

Massage Therapy

Lecture(2)

Dr. Rehab F.M. Gwada

Objective of Lecture

- To discuss treatment considerations and guidelines
- To identify the preparation of equipment , patient ,and therapist for applied massage.
- To identify different types of massage manipulation

Contents of the Lecture

- Treatment considerations and guidelines.
- Preparation for applied massage:
 - a) Equipment
 - b) Patient
 - c) Practitioner
- Types of massage manipulation (massage strokes)

Treatment Considerations and Guidelines

- Knowledge of anatomy essential
- Understanding of existing pathology
- Thorough knowledge of massage principles (must have manual dexterity, coordination, & concentration). Must also exhibit patience & courteousness.

Treatment Considerations

- Pressure regulation should be determined by the type & amount of tissue present. Also, pressure is governed by the condition & which tissues are affected.
- Rhythm must be steady and even.
- Duration depends on pathology, size of area, speed of motion, age, size, & condition of patient.
- Massage of back or neck area might take 15-30 min, while it may require less than 10 min. for a large joints.

Treatment Considerations

- If swelling is present in an extremity, treatment should begin **proximally**.
 - “Uncorking the bottle”, “uncorking effect”
- Massage should never be painful, except possibly for **friction** massage. It should not cause **ecchymosis**.
- Direction of forces should be applied in the direction of the **muscle fibers**.
- Each session should begin & end with **effleurage**.

Treatment Considerations

- Make sure the patient is **warm** and in a **comfortable, relaxed position**.
- The body part may be elevated if necessary.
- Massage should begin with **superficial stroking**.
- Each stroke should start at the joint or just below the joint (unless contraindicated) and finish above the joint so that **strokes overlap**.
- Pressure should be in line with **venous flow** followed by a return stroke without **pressure**.
- **Bony prominences** & **painful joints** should be avoided if possible.

Equipment Set Up

- **Table:**
 - Must be firm , padded, easy accessible from both sides, and its height should be comfortable for the therapist. Preferred a washable plastic surface to avoid the infection.
- **Linens and pillows:**
 - hypoallergenic linens are a common choice to avoid any potential allergies which Differ in size.
 - a wide variety of bolsters and support pillows(circular, tube , and wedge-shaped bolsters)
- **Lubricant**

Equipment Set Up

Lubricant(Massage Media)

- Used to decrease **friction** between the patient's skin and the clinician's hand ,It is best to use in **hairy**, and **dry skin**, **recently removable cast**, and present **scar tissue**.
- Massage can be given without any medium being used.
- lubricants may interfere with **petrissage** (the kneading & lifting)as well as **friction** massage.
- Should be absorbed slightly by skin but does not make it **slippery**
- Types of lubricants that may be used are olive oil, mineral oil(baby oil), cocoa butter, hydro lanolin, analgesic creams, alcohol, powder.

Preparation of the Patient

- relaxed and comfortable position
 - body should be properly aligned
 - undress the part to be treated only and must be adequately supported.
 - using pillows for each position.
- * The treatment area should be **well heated** and **ventilated**.

Preparation of the practitioner

- Appearance and personal hygiene.
- Hands must be clean, warm, dry & soft.
- Nails must be short and smooth.
- You must be able to fit your hands to the contour of the area being treated.
- Tied back long hair , and kept jewellery to a minimum.
- Avoid constant hyperextension or hyperflexion of any joints which may lead to hypermobility.

Preparation of the practitioner

- Must obtain correct positioning that will allow for relaxation, prevent fatigue , backache & permit free movement of arms, hands, & body.
- Weight should be evenly distributed on both feet.
- A good position is required to allow for correct application of pressure and rhythmic strokes during the procedure.

Body mechanics and stance

- Body mechanics are the **proper use of postural techniques**.
- Principles of Body Mechanics
 1. **Strength**: *to assist patient on and off the table and performing the massage.*
 2. **Stamina**: *to see several patients over the course of a single day.*
 3. **Breathing**: *to relax and keep a steady pace, and enhance mental and physical health.*
 4. **Stability**: *to move from a stable base.. Proper body mechanics will transfer the force from the lower body to the upper body and then to the client.*
 5. **Balance**: *In combination with stability, balance helps therapists overcome the forces of gravity.*

The more balanced a therapist is, the less energy he or she will expend during the massage.

Body mechanics and stance

- **Stances**
- There are two main stances used in the application of massage therapy:
 - front/archer
 - straddle/horse.



Figure
:Performance
of effleurage
stroke in the
front stance.
Bend front
knee to reach
client. Sink
into your front
leg, and let your
hands slide
along the
client.



Figure :
Performing the
return stroke
in **the front
stance**. Bend
your back
knee and push
off with your
front leg while
returning your
hands along
the client.



Figure :
Performing the massage stroke in the **horse stance**. Bend knees to reach the client, and perform stroke keeping the knees bent and the low back straight.

Figure 8.19
Lean and lift into the compression to increase pressure instead of pushing. A, Correct position. B, incorrect position. C, Lean into area. D, Lift body area while maintaining compression to increase pressure.

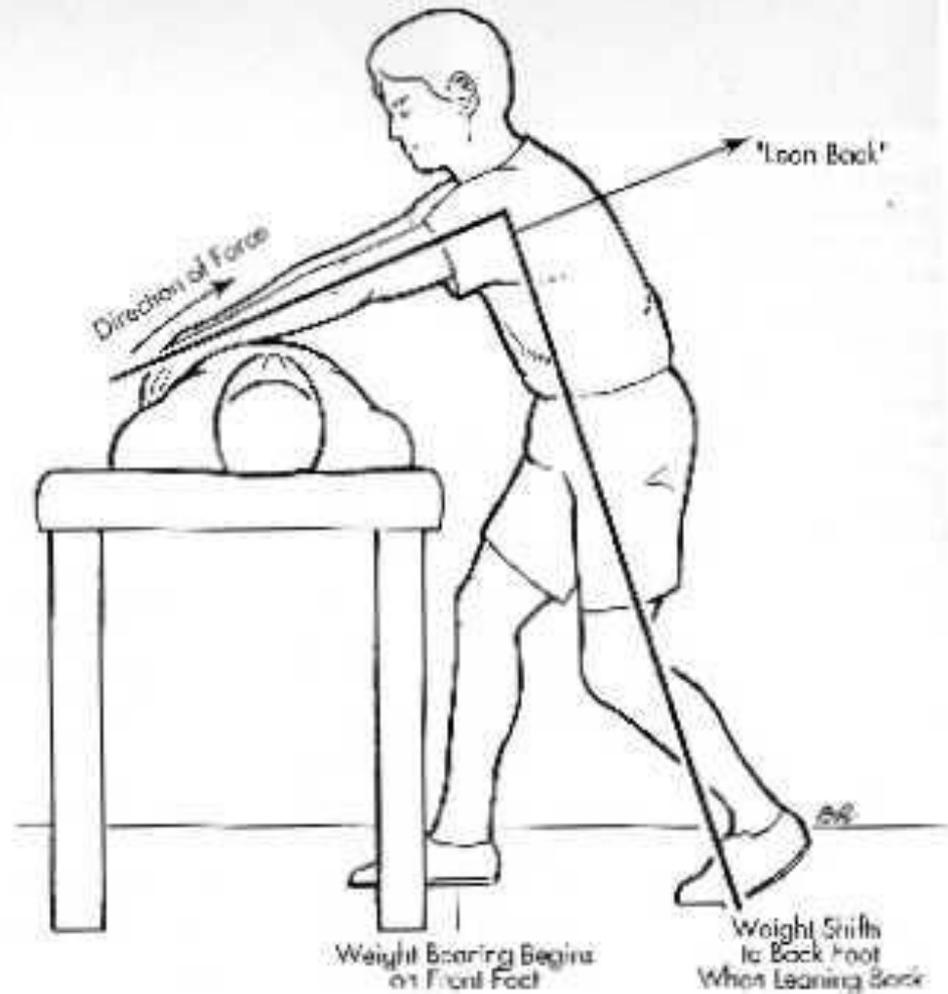


Figure 8.20
Proper position for lift and lean back for petrissage and stretching.

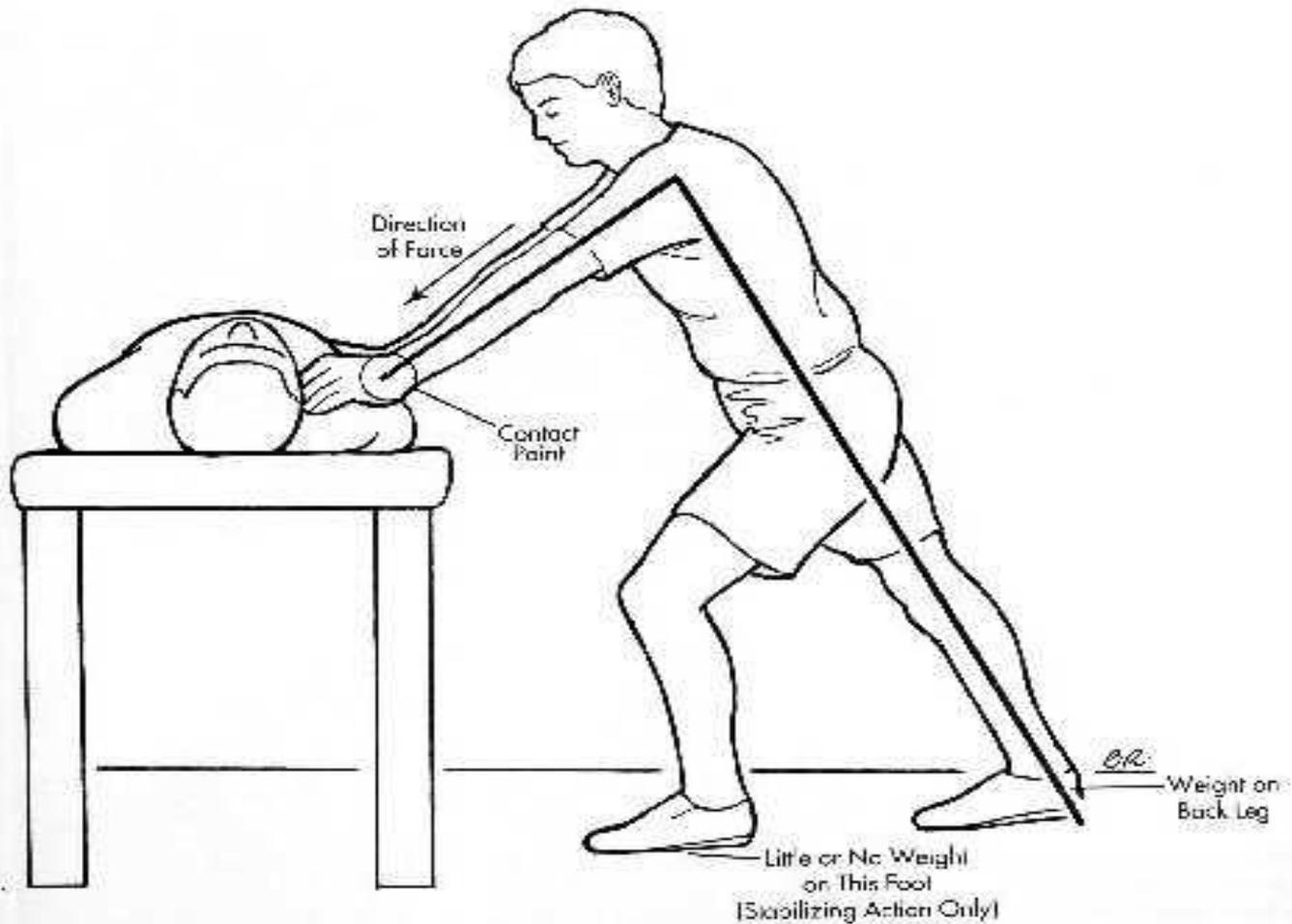


Figure 8.4
Correct body mechanics for compressive force required for massage.

ADDITIONAL BODY MECHANICS CONSIDERATIONS

Massage Strokes

- Effleurage
- Pétrissage
- Tapotement
- Vibration
- Friction (circular, transverse)
- Myofascial Release techniques
- Various other forms – some may combine stroke

Effleurage

- Stroking of the skin
- Performed with palm of hand
 - Stimulates deep tissues
- Performed with fingertips
 - Stimulates sensory nerves
- Superficial, rhythmic stroking:
 - Contours the body or relates to direction of underlying muscles
- Deep stroking:
 - Follows course of veins & lymph vessels

Effleurage

- May be performed slowly for relaxation or rapidly to encourage blood flow & stimulate the tissues
- Performed in rhythmic manner
- One hand should always be in contact w/ skin
- Light effleurage is performed at beginning & end of massage or may be used between petrissage strokes
 - At beginning – relaxes patient & indicates area to be treated
 - At end – calms down any irritated areas



Petrissage



- Consists of kneading manipulations that press and roll muscles under fingers or hands
- Muscles are gently squeezed, lifted, and relaxed
- Hands may remain stationary or move along length of muscle or limb
- Often performed **without lotion**
- Performed from the distal to proximal portion of the muscle.
- Increase venous and lymphatic return and press metabolic waste products out of affected areas.
- Can also break up adhesions between skin and muscle



Tapotement

- Uses a variety of percussive or beating techniques.
- Increase circulation and blood flow.
- Stimulate peripheral nerve endings.
- Desensitization of irritated nerve endings.
- Promotes relaxation

Tapotment

(Percussion)

- Hacking



Tapotment

(Percussion)

- Hacking
- Slapping



Tapotment

(Percussion)

- Hacking
- Slapping
- Beating



Tapotment

(Percussion)

- Hacking
- Slapping
- Beating
- Tapping



Tapotment

(Percussion)

- Hacking
- Slapping
- Beating
- Tapping
- Clapping or cupping



Vibration

- A fine tremulous movement, made by hand or fingers placed firmly against a part causing a part to vibrate
- Hands should remain in contact and a rhythmical trembling movement will come from arms



Friction massage

- Deep pressure technique.
- **Circular:**
 - Use a circular motion with thumbs, elbow, or a commercial device
 - Effective in treating **muscle spasm** & **trigger pts.**



Friction Massage



▶ Transverse

- The thumbs or fingertips stroke in **opposite directions**
- Reaches **deep tissues**
- Begin **lightly** and then move to **firmer** strokes
- Muscle should be placed in **relaxed** position
- Should be avoided in **acute conditions**
- Effective in **chronic tendonitis** or other **joint adhesions**
- Purpose is to **increase inflammatory response** to progress healing process .
- Lasts for **7 to 10 minutes** every other day

Myofascial Release

- Use the technique to ease pressure in the fibrous bands of connective tissue, or fascia, that encase muscles throughout the body.
- When muscle fibers are injured, the fibers and the fascia which surrounds it become **short** and **tight**. Myofascial release is a technique that focuses on **stretching**, **broadening** and/or **loosening** the connective tissue.
- This helps the athlete regain or maintain normal **ROM**
- reducing **abnormal adhesion** between connective tissue
- regain or maintain normal **ROM**.

How to Apply Myofascial Release

- Myofascial techniques are more effective when applied **without a lubricant**
- Use moderate to light pressure on the tissue
- and stretch it to the point of resistance.
- pulling of tissues in opposite directions, stabilizing the proximal/superior position w/ one hand while applying a stretch w/ opposite hand



Acupressure

- Type of message that is based on the **Chinese art of acupuncture.**
- The Chinese believed in forces (-ve and +ve through the body) that controls all aspects of life. Disease results from some **imbalance between these two forces.**
- The lines that these forces followed are called **meridians**
- There are **14** meridians.

Acupressure

- Along the meridians are acupuncture points
- The Chinese have identified thousands of acupuncture points
- Reference to these charts and stimulation of those points can reduce pain in areas of the body associated with the particular point.
- Lung (L)
- Large Intestine (LI)
- Stomach (ST)
- Spleen (SP)
- Heart (H)
- Small Intestine (SI)
- Urinary bladder (UB)
- Kidney (K)
- Pericardium (P)
- Triple warmer (TW)
- Gall bladder (GB)
- Liver (LIV)
- Governing vessel (VB)*
- Conception vessel (CV)*

Myofascial Trigger Points

- Trigger points are the **counterpart** of acupuncture points
- May be found in muscle, tendons, myofascia, ligaments & capsules surrounding joints, in periosteum, & in the skin
- May activate & become painful due to trauma
- Stimulation of these points have resulted in pain relief

Techniques

- Location of points:
 - Use an ohmmeter to differentiate the electrical impedance of areas
 - **OR** palpate the area until either **a small fibrous nodule** or **strip of tense muscle tissue** that is **tender** to the touch is felt.
- Use the thumb, index or middle fingers or elbow to friction- like motions
- Amount of pressure applied should be intense and painful
- Patient reports a dulling or numbing effect
- Treatment times range from 1-5 min at a single points





Thank you