**MASSAGE**

**Handwashing-** all the way to elbows, at least 20sec, “Happy Birthday” twice

Definitions (massage, code of ethics, scope of practice, HIPPA, etc.)

**Tractioning-** means ‘pulling’

**Massage-** manual or mechanical manipulation of the body

**Ethics-** an individual system or code of morals, group or profession

**Maleficence-** causing harm or destruction

**Non-maleficence-** to do no harm

**Veracity-** one’s right to objective truth

Proportionality- benefits must outweigh costs

Professional ethics- means you’re concerned about public, individual welfare, and individual and professional reputation

Boundaries- shift with different contexts. Physical, intellectual, sexual

Professional boundaries- predetermined practice outlined in procedural forms

Considerations for boundaries: location of services, ensure settings are safe, remain consistent

Appearance- professional appearance

Interpersonal space: physical distance btw client and therapists, minimize power differential

Self-disclosure- seek and give information appropriate to therapeutic relationship, share info that empowers client to give informed consent

Language: casual language can encourage clients to push boundaries

Touch: professional and therapeutic, ensure location, pressure, and context is appropriate

Power Differential: inherent imbalance

Ethical touch: nurturing in appropriate locations

Touch, arousal, and sexual response- USA is a low-touch society

Desexualizing Massage- screen clients over the phone, reaffirm boundaries, end session if client persists

Supervision- must have clients permission before discussing anything with anyone

Code of Ethics- one’s personal morals

Scope of Practice- what one is professionally allowed to do, legal rights & activities afforded to individuals of a particular profession as described in the licensing regulations for that profession

Individual Scope: only perform techniques in which you are trained

Professional Scope: ensures personal areas of expertise

Who determines Scope of Practice? States. 45 require licensing. State law takes precedence over city & county law. State regulations: must be +18, meet minimum hours (typically 500hrs), pass MBLEX, pay licensing fee, 24hrs of CED’s every 2 years (at least 1hr must be in ethics, in person workshops preferred, must be FSMTB or NCBTMB approved

National: there is no national licensing governing body. Must seek state requirements

License Removal: if guilty of fraud or deceit, felony conviction, prior or current prostitution, false or assumed name, alcohol or narcotics addiction, willful negligence, prescribing drugs, fraudulent advertising, ethical or sexual misconduct with client

Pre-natal-massage, lymphatic, hot/cold stones, cryotherapy (ice, cold-stones) are within scope

HIPAA- Hippocratic Information Patient Privacy Act Accountability and anonymity?

Validity in Practice- opinions and case reports least valid, Meta analysis & systems review most valid, randomized controlled studies second most valid, cohort studies third most valid, cross-sectional studies in middle, animal trials and in vitro studies second to least valid

NIH-National Institute of Health

MTF-Massage Therapy Foundation

NCCIH- National Center for Complimentary and Integrated Health

Benefits, effects

Massage for stress relief, edma relief, manipulate blood flow, centering & grounding

Contraindications (local, total, etc.)- can be local, global. Open sores, legions, kidney failure, cellulitis,

Documentation needed for practice of massage, SOAP, what goes in each category: Subjective, Objective, Assessment, Plan: S: Subjective, “Story” what patient tells you, including present symptom location, duration, intensity, frequency, onset, “client wanted a full-body massage” anything that aggravates or relieves symptoms O: observations: anything the therapist gathers from patient health, history, observation, interview, tests, **includes therapist goals for treatment**. **May or may not support clients** subjective statements A: assessment records what was done during session, includes changes symptoms or responses to treatment, changes in session goals, negative reactions, or no changes in symptoms due to treatment. Plan: records suggestions for future massage treatments, or homework, exercises, stretches for patient care. For ex: Plan: “You instruct your client to hydrate.” Must be black or blue ink, never erase or use white-out- draw a line-through mistakes instead & initial and date. Sign and Date every SOAP note. (Pocket Suite- allows digital SOAP notes, HIPAA compliant)

Review notes before seeing client, update them every session, note if client cancels or no-shows, including how you handle interaction

Intake process: greet and review paperwork together, occupations, operations, injuries, contraindications, exercise, allergies. Explain process, duration, body positioning, draping, pain-level and feedback about discomfort, surroundings, restroom, education: information required to give informed consent

Post-consultation: greet clients after session, offer water, explain findings, stretches, advise timing for next treatment

Consultation: interview prior to massage, screening clients: “What is the main reason for making this appointment?” To filter and clarify services you offer, or contraindications. “What is your prior experience with massage?,” “How did you hear about us?” Share cancellation policies, procedures, determine clients needs, be aware of non-verbals. “What are you noticing in your body today?”

Have contract separate from medical intake in case you need to use the document in court or bank.

Have policies and procedures clearly explained, visibly posted in office, present on intake forms, update client information at least once yearly

Body Diagrams- use body diagrams. “Circle where does it hurt? ”Client Files: document work done,

Active Listening

Informed Consent- ensure client knows they can withdraw or modify consent at any time

Written Consent- before treatment obtain clients written consent

Veracity- ensuring the client can make a decision based on objective truth

Power Differential-

Techniques (static, gliding, torsion, shearing, oscillating, percussion, vibration, joint movement) Static holds, Percussion includes tapotement, hacking,

Oscillating- rocking,

Shearing- wringing, chucking,

Vibration-

Joint Movement includes pin & stretch,

Terminologies (effleurage, petrissage, tapotement, anatripsis) effleurage- ‘gliding’ petrissage- ‘kneading’ tapotment- ‘light percussion’ anatripsis- upward movement to push blood through limbs

History- massage popularized by Grecco-Roman culture, preserved by spread of Islam to Persia, Asia, Africa, “Razi”

5 basic massage systems: Swedish- anatomy & physiology based, German-emphasize Swedish movements & therapeutic baths, French/English- use Swedish movements, Chinese (Acupressure), Shiatsu- finger pressure based on tsubo points, said to relieve physical disorders & improve metabolism

Historically- “masseur” male, “masseuse” female

Massage in Ancient Times- 3000 BCE Cong Fou of Tao-Tse: From China Anmo- ancient practice involves rubbing, Tui-na- means “push-pull” TCM and acupressure

5000 BCE Amma derived from Anmo- location of points remains similar now called “tsubo”

India 3,000CE- Tscanupa- “massage at the bath” includes kneading extremities, tapotement, perfumes, cracking joints 1800BC “Ayurveda “Art of Life” written 300BC- “The Laws of Manu”

Ancient Greece- Gymnasiums and baths, important areas for philosophers and athletes, mind/body connection. Asclepius (6th Century) combined exercise

Massage in Ancient Times- Rome- maintained Greek ideas, public baths, rubbing and friction used to treat edema, retained ideas of gymnasiums and anatripsis. Galen- physician to emperors and gladiators, wrote medical texts

Decline of massage- Fall of Rome and Dark Ages, 180CE Fall of Rome, bathing and massage diminished. 476-1450 Dark Ages- Fear, religion, wars minimized the importance of self, abandoned massage as medical treatment, associated with magic and Satan, herbalists, folk healers, midwives still practiced but sometimes persecuted

Preservation by spread of Islam thru Africa, Asia, Persia, Razi wrote an encyclopedia of medical massage?. Avicenna- wrote “cannon of Massage”

Renaissance- 1450-1600CE- revived interest in arts and sciences, health practices, greater accessibility and distribution of printed materials, medical field embraced massage again, taught in higher ed, anatomy & physiology

Anatomy- study of body structure Physiology- study of body functions Pathology- study of disease, Kinesiology- study of body movements,

1700’s massage: John Grosvenor- “Chirurgy” “healing with hands” Per Heinrik Ling- “Father of Physical Therapy” and medical gymnastics (Swedish), Mathias Roth- studied under Ling, published “Book of Swedish Movements” (English), Charles Fayette Taylor- taught by Roth, introduced massage to America

1800’s Massage: Dr. Johann George Metzger- Dutch physician, founded scientific massage, coined effleurage, petrissage, tapotement. In Germany, Denmark, Norway, Sweden, physicians will recommend medical massage

1900’s Massage- decline in scientific and medical massage. ‘Flexner Report’ funded by Carnegie Foundation through Rockefeller family after they invested in pharmaceuticals. Surveyed medical schools in America and Canada for improvement suggestions, standardizations, found abuses in recruitment, inadequate training, financial indebtedness, prostitution, in education were publicized, so physicians stopped recommending massage

Emil Vodder- (MLD) manual lymph drainage

Elizabeth Dicke- “Bindegewebsmassage” connective tissue massage

James Cyriax- deep transverse friction, English physician

Books- Tapp? Healing Massage Techniques & Beards Massage Techniques still used today

WWII- massage was used in rehabilitation

1960’s Massage- rise in popularity due to increasing cost of ‘allopathic’ (conventional) medicine. Development of wellness model, proven psychological benefits, chiropractic merged with massage

1970’s Massage- increase in number of massage schools, ATMA created, publishes Massage Therapy Journal, increase in number of accepted bodywork styles, provides insurance as well, which you are required to have

1980’s Massage- ABMP (American Bodywork and Massage Professionals) & IMA (International Massage Association) created

David Palmer- invented chair massage

1990’s Massage- emphasis on research, grants available from NIH, NCCIH (National Center for Complimentary and Integrated Health), NCBTMB (National Certified Board of Therapeutic Massage and Bodywork) began administering the national certification, state regulation of massage increased, third most popular CAM (Complimentary and Alternative Medicine)

Tests: MBLEX offered by FSMTB allows LMT’s licensure to work, National Board Certification offered by NCBTMB, required 750hrs edu, 250hrs hands-on, current CPR certification, and govt issue ID

Future of Massage- continued research increases validity, more states regulating availability, spas, chiropractic, phys therapy, wellness), growth in employment opportunities

Historical figures

Hippocrates- “first do no harm” physician called “Father of Medicine” Anatripsis- rubbing a body part upward to move blood

Asclepius-

James Cyriax- massage terminologies?

Emil Vodder

Transference vs. countertransference

Dual relationships

Boundaries

Client consultation, SOAP

Ethical behavior

MBLEX

AMTA, ABMP, FSMTB

Sanitation, disinfection, sterilization, Universal Precautions

Force and soft tissue

Prone vs. supine vs side-lying

Endangerment sites

Massage Effects:

Physiological Effects: local fluid uptake,

Mechanical Effects are direct effects on tissues

Reflexive Effects- indirect effects on tissues

Deform- not necessarily bad meaning, means to ‘retrain’ tissues, proprioceptive nerve endings

Massage Effects- relaxes muscle spasms, resets muscle tonicity, reduces fascial adhesions, thickens connective tissue. Effects on nervous tissue, stimulating and sedative effects

Stimulating techniques: percussion, friction, vibration

Sedative techniques: effleurage, petrissage

Autonomic Nervous System: includes sympathetic and parasympathetic

Sympathetic: Shorter vigorous sessions increase epinephrine, norepinephrine and adrenaline in the body, ‘blood tends to go toward extremities’

Parasympathetic: longer, sedative sessions increase dopamine and serotonin levels, improves body function ‘rest and digest’

Borborygmus: stomach grumbling

Effects on Pain:

**Gate Control Theory:** increased release of endorphins and enkephalines into bloodstream to regulate pain sensation, stimulation of thermo or mechanoreceptors, interrupts transmission of pain sensations from entering nervous system. **Central sensitization:** acute pain can trigger tissue damage

Effects on circulatory system: light gliding strokes temporarily dilate capillaries

Light percussion temporarily contracts capillaries, which relax as continued

Friction increases permeability of the capillary beds, produces increased flow of interstitial fluid,

Properly applied light massage increases lymph flow and reduces edema

**\*emia-** means blood

Psychological effects of massage- promote awareness of tension patterns, temporarily reduces anxiety & depression

Touch-stationary contact between practitioner and client using hands, forearms, or body, used for communication, assessment, treatment

Soft Tissue Deformation- the change in shape of soft tissues as a result of internally or externally applied force

Internal forces- gravity

External compressive-

7 Basic Massage Techniques- Static, Gliding, Torsion, Shearing, Oscillating, Percussive, Joint Movement

Factors Influencing Massage Strokes- Intention, Direction, Length, Rhythm, Duration, Pressure, Depth

Direction- typically strokes towards the heart to encourage veinous return, away from heart to stimulate and energize extremities, cross-fiber to break up adhesions

Length- first strokes glide over whole area then subsequently become more focal

Duration- too much fatigues muscle

Superficial Holds- prepare the area for deeper work, signals beginning or end of session

Gliding prepares an area for deeper work

Aura or Ethereal stroking- no physical contact occurs, long smooth strokes hovering over clients body

Feather stroking 2-3 strokes stimulate the body, more sedate the body

Torsion strokes- kneading or petrissage, fulling (like opening a book with thumbs), skin rolling (pickup skin and subcutaneous tissue and carries it with your fingers), wringing

Tensile force- opposite of compression, often with little or no lubricant

Twisting Force- twists one end of tissue while stabilizing other, helps decrease adhesions, enhances local circulation

Shearing- Twists both ends of tissue, pulls in opposite directions, **generates heat**, encourages positive inflammation, reorganizes collagen and fiber alignment

Friction- circular, transverse, cross-fiber, rolling, chucking, compression,

Rolling- rapid back-and forth, flesh is ‘rolled’ around axis

Compressive force- perpendicular pressure, compacts, constrains, occludes target area, can be used for assessment, override nerve impulses, separate fascia, initial effect in the constriction of tissues, secondary effect as they rebound

Joint Movements- lubricate joint capsule, improves circulation, affects proprioceptors, mechanoreceptors,

Oscillation- shaking- grasp limb and shake to relieve tension, jostling- shortened relaxed shakes, rocking- typically on table, push torso away and allow it to rock back under its own body weight, vibration-

Percussive- tapping (fingertips), cupping(hands), slapping(palm of hands), Hacking (with ulnar bone), beating (using softly clenched hand)

Ranges of Motion: **PROM-** passive, **AROM-** Active

Barriers that limit ROM- anatomic (hard-stop: bone on bone) Physiological- reached before anatomic ROM, pathologic (limited ROM due to condition or disease)

**END-Feels:** Hard- bone on bone, Soft- ex Knee flexion, Empty- due to pain or pathology, cant complete ROM

Building your Routine- learn basic 1hr routine

Conditions commonly improved by massage-

**Contraindications-** any symptom or condition that makes massage inadvisable, “When in doubt, refer out,” can be total, absolute, local, partial, conditional, require practitioner to adjust techniques & applications

**Contraindications-** abnormal body temp, infections, contagious diseases, phlebitis (veins swelling), aneurysm (a wandering clot, not always in brain), severe hematoma (significant bruising), pitting edema, painful varicose veins, respiratory disorders, lymphedema, cancer, inflammation due to tissue damage, uncontrolled high blood pressure, intoxication, psychosis, medication/drugs, frail/elderly people, hernia, severe osteoporosis, lung disorders, uncontrolled diabetes, 1st trimester of pregnancy more volatile, so typically don't massage

What to do if there’s a possible contraindication with lack of scientific data? **Borrow Medical Concern**

**Scoliosis-** lateral curvature of spine. Types of scoliosis- healthy, thoracic, lumbar, thoraco-lumbar, combined scoliosis

**Varicose veins-** condition in which valves collapsed due to lack of pressure. Progression of varicose veins- 1. reticular or spider veins 2. Varicose or veinous nerves 3. Edema of the lower legs 4. Varicose eczema

**Osteoporosis-** condition in which bones deteriorate, making them fragile. The body reabsorbs calcium from the bones, making them brittle

**Endangerment site-** inferior to ear, anterior/posterior (more along side) neck triangle, axilla, medial brachium (means inner arm, between triceps and bicep), cubital (front pocket) area of elbow, ulnar notch (in elbow between ulna and radius), at wrist at pronator quadratus, popliteal fossa, abdomen, upper lumbar area (careful around kidneys), femoral triangle (femoral artery runs through there), inguinal crease

Infection Control- Bacterial (pathogenic, non-pathogenic), Viruses (cold, influenza, chicken pox, HIV, infect and reside in host cells), Fungi (molds, yeasts, highly-contagious, resist treatment, athlete’s foot, ringworm), parasites (fleas, ticks, lice, scabies)

Body’s natural defense: skin- primary secondary- hair, mucous, antibodies

**Disease Prevention-** Disinfection (doesn’t kill bacterial spores), Decontamination- remove blood or other potentially contaminated materials, debris sterilization (bleach), Sanitation (cleaning, general soap and water, washing, trash removal), **Universal Precautions**- gloves must be worn, gather soiled linens, place in leak-proof bag

**Fill in the Blank Study Tool**

What is massage?

What is touch?

What are some benefits of massage?

What is a contraindication?

What is a consideration in regard to treatment?

What is an endangerment site? How should work be modified in these places?

What is Tui-Na?

What is Tan Tien?

Why did blind people practice massage in ancient times?

What is Tschanpua?

What is Ayur-Veda?

Who is Asclepius and what did he contribute to medicine?

Who was Hippocrates and what did he contribute to medicine?

Who was Galen and what did he contribute to medicine?

Why was there a decline in massage practice after the Fall of Rome?

What caused a revival of massage practice during the Renaissance?

Who was Per Henrik Ling and what did he contribute to massage?

Who was Mathias Roth and what did he contribute to massage?

Who was Dr. Johann Georg Mezger and what did he contribute to massage?

Who was Emil Vodder and what did he contribute to massage?

Who was Elizabeth Dicke and what did she contribute to massage?

What caused a resurgence of massage practice in the 1960s?

Who is AMTA and what do they do?

Who is ABMP and what do they do?

Who is FSMTMB and what do they do?

Who is the Board of Nursing in Virginia and what do they do?

What is Scope of Practice?

Who determines Scope of Practice and how it applies to massage?

What is ethics and how does it apply to massage?

What factors affect your equipment needs for massage therapy?

What is the recommended temperature for a massage room? 72-75 Degrees F

What are the three basic positions in which to have your client lay during a massage and where do bolsters go for these positions? Supine: under knees Prone: under ankles Side-lying: under head, between legs

What basic equipment is needed to dress a massage table? Twin sheets

What are the main types of massage lubricant and their pros and cons? Oils: allergies, stain (except Safflower or Jajoba oil molecular make-up actually closer to water) Cremes: Lotion: thin and watery

What are the three methods for preventing disease transmission? List in order of least to most complete and a method by which you would perform it:

What is the number one way to prevent the spread of disease? Washing Hands

What is Universal Precautions? Methods and procedures for cleaning up blood or bodily fluids

What are SOAP notes? Intake & consultation notes

What does SOAP stand for?

What is included in the pre-consult? Relevant medical history, occupation, symptoms, operations, exercise,

What is the importance of non-verbal communication?

What is a treatment plan and how is it determined?

What is informed consent?

How often should records be updated? At least once annually, or every session, no white-out or erasure, instead strike out and date & initial.

What should be covered in the post-consult? Client post-greeting, explanation of what was done exercises, stretches, and next treatment

What is the importance of good body mechanics? Preservation and efficacy

What is the importance of grounding? Intention

What is the importance of intention and being present with the client?

What is the importance of self-care for the massage therapist?

What is the difference between mechanical and reflex effects of massage? Active movements, moving blood, lymph

What effects does massage have on the nervous system? Can be stimulating or sedative effects

What is the sympathetic nervous system? Fight-or-Flight

What is the parasympathetic nervous system? “Rest and Digest”

What is Gate Control Theory? You can control experience of pain by “beating” painful stimuli using heat or cold

What does it mean to Borrow Medical Concern?

Why might we need to assist a client on and off the table?

What is the importance of good draping in massage?

What is the importance of maintaining contact with the client during massage?

What is the importance of learning a basic routine?