) with fingers pointing laterally. Perform a myofascial stretch. Switch. Standing at the head of the table, place your fists on either side of, but not directly on, the spine between the shoulder blades; apply direct pressure for a deep tissue sculpting move (a technique performed without lubricant). Ask your client to inhale and exhale; allow your fists to slide down as the muscle "melts." Change to the ulnar side of the fist before your wrists "break over" and finally to the palmar surface of your hand at the pelvis; hold traction.

With lubricant, effleurage the entire back several times. Effleurage on one side of the spine (over the paraspinals) with one hand placed on top of your other hand; follow with the same movement on the other side. Compress the quadratus lumborum of the low back with fist or forearm; thumb glide crest to twelfth rib. Effleurage the area.

TECHNIQUE EMPHASIS Follow your hand up on the last effleurage and turn around to thumb glide down the quadratus lumborum from twelfth rib to crest.

Move to the *opposite* side of the table; with palmar surface of the hand, glide laterally and medially over the right quadratus lumborum. This last stroke draws your hand over to the left quadratus lumborum and puts you in position to work on the left quadratus lumborum. Repeat all movements.

From the head of the table, effleurage the entire back as a transition. Step to the right side of the table; with fingertips, glide up the paraspinals and over the lattisimus attachment. If your client has a normal range of motion or is quite flexible, grasp her elbow and hand or wrist; gently draw the elbow directly out and place the hand on the low back. This position allows the scapula to be more visible and accessible for work. If the client is not comfortable with her hand on the low back, allow the arm to remain on the table and slightly draw the elbow out. With right fingers under shoulder at the pectoral attachment and left hand at vertebral border of scapula, traction out. Release and friction attachments at inferior angle of the scapula.

Thumb glide intercostals and up under the scapula. Stepping to the head of the table on the client's left side, use one or both thumbs to glide and friction rhomboid attachments along the vertebral border of the scapula and spine; thumb glide rhomboids. Stepping back to client's right side, carefully remove the client's hand from the low back and lower the arm off the table. Compress the infraspinatus; use thumb glide and friction. Glide your hands down the arm to pick it up and place back on the table. Step to the head and palpate the supraspinatus. Step to the left side of the client and petrissage the right upper trapezius, flowing over to the left. Perform the same movements on the left shoulder.

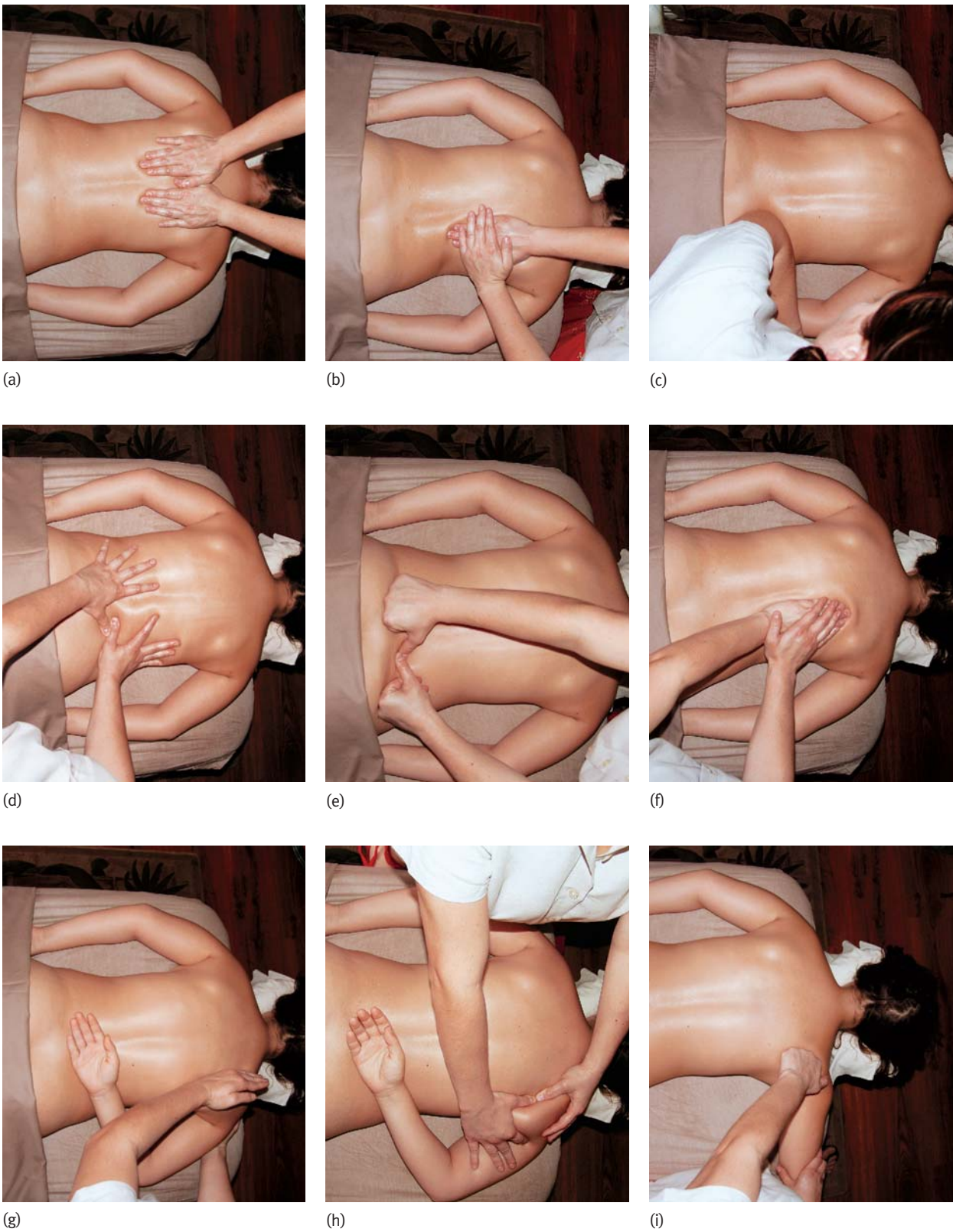


Figure 4.13
(*a*) Effleurage on back. (*b*) Effleurage down paraspinals. (*c*) Forearm compression on quadratus lumborum. (*d*) Thumb glide on quadratus lumborum. (*e*) Acupressure points along pelvis. (*f*) Effleurage up paraspinals. (*g*) Client's hand on low back raises scapula for traction. (*h*) Thumb work on rhomboid attachments. (*i*) Loose-fist compression on scapula.

(j)

(k)

(l)

(m)

(n)

(o)

(p)

(q)

(r)

Figure 4.13 ***(continued)***

(*j*) Thumb glide on infraspinatus. (*k*) Thumb glide on supraspinatus. (*l*) Forearm work on trapezius. (*m*) Forearm work across rhomboids. (*n*) Forearm work to pelvis. (*o*) Forearm work up back. (*p*) Loose fists on trapezius. (*q*) Thumb glide on upper trapezius. (*r*) Finger glides on levator scapulae.

Effleurage the entire back from the head of the table. Sit on a stool or chair placed at the client's head.

TECHNIQUE EMPHASIS Draw the drape up to keep the client warm while working the upper trapezius and neck.

Effleurage the upper trapezius and neck. Use the back of loose fists to further effleurage. Hold pressure points across the trapezius (using both thumbs, simultaneously hold points nearest the neck, move laterally and hold two more points, move laterally and hold two more points, then move back medially on same points). Effleurage. Glide the palmar surface of your left hand up the neck to the occipital ridge and hold the ridge. With your right thumb, glide from occiput to levator attachment at the scapulae; move laterally and glide from the occiput over the trapezius. The palmar surface of your right hand glides over the shoulder and up the back of the neck to the occipital ridge to position your left thumb to perform the same movements on the left side of the neck. Effleurage the trapezius and neck.

Stand up; move the drape slightly back to effleurage the entire back in completion of the prone position.

Turning the Client

Remove the bolster from under the client's ankles and any other bolstering.

TECHNIQUE EMPHASIS Reach across the client and pick up the towel; hold it up, pinning the edge closest to you between the table and your thigh so that it does not move with the client as she turns over.

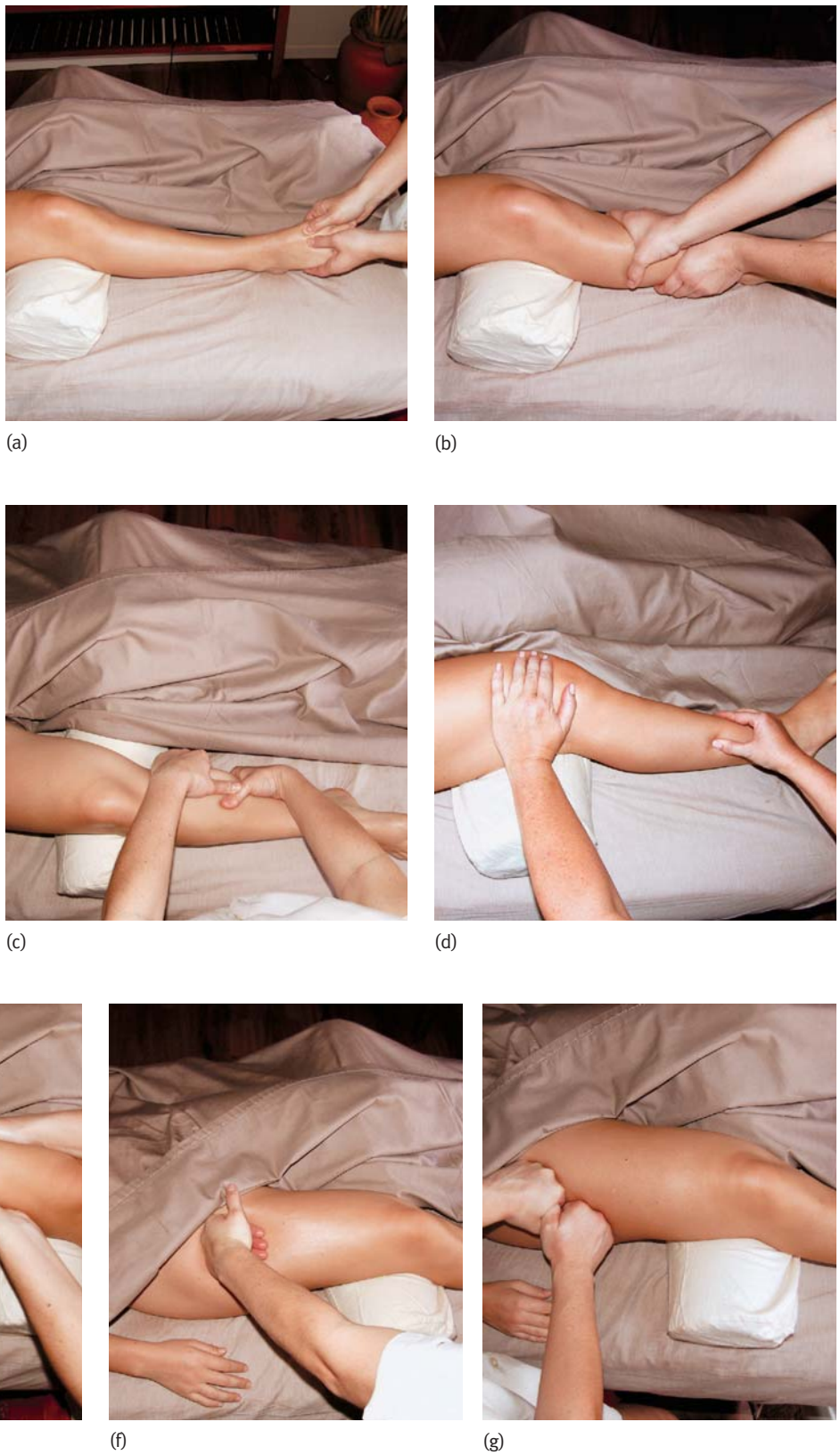
Ask the client to roll over by rolling toward you (and the side on which the drape is held up) and move down the table so her head is on the table rather than in the face cradle. Some clients will roll over on the side that is easiest for them, so make sure you stand and hold the drape up on the side that will not exacerbate an injury. For example, in the prone position, if the client has a right arm or shoulder injury, stand on his right side and ask him to roll over toward you using his left arm. In the supine position, if the client has a right arm or shoulder injury, stand on his left side so he will roll onto his left arm (rather than onto the injured right arm). If using a sheet for a top drape, reach across the client and draw the sheet up to a "tent" so that the client can easily and comfortably roll over under the sheet. Reposition the drape and place the bolster under the client's knees.

Supine

Feet and Legs (Approximately 8 Minutes)

Figure 4.14 illustrates the supine sequence for feet and legs. Begin again at the feet. Undrape the left leg. As with the prone position, all strokes are performed with venous flow. Effleurage the foot and leg to spread lubricant and warm the tissues. Use alternating one-handed petrissage and thumb glides between the metatarsals of the foot. Use finger circles around the ankles followed by hand over hand up the shin. There is not much to work on the lower leg; petrissage the medial gastrocnemius again and thumb glide up the tibialis anterior muscle. Effleurage again, gliding up to do a figure eight around the knee: starting above the knee, do three circles toward the knee (similar to a compression/broadening stroke), slide down alongside of the knee and below the knee. Do three circles toward it.

Effleurage up the thigh; petrissage the thigh. Use the back of alternating loose fists to glide from above the knee to the hip, covering each of the quadriceps, adductors, and



(a) (b) (c) (d) (e) (f) (g)

Figure 4.14 Client positioned supine
(*a*) Thumb glides between metatarsals. (*b*) Hand-over-hand effleurage up lower leg. (*c*) Petrissage medial aspect of lower leg. (*d*) Thumb glide up lateral aspect of lower leg. (*e*) Figure eight around knee. (*f*) Loose fist on quadriceps. (*g*) Figure eight with loose fists.

IT band. Follow with thumb glides and stripping, compression/broadening, or wringing. Effleurage up the entire leg with a gentle rocking motion (no pressure) coming down. Move to the right leg and repeat the movements.

Abdominals and Intercostals (Approximately 1 to 2 Minutes)

Although many massage schools do not teach abdominal massage today, it is well worth your while to familiarize yourself with these techniques. Figure 4.15 illustrates the abdominal sequence. Drape the client as shown; this provides privacy for female clients while allowing easy access to the abdomen and rib cage area. Always massage in the direction of peristalsis (normal rhythmic waves of muscular contraction in the digestive tract) or in a clockwise direction, beginning with palmar circles and followed with more specific work done with the fingertips. Lightly hold six points on the abdomen (1 and 2 are either side of the navel, 2 and 3 are just to the side of the navel, and 5 and 6 are just below the navel). Use thumbs to glide and friction between ribs; be careful not to damage the xiphoid process.

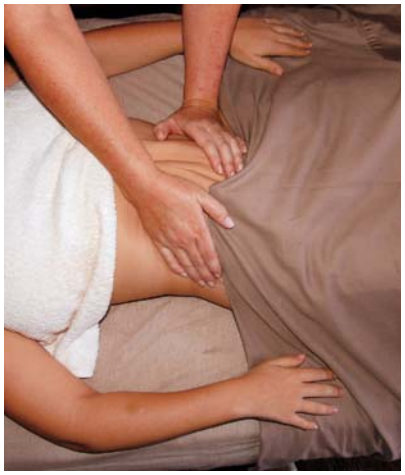
Hands and Arms (Approximately 8 Minutes)

Figure 4.16 illustrates the sequence for hands and arms. Effleurage the client's right hand and arm several times to spread lubricant and warm the tissues. Use alternating one-handed petrissage on the palm and thumb glide between the metacarpals. Turn

(a)

(b)

(c)



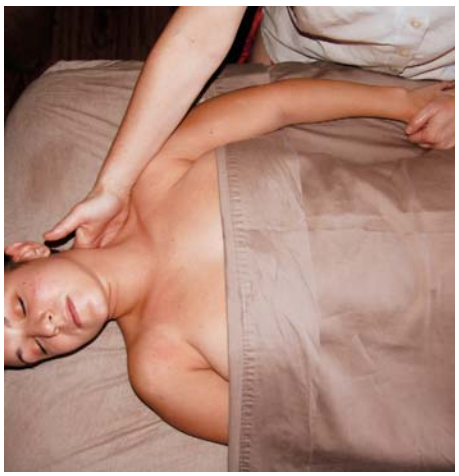
(d)

(e)

Figure 4.15
(*a*) Abdominal area undraped for work. (*b*) Palmar circles on abdomen. (*c*) Finger drag in direction of peristalsis. (*d*) Hand glides across abdomen. (*e*) Work on intercostals.

Figure 4.16
(*a*) Effleurage up arm. (*b*) Effleurage the length of client's arm, ending at the back of the neck. (*c*) Acupressure points on palmar surface of hand. (*d*) Thumb glide on posterior aspect of forearm. (*e*) Thumb glide on anterior aspect of forearm. (*f*) Thumb glide down triceps. (*g*) Shoulder stretch. (*h*) Shoulder traction.

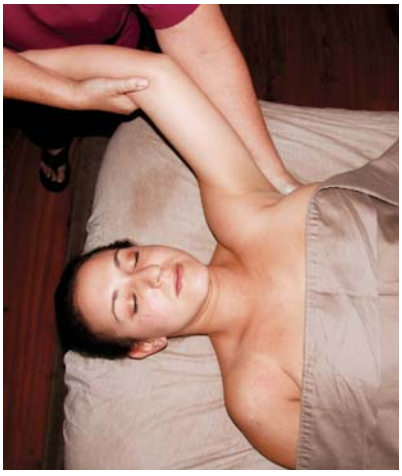

(a)


(b)


(c)


(d)


(e)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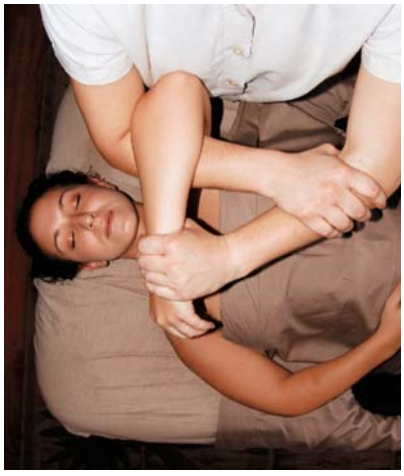

(g)


(h)

the hand over: slip your little finger in between the client's middle and ring finger, and your fourth finger between the client's ring and little finger. Slip your other little finger between the client's middle and index finger, and your ring finger between the client's index finger and thumb. Open the palm of the hand and work with thumb glides; hold acupressure points (unlike the foot, these points are held two at a time: hold 1 and 2 at the palm heel, move one thumb's width toward the fingers for 3 and 4, move one thumb's width toward fingers for 5 and 6, and move back down). Release the fingers and hold the hand with one of your hands; draw the forearm up to a 45-degree angle, elbow resting on the table. Use one-handed petrissage on the forearm, alternating hands. Thumb glide and friction the forearm.

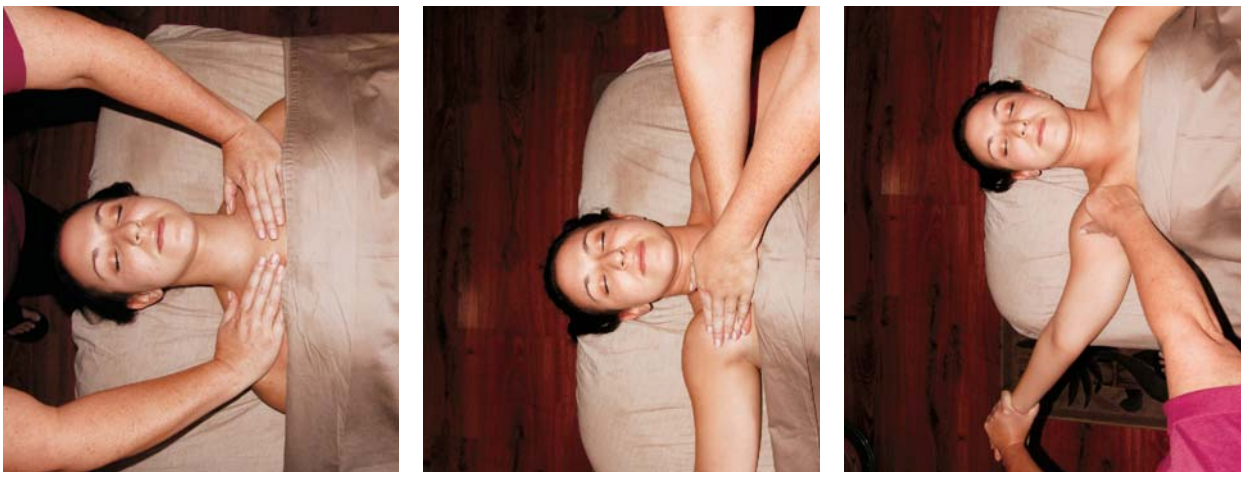
Step up next to the client's shoulder.

TECHNIQUE EMPHASIS Place your left knee (the knee closest to the head of the table) on the table under the sheet; lay the client's arm over your leg.

This allows you to use both hands at once to petrissage the upper arm and is actually a very stable position. If you are not comfortable standing on one leg, allow the arm to remain on the table and draw the elbow out slightly; effleurage and petrissage the arm, being careful not to place any pressure over the elbow. Drop your knee off the table, holding the elbow with your right hand. Use your left hand to glide around the deltoid cap. Switch hands, holding the elbow now with your left hand and use your right hand to glide down the triceps. Glide with the palmar surface of your hand down the triceps brachii, teres minor and major, and latissimus dorsi, and back up; gently traction the arm and replace it on the table. Move to the client's left side and perform the same movements.

Chest (Approximately 1 to 2 Minutes)

Figure 4.17 illustrates the sequence for chest. Effleurage the chest (pectoralis) with fingers pointing toward the sternum (not down toward the breasts), out over shoulders, around the back of the upper trapezius, and up the back of the neck. Repeat several times; give the neck a gentle traction as you draw the hands up the neck. Thumb glide from clavicles downward slightly (staying on the pectoral muscle and above the breasts). Work one side of the sternum and then the other. Step to the client's left, lay the right arm out to the side, and glide with your fingertips over the pectoralis from



(a) (b) (c)

Figure 4.17
(*a*) Effleurage across pectoralis. (*b*) Finger glide across pectoralis. (*c*) Pectoralis stretch.

sternum to shoulder, changing to a flat hand over the shoulder joint. Maintaining contact with the shoulder, walk around to the other side, slide the hands down the arm to place it back on the table. Repeat the movements on the left side of chest (pectoralis).

Neck and Head (Approximately 10 Minutes)

Figure 4.18 illustrates the sequence for neck and head. Effleurage the shoulders and up the back of the neck several times. Slip your hands and arms under the back as far as you can reach (palms are up, fingers press up, and hands are on either side of the spine). Draw hands up slowly, stopping at the occipital ridge and gliding out laterally. Carefully pick up the client's head and turn to it the left. With the back of the right fist, glide up and down the neck and trapezius (keep the ulnar side of the fist on the table for a guide). Thumb glide. Turn the client's head back to neutral before turning it to the right. Repeat.

With fingertips starting at the superior angle of both scapula, press and hold these points; continue to move medially and up the back of the neck, back of the head, and over the top of the head (switch to the thumbs to press across the top of the head). With thumbs, press two points on the forehead, gliding down to the temples for thumb circles. Repeat two more times. Press under the cheekbones at the nostrils, gliding up to

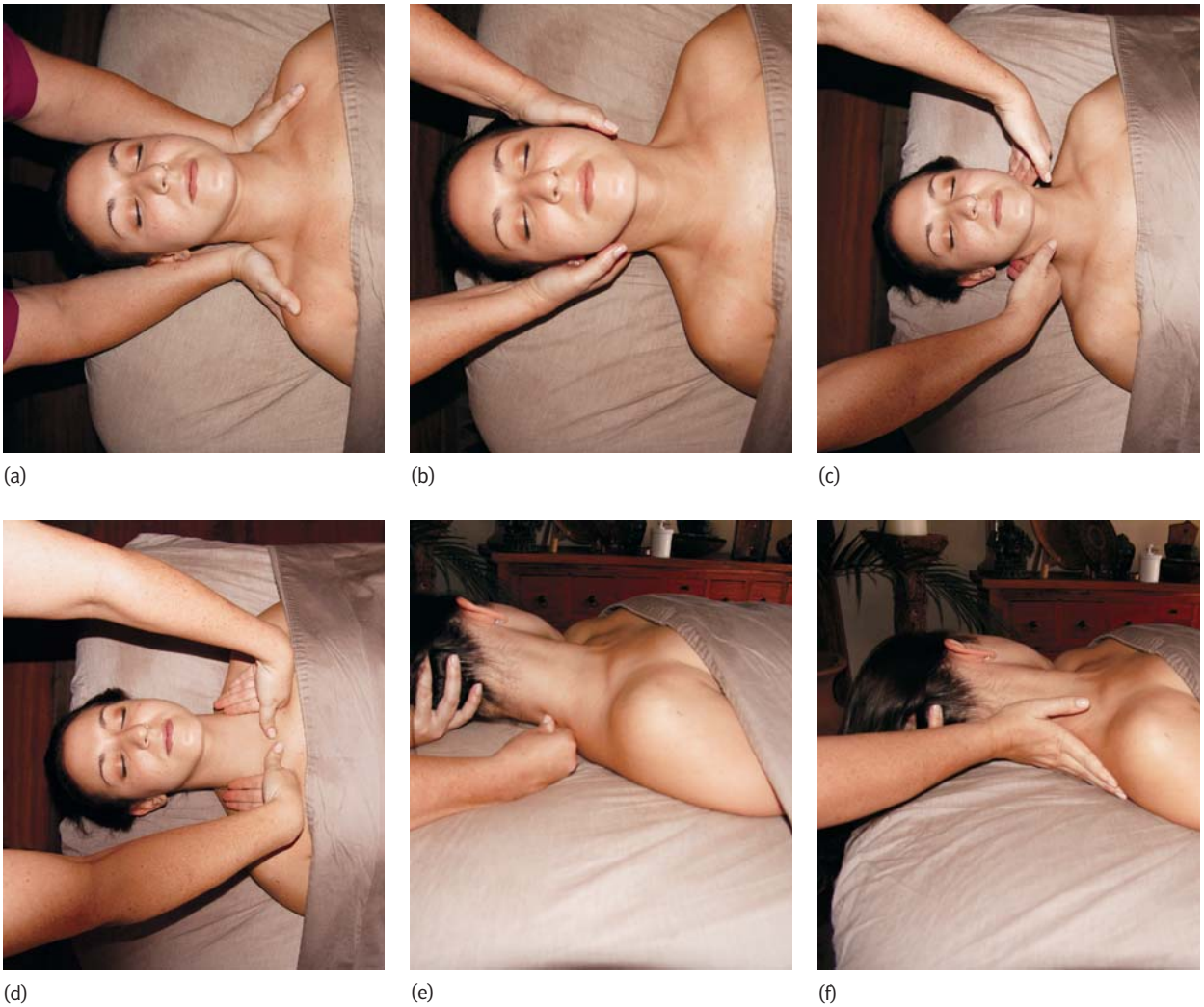


Figure 4.18
(*a*) Effleurage across upper trapezius. (*b*) Effleurage up levator scapulae. (*c*) Effleurage scalenes. (*d*) Effleurage over clavicles. (*e*) Thumb glide on levator scapulae. (*f*) Effleurage levator scapulae and scalenes.

the temples and doing thumb circles; press at the chin and glide up to the temples for thumb circles. Massage all over the scalp with fingertips. Starting in "prayer" position on the forehead (palms together, heels of hands on the client's forehead), open your hands as you glide down the sides of the forehead (figure 4.19). Repeat two more times.

Effleurage across the shoulders and up the back of the neck a few times. Gently slide the client's head laterally with left ear to left shoulder, back to neutral, and right ear to right shoulder (figure 4.20).

TECHNIQUE EMPHASIS For a calming finish, pause for a moment with your hands cupping the client's shoulders.

At this time—depending on your spiritual inclinations—silently say a prayer or ask for healing (figure 4.21). You can repeat the Thai phrase *Na-A Na-Wa Rokha Payati Vina-Santi*, which loosely translates as "May I do no harm and bring healing to this client."

(g)

(h)

(i)

Figure 4.18 (***Continued***)
(*g*) Finger pressure on occipital ridge. (*h*) Acupressure points on upper back. (*i*) Acupressure points up back of neck.

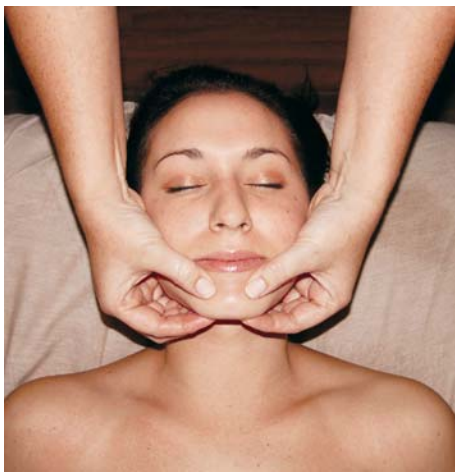
(a)

(b)

Figure 4.19
(*a*) Acupressure points on forehead. (*b*) Thumb circles at temples.

Figure 4.19 (***Continued***)
(*c*) Acupressure points above upper lip. (*d*) Acupressure points on chin. (*e*) Effleurage up sides of face. (*f*) Ear pull. (*g*) Scalp massage.

(c)



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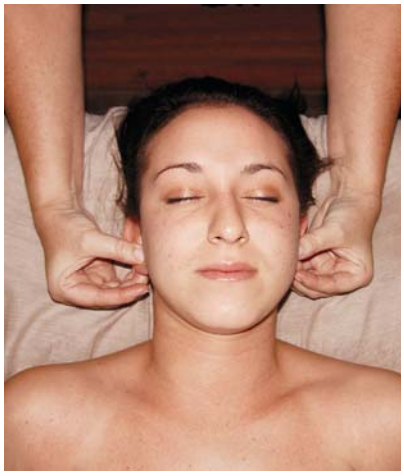

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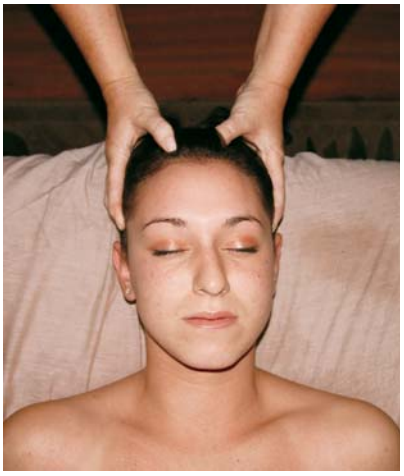
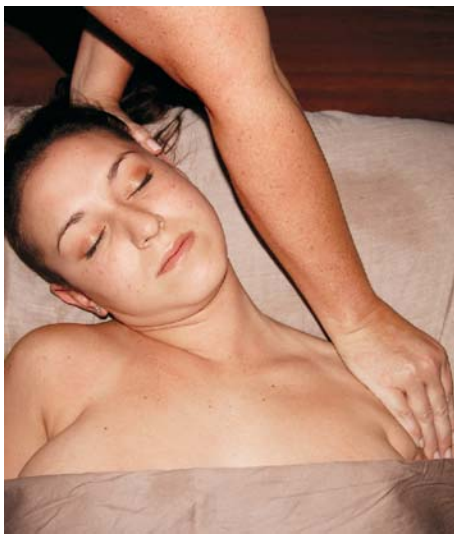


(g)

Figure 4.20
(*a*) Neck traction.

(a)

(b)



(c)

Figure 4.20 (***Continued***)
(*b*) Lateral neck stretch.
(*c*) Lateral neck stretch with added pressure.

Figure 4.21 **"Prayer" on forehead**

Chair Massage Sequence

By: Peter Joachim, LMT, NCTMB

Being able to perform a memorable chair massage routine is a great asset to any massage therapist. Many therapists prefer to work with the chair rather than the table and will create an entire one-hour routine all done on the chair. Others use chair massage as a modality because it is versatile and adaptable: it can be delivered in short sessions, performed almost anywhere (office, school, or social gatherings), is done with clothing on, and—although the experience is enhanced with the use of a massage chair—it does not need equipment per se. Chair massage can also be a great marketing tool (see chapter 21).

The basics of a chair massage are depicted in figure 4.22. Your own techniques or movements can easily be added to this 10-minute routine.

The client is placed comfortably on the chair after you have made any necessary adjustments in the seat, chest plate, and face cradle. Care should be taken with seniors or clients who have knee problems; the chairs are not always the easiest to sit on and even more difficult to get up from. Offer the appropriate assistance as needed for the client to get on and off the chair.

As with any other massage routine, begin by rubbing your hands together to warm them and doing some deep breathing to center and focus. Maintain focus throughout the massage, just as you would when working on a client on a table or mat.

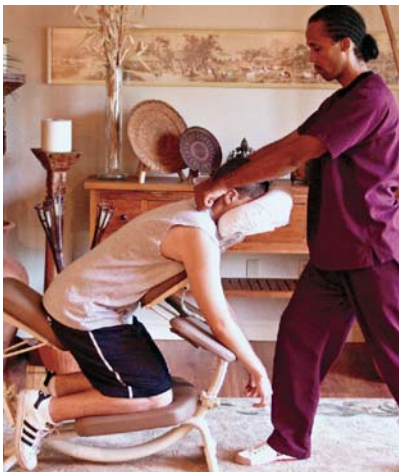
Figure 4.22

(a) Begin with centering and grounding. *(b)* Begin routine with moderate petrissage to upper trapezius. *(c)* Apply palm presses down and up back on both sides of spine. *(d)* Continue applying palm presses. *(e)* Apply presses up paraspinals with lightly closed fists. *(f)* Continue work on paraspinals. *(g)* Thumb friction along paraspinals. *(h)* Draw client's right arm down. *(i)* Place client's hand on low back.

(j)

(k)

(l)



(m)

(n)

(o)

((p(1))

(p(2))

(p(3))

Figure 4.22 (***Continued***)

(j) Place left thumb on vertebral border of right scapala. *(k)* Right hand cups client's right shoulder and draws it back onto left thumb. Release arm gently and let it hang. Repeat sequence (to this point) on left side. *(l)* Working from the front, simultaneously apply equal pressure to both shoulders to relax the trapezius. *(m)* Apply pressure to acupressure points laterally along upper trapezius. *(n)* Apply light petrissage to back of neck. *(o)* Apply finger tapping (tapotement) to upper back. *(p)* Conclude routine with gentle nerve strokes down entire back.

Chapter Summary

The profession of massage therapy is both exciting and rewarding. Many therapists report they have a calling to the profession. Whether this calling emanates from within or beyond, it is the driving force that creates the desire to heal and show compassion for others. No matter which discipline within the field of massage you choose, it will be one in which you as the therapist can infuse your core beliefs into your work.

From the very beginning of your training as a massage therapist, you must educate yourself as to the potential benefits and hazards of performing massage on certain clients. Recognizing that grey areas exist—that cut-and-dried answers to massage questions do not always exist—should encourage you to further your studies and help you in developing clinical reasoning.

Applying Your Knowledge

Self-Testing

1. Any stroke that glides along the body is considered a(n) _____ stroke.
   a) Effleurage
   b) Petrissage
   c) Tapotement
   d) Vibration
2. Which is *not* one of the six considerations of massage strokes?
   a) Rhythm
   b) Direction
   c) Frequency
   d) Aura
3. Skin rolling
   a) is a valuable connective tissue technique.
   b) is applied with force.
   c) determines body fat composition.
   d) smoothes out wrinkles.
4. The definition of *prone* is:
   a) face up.
   b) face down.
   c) side-lying.
   d) None of the above is correct.
5. Petrissage is also known as:
   a) kneading.
   b) pulling.
   c) compressing.
   d) a pet massage.
6. The definition of *tapotement* is:
   a) a warming stroke.
   b) a percussion stroke.
   c) a slow, soothing stroke.
   d) a kneading stroke.
7. Frequency as one of the six considerations indicates:
   a) the number of times one gets a massage.
   b) the number of times a particular stroke is done (e.g., effleurage three times).
   c) the total number of times a client is scheduled during treatment.
   d) the setting for electric stimulation known as "E Stim."
8. If it is not a good idea to do a massage, it is called:
   a) indication.
   b) contraindication.
   c) beneficial.
   d) area of endangerment.
9. The term *centripetal* refers to:
   a) away from the heart.
   b) toward the heart.
   c) on the extremities only.
   d) against venous flow.
10. The term *medial* refers to:
    a) toward the head.
    b) toward the feet.
    c) toward the midline of the body.
    d) toward the outside of the body.

Case Studies/Critical Thinking

A. *A friend of yours who is in his mid-forties complains of middle- and lower-back pain and asks you to work on him. You are aware that he has an irregular heartbeat for which he sees a cardiologist and takes prescribed medication. Otherwise, he is physically active and in good health. Would you work on him? If so, under what conditions?*

B. *A 20-year-old client informs you that she tests positive for HIV but has been told by her physician that she does not have AIDS. You do not have any indication that she could be considered as falling into the high-risk category of someone who uses drugs or has multiple sexual partners. Would you work on this client? If so, under what conditions?*

References for information in this chapter can be found in Quick Guide C at the end of the book.