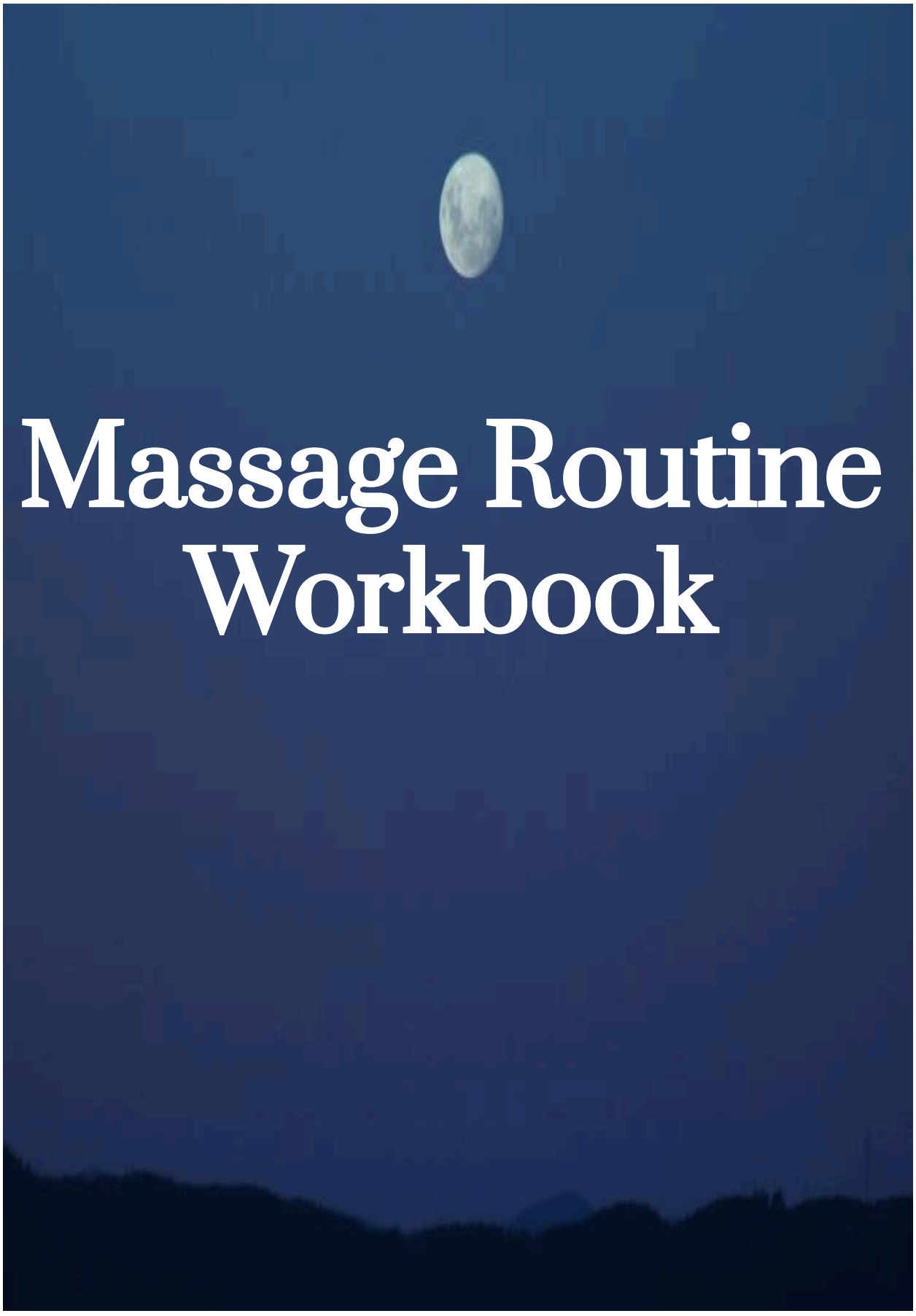

Massage Routine Workbook

Section 1: Back & Scalp (Prone Sequence)

1. Regional Overview

The back and scalp sequence begins the session with grounding compressions and gentle stimulation of the paraspinal and cranial tissues. These strokes encourage diaphragmatic breathing, parasympathetic activation, and circulation through the erector spinae and suboccipital region.

Client Position: Prone, ankles bolstered
Therapist Position: Horse stance at head of table; wide, grounded base; hinging from hips.
Focus: Warm-up, fascial release, circulation, and connection.

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2. Key Muscles & Anatomy Table

Muscle	Origin	Insertion	Action
Trapezius			
Rhomboid Major/Minor			
Erector Spinae Group *(Iliocostalis, Longissimus, Spinalis)*			
Latissimus Dorsi			
Suboccipitals			

Temporalis			
Occipitalis			

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3. Palpation Practice Notes

Erector Spinae:

- Start lateral to spinous processes.
- Use fingertips or palms to trace upward from sacrum to occiput.
- Feel for firm, cordlike bands that soften with effleurage.

Trapezius:

- Palpate from neck base to acromion.
- Ask the client to shrug slightly — upper trap contracts under your hand.
- Sink in with circular friction for fascial release.

Rhomboids:

- Slide fingers under the scapula's medial border.
- Feel tension lift when client retracts scapula (“pinch shoulder blades together”).

Suboccipitals:

- Support the client's head with fingertips just under the skull base.
- Apply gentle superior traction — you’ll feel small knots release between occiput and C2.

Temporalis & Occipitalis:

- Use fingertip circles at temples and occipital ridge; feel fascial continuity of scalp.

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4. Technique & Terminology Integration

Stroke/Technique	Muscular Target	Therapeutic Effect	Palpation Cue
Palmar compression	Erector spinae, paraspinals	Warms tissues, promotes circulation	Feel springy resistance then softening
Forearm effleurage	Trapezius, rhomboids	Broad deep pressure with minimal strain	Maintain smooth glide along muscle contours
Circular friction	Suboccipitals, rhomboids	Breaks adhesions, improves mobility	Feel small knot dissolve under fingers
Raking motion	Occipital to crown fascia	Stimulates cranial fascia, relaxation	Glide lightly, listen for client's breath rhythm
Cross-fiber friction	Temporalis, occipital ridge	Loosens fascia, improves scalp mobility	Feel grainy resistance ease with repetition

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5. Body Mechanics & Therapist Positioning

- **Horse stance:** Feet wider than hips, knees soft, spine neutral.
- **Hinge from hips:** Keep shoulders relaxed; lean, don't press.
- **Forearm use:** Transfer force from core, not wrists.
- **Breathing:** Match client's diaphragmatic rhythm.
- **Transition smoothly:** Keep one hand on the client while moving around the table.

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6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The muscle group running parallel to the spine is the _____.
2. The muscle that elevates and retracts the scapula is the _____.
3. The suboccipital muscles are located beneath the _____.
4. The therapist should maintain a _____ stance at the head of the table.
5. Circular friction helps release _____ adhesions.

Short Answer / Reflection

- Describe the anatomical location and palpation cue for the erector spinae group.

- Why is diaphragmatic breathing encouraged at the start of the session?

- How does your stance and breath affect the client's nervous system?

Section 2: Glutes & Posterior Legs (Prone)

1. Regional Overview

The gluteal and posterior leg sequence focuses on the body's largest muscle groups, supporting posture, gait, and pelvic stability. These techniques enhance circulation, release tension in the lower back and hips, and prepare the client for deeper leg work.

Client Position: Prone, ankles bolstered
Therapist Position: Archer stance at hips, alternating sides
Focus: Myofascial release, muscular decompression, hip mobility, and grounding connection

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2. Key Muscles & Anatomy Table

Muscle	Origin	Insertion	Action
Gluteus Maximus			
Gluteus Medius			
Gluteus Minimus			
Piriformis			

Hamstrings Group *(Biceps Femoris, Semitendinosus, Semimembranosus)*			
Gastrocnemius			
Soleus			
Plantar Fascia			

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3. Palpation Practice Notes

Gluteus Maximus:

- Use broad palm or forearm compressions through the sheet.
- Feel dense, fibrous texture—softens with slow rocking.

Piriformis:

- Locate midway between sacrum and greater trochanter.
- Palpate deep under gluteus maximus; note taut band tension.
- Apply sustained elbow or thumb pressure, wait for tissue release.

Hamstrings:

- Palpate from sit bone to back of knee.
- Distinguish lateral biceps femoris from medial semitendinosus/membranosus.
- Observe texture change from tendinous at knee to fleshy mid-thigh.

Gastrocnemius & Soleus:

- Split the gastroc heads with thumbs — medial head larger, more defined.
- Sink deeper for soleus; note flatter, denser feel.

Plantar Fascia:

- Use thumbs to trace from heel toward ball of foot.
- Feel longitudinal tension bands that respond to gentle stretch or friction.

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4. Technique & Terminology Integration

Stroke/Technique	Muscular Target	Therapeutic Effect	Palpation Cue
Palmar compression	Gluteus maximus, medius	Warms and softens fascia	Feel firm bounce that gradually yields
Forearm rocking	Gluteus maximus, piriformis	Releases deep tissue with minimal strain	Feel rhythm through your hips
Elbow melt (sustained pressure)	Piriformis, gluteus minimus	Trigger point release	Taut band softens and warmth spreads
Soft-fist kneading	Hamstrings	Enhances circulation, reduces tension	Tissue glides under hand in smooth waves
Cross-fiber friction	Gastrocnemius, soleus	Breaks adhesions, increases flexibility	Grainy resistance smooths with repetition
Thumb friction (plantar fascia)	Plantar surface	Stimulates reflex points, relieves foot tension	Feel fascia stretch slightly under thumb

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5. Body Mechanics & Therapist Positioning

- **Archer stance:** One foot forward, one back; transfer weight smoothly between legs.
- **Core engagement:** Use hips to drive motion, not arms.
- **Elbow & forearm work:** Keep wrists neutral and shoulders relaxed.
- **Drape management:** Always secure drape under hips; uncover only one leg at a time.
- **Transition flow:** Maintain hand contact — glide from sacrum to foot and back up.

6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The muscle responsible for hip extension is the _____.
2. The deep lateral rotator beneath the gluteus maximus is the _____.
3. The hamstrings originate at the _____ and insert on the tibia and fibula.
4. The primary muscle of the calf is the _____.
5. The thick connective tissue on the sole of the foot is the _____.

Short Answer / Reflection

- Describe how you differentiate the gluteus medius from the gluteus maximus during palpation.

- What cues help you locate the piriformis safely under the gluteus maximus?

- Why is it important to alternate between deep pressure and broad effleurage in this region?

- How does your stance influence the pressure and comfort of your client during gluteal work?

Section 3: Anterior Legs & Feet (Supine)

1. Regional Overview

This portion of the routine focuses on circulation and flexibility in the anterior kinetic chain — from the hip flexors to the ankle dorsiflexors. Techniques here support gait alignment, lymphatic drainage, and grounding through the feet.

Client Position: Supine, bolster under knees (optional)
Therapist Position: Archer stance at side of table; transitions to horse stance at feet.
Focus: Lengthening the quadriceps, mobilizing hip flexors and adductors, and restoring lower-extremity balance.

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2. Key Muscles & Anatomy Table

Muscle	Origin	Insertion	Action
Quadriceps Group *(Rectus Femoris, Vastus Lateralis, Vastus Medialis, Vastus Intermedius)*			
Sartorius			
Adductors *(Longus, Brevis, Magnus)*			
Tensor Fasciae Latae (TFL)			
Tibialis Anterior			
Extensor Digitorum Longus			
Plantar Fascia (review)			

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3. Palpation Practice Notes

Quadriceps Group:

- Palpate from knee toward hip.
- Ask client to contract (extend knee) — rectus femoris becomes firm midline.
- Vastus medialis bulges medially near the knee; vastus lateralis laterally wraps toward IT band.

Adductors:

- Work parallel to drape line, palpating superior to inferior.
- Feel dense, cordlike texture close to the groin — use flat finger pads for safety and sensitivity.

Tibialis Anterior:

- Locate lateral to shin bone (tibia).
- Ask client to dorsiflex foot — muscle contracts visibly under skin.
- Trace upward to lateral knee.

TFL / IT Band:

- Find ASIS, move slightly posterior and inferior.
- Palpate small, firm oval muscle that tenses when client flexes hip or internally rotates thigh.

Foot Structures:

- Palpate arches, metatarsal heads, and heel.
- Trace fascia with thumb glides, noting bands that respond to gentle traction.

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4. Technique & Terminology Integration

Stroke/Technique	Muscular Target	Therapeutic Effect	Palpation Cue
Forearm glide	Quadriceps, hip flexors	Lengthens and warms tissue	Tissue thickens under pressure, then releases
Wringing	Adductors	Mobilizes fascia and improves lymph flow	Feel rope-like texture slide beneath hands

Soft-fist compression	IT band, quadriceps	Smooth deep pressure to dense tissue	Use hips to drive motion, not wrists
Thumb stripping	Tibialis anterior	Breaks adhesions, restores mobility	Notice subtle twitches as adhesions release
Knuckle friction	Plantar fascia	Restores foot mobility, stimulates nerve endings	Feel fascia stretch under thumb or knuckle
Toe traction	Intrinsic foot muscles	Mobilizes joints, induces relaxation	Gentle clicks indicate natural joint play

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5. Body Mechanics & Therapist Positioning

- **Archer stance at thigh:** Shoulders square, lead leg bent; drive motion from hips.
- **Forearm use:** Maintain elbow below shoulder for safe leverage.
- **At the foot:** Horse stance, knees soft, keep wrists neutral.
- **Transitions:** Keep one hand connected to maintain flow.
- **Pressure modulation:** Deep glides up, lighter effleurage down to signal completion.

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6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The quadriceps group inserts on the _____ via the patellar tendon.
2. The muscle that runs diagonally across the thigh from the ASIS is the _____.
3. The primary dorsiflexor of the foot is the _____.
4. The _____ group adducts the thigh and lies on the medial side.
5. The lateral hip muscle that connects to the IT band is the _____.

Short Answer / Reflection

- How can you safely palpate adductor attachments while maintaining client comfort and draping?

- What are the key palpation cues that distinguish the tibialis anterior from the gastrocnemius?

- Why is pressure sequencing (deep → moderate → light) important for circulation and relaxation?

- Which stance provides the best leverage when gliding up the quadriceps, and why?

Section 4: Arms (Supine)

1. Regional Overview

The arm sequence promotes circulation, releases tension from repetitive upper body use, and integrates the limbs into the full-body flow. It's both grounding and energizing, bridging the connection between the shoulder girdle and the hand — a major area of client stress and sensory awareness.

Client Position: Supine, arm supported at the side or across the torso.
Therapist Position: At side of table in neutral stance, or seated near client's shoulder.
Focus: Increasing joint mobility, lengthening forearm flexors/extensors, and relaxing the pectoral girdle.

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2. Key Muscles & Anatomy Table

Muscle	Origin	Insertion	Action	Palpation Landmark
Deltoid				

Biceps Brachii

Triceps Brachii

Brachioradialis

Forearm Flexors
(Group)

Forearm Extensors
(Group)

Pectoralis Major

Pectoralis Minor

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3. Palpation Practice Notes

Deltoid:

- Palpate with one hand stabilizing the shoulder and the other tracing the rounded muscle.
- Ask client to abduct arm slightly; feel anterior, middle, and posterior fibers engage sequentially.

Biceps Brachii:

- Begin mid-humerus, glide toward the shoulder crease.
- Ask client to flex the elbow — muscle belly firms instantly.
- Palpate tendon at elbow crease; smooth and cordlike.

Triceps Brachii:

- Palpate posterior humerus; have client extend elbow to contract.
- Long head palpable near axilla; lateral head more defined mid-upper arm.

Forearm Flexors & Extensors:

- Flexors: Start just distal to medial epicondyle, palpate toward wrist; soft and full.
- Extensors: Start distal to lateral epicondyle, palpate posteriorly toward wrist; tighter texture.
- Alternate between both to note differences in density and glide.

Pectoralis Major:

- Locate along chest wall lateral to sternum; use soft, slow pressure.
- Ask client to press arm gently into table (isometric contraction) — fibers firm beneath fingertips.
- Maintain respectful draping and avoid direct breast tissue contact.

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4. Technique & Terminology Integration

Stroke/Technique	Muscular Target	Therapeutic Effect	Palpation Cue
Effleurage (arm sweep)	Deltoid, biceps, triceps	Increases lymph flow and circulation	Tissue temperature rises and glide becomes smoother
Petrissage (kneading)	Deltoid, triceps	Releases tension, improves elasticity	Muscle lifts and rolls easily between fingers
Thumb stripping	Forearm flexors/extensors	Breaks adhesions and separates fibers	Notice granular texture soften with repetition
Wrist traction	Flexor/extensor tendons	Improves joint mobility	Subtle lengthening sensation through forearm
Pin & stretch	Biceps or pectoralis major	Increases range of motion	Muscle lengthens beneath stable pressure

Compression & release	Palm, deltoid, biceps	Neuromuscular relaxation	Feel rhythmic pulse or softening feedback

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5. Body Mechanics & Therapist Positioning

- **Neutral stance:** One foot slightly forward; core engaged for balance.
- **Support the arm:** Use one hand to cradle elbow or wrist — avoid pulling from fingers alone.
- **Elbow pressure:** Keep forearm parallel to table, pressing from body weight not muscle effort.
- **Joint play:** Gentle, slow rotations at wrist and shoulder maintain client trust and comfort.
- **Flow:** Transition from wrist to shoulder in one continuous line to promote full-limb awareness.

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6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The three parts of the deltoid originate on the _____, _____, and _____.
2. The biceps brachii inserts on the _____ and flexes the _____.
3. The triceps brachii has _____ heads and inserts on the _____.
4. The primary wrist flexors attach at the _____ epicondyle of the humerus.
5. The large chest muscle connecting the sternum to the humerus is the _____.

Short Answer / Reflection

- How can you distinguish between the forearm flexors and extensors by touch alone?

- Describe one safe, effective way to work the pectoralis major while maintaining client comfort.

- Why is alternating traction and compression important during arm work?

- What adjustments to your stance prevent wrist fatigue during repetitive effleurage?

Section 5: Chest, Neck, and Shoulders (Supine)

1. Regional Overview

This sequence integrates the upper body's anterior chain and promotes postural balance by releasing tension in the chest and cervical muscles. The work supports easier breathing, decompresses the shoulders, and brings awareness to the head–heart connection — a deeply restorative phase of the session.

Client Position: Supine, arms relaxed at sides
Therapist Position: Seated or standing at the head or side of the table
Focus: Opening the chest, releasing the neck and shoulder girdle, grounding through slow rhythmical work

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2. Key Muscles & Anatomy Table

Muscle	Origin	Insertion	Action
Pectoralis Major			
Pectoralis Minor			
Sternocleidomastoid (SCM)			

Scalenes (Anterior, Middle, Posterior)			
Trapezius (Upper Fibers)			
Levator Scapulae			
Suboccipitals			
Masseter			

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3. Palpation Practice Notes

Pectoralis Major:

- Start lateral to sternum, palpating outward toward the shoulder.
- Ask client to gently press hand against table to feel contraction.
- Use slow, respectful pressure; always drape carefully to ensure comfort.

SCM:

- Ask client to rotate head opposite the side you're palpating — SCM becomes taut and visible.
- Pinch gently between fingers; feel rope-like texture.
- Avoid compressing the carotid artery (stay superficial).

Scalenes:

- Located just posterior to SCM; use light touch and caution.
- Palpate vertically along the side of the neck toward the first rib.
- Feel thin, tight bands that lift during deep inhalation.

Trapezius & Levator Scapulae:

- Palpate upper trap fibers from acromion toward base of skull.
- Levator scapulae runs from neck to superior scapular border; tight and cordlike with rounded shoulders.
- Apply circular friction or sustained compression for release.

Suboccipitals:

- Cradle occiput, slide fingertips under skull ridge.
- Gentle traction lifts head slightly — subtle melt indicates release.

Masseter:

- Palpate anterior to the ear; ask client to clench teeth lightly.
- Strong, square muscle becomes firm under fingers; soften with small circular friction.

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4. Technique & Terminology Integration

Stroke/Technique	Muscular Target	Therapeutic Effect	Palpation Cue
V-Stroke Effleurage	Pectoralis major, costal fascia	Opens chest, encourages deep breathing	Feel ribs expand under hand with client's inhale
Circular Friction	Pectoralis minor, SCM, masseter	Releases fascial adhesions and tension	Notice small grainy resistance easing
Cross-Fiber Friction	Posterior triangle of neck	Improves range of motion and reduces stiffness	Tissue softens and warms
Suboccipital Release	Suboccipital group	Relieves headaches, decompresses cranial base	Subtle drop or melting sensation under fingertips
Gentle Traction	Cervical spine	Decompresses vertebrae, calms nervous system	Sense natural lengthening through cervical column

Shoulder Stretch	Upper trapezius, levator scapulae	Restores alignment, reduces neck load	Feel shoulder glide inferiorly as tension releases

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5. Body Mechanics & Therapist Positioning

- **Head-of-table stance:** Keep shoulders relaxed; lean body weight through fingertips rather than pressing.
- **Seated posture:** For facial and scalp work, rest elbows on table for stability.
- **Breath synchronization:** Move with the client's exhalation to deepen release.
- **Touch intention:** Use smaller, slower movements; prioritize sensitivity over force.
- **Flow:** Always maintain continuous contact — grounding hand on sternum or shoulder as you move.

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6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The muscle that connects the sternum and clavicle to the mastoid process is the _____.
2. The muscle deep to the pectoralis major that protracts the scapula is the _____.
3. The muscle responsible for elevating the scapula and often causing "neck knots" is the _____.
4. The deep muscles at the base of the skull that extend and rotate the head are the _____.
5. The jaw muscle that elevates the mandible is the _____.

Short Answer / Reflection

- What is the difference between working the SCM and the scalenes in terms of pressure and safety?

- Why is the suboccipital release often described as a "grounding" technique?

- Describe how you can use breath and pacing to relax the pectoral region safely.

- How does releasing the chest and neck affect shoulder alignment and posture?

Section 6: Closing & Scalp Integration

1. Regional Overview

The closing and scalp integration sequence reconnects the client to stillness, easing the nervous system into parasympathetic rest. Gentle raking, circular scalp work, and subtle cranial holds help integrate the effects of the full-body session.

Client Position: Supine, head neutral, fully draped
Therapist Position: Seated or standing at head of table
Focus: Calming cranial fascia, relieving suboccipital tension, and providing energetic grounding

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2. Key Muscles & Anatomy Table

Muscle / Structure	Origin	Insertion	Action / Function
Frontalis			
Temporalis			
Occipitalis			

Suboccipitals			
Masseter			
Temporomandibular Joint (TMJ)			
Galea Aponeurotica			

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3. Palpation Practice Notes

Frontalis & Temporalis:

- Use fingertips or palms to glide gently upward from brows to hairline.
- Feel soft, mobile fascia overlying the frontal bone.
- Trace temporalis above the ears; ask client to clench lightly to feel contraction.

Occipitalis & Suboccipitals:

- Support head with fingertips at skull base.
- Apply small circular motions; sense deep tension melt slowly.
- Avoid pressing into bone — follow the tissue's natural give.

TMJ Region / Masseter:

- Place fingertips just anterior to tragus; move in small circles.
- Have client gently open and close jaw to feel joint motion.
- Stay superficial to avoid discomfort.

Scalp Fascia:

- Rake fingers from occiput → crown → forehead → temples.
- Feel fascial glide between hands — smooth, continuous movement indicates healthy mobility.

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4. Technique & Terminology Integration

Stroke / Technique	Target Region	Therapeutic Effect	Palpation Cue
Raking fingertips	Occiput → crown	Stimulates cranial fascia, grounds energy	Light scratch sensation, smooth glide
Circular friction	Temples, occipital ridge	Relieves headache tension, loosens fascia	Subtle warming under fingers
Still contact	Crown of head	Integrates session, induces calm	Slow breathing synchronizes with client
Suboccipital hold	Base of skull	Decompresses cranial nerves, relaxes neck	Gentle drop or release felt
TMJ release	Masseter & temporal region	Reduces jaw tightness	Slight softening beneath skin

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5. Body Mechanics & Therapist Positioning

- **Seated posture:** Sit tall, keep shoulders relaxed; let arms rest on table edge.
- **Finger ergonomics:** Use pads, not tips — avoid tension in thumb base.
- **Breath connection:** Time each movement with your own slow breaths.
- **Energetic awareness:** Finish with hands still on the crown or heart space for 5–10 seconds to ground both you and the client.
- **Transition:** Gently remove hands and allow silence before client sits up.

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6. Self-Check & Workbook Prompts

Fill-in-the-Blanks

1. The broad fascial sheet that connects the frontalis and occipitalis is the _____.
2. The muscle that elevates the mandible and is palpated in the cheek is the _____.
3. The joint located just anterior to the ear is the _____.
4. The suboccipital muscles lie between the _____ and _____ vertebrae.
5. Gentle fingertip raking stimulates the _____ fascia.

Short Answer / Reflection

- Why is still-hand contact at the end of a session clinically significant for the nervous system?

- Describe how you can detect tension differences in the temporalis versus masseter.

- What are key safety considerations when working near the TMJ and suboccipital region?

- How does scalp work help integrate the effects of full-body massage?

End-of-Workbook Reflection Prompt

Take a moment after finishing this routine to reflect on:

- Which regions of the body felt most responsive to your touch?

- Which palpation landmarks are still challenging to locate?

- How does your own posture and breath affect the quality of connection you feel with the client?

ANSWER KEY

SECTION l: BACK & SCALP (Prone)

Fill-in-the-Blanks

1. Erector spinae group
2. Trapezius
3. Occipital bone
4. Horse stance
5. Fascial

Short Answer / Reflection

- Erector Spinae Location: Parallel to the spine, from the sacrum to the occiput; palpated as firm vertical cords that soften with effleurage.
- Breathing Importance: Diaphragmatic breathing calms the nervous system and deepens tissue receptivity.
- Therapist Stance & Breath: A relaxed, rhythmic stance supports fluid movement and mirrors the client's relaxation response.

SECTION 2: GLUTES & POSTERIOR LEGS (Prone)

Fill-in-the-Blanks

1. Gluteus maximus
2. Piriformis
3. Ischial tuberosity
4. Gastrocnemius
5. Plantar fascia

Short Answer / Reflection

- Glute Medius vs Maximus: Medius lies superior and lateral; smaller, firmer; maximus is broad and thick, covering most of the posterior hip.
- Piriformis Palpation: Located midway between sacrum and greater trochanter; accessed slowly under glute max.
- Deep vs Broad Pressure: Alternating techniques increase circulation and comfort, preventing over-stimulation.
- Stance Importance: A stable archer stance allows depth without strain and maintains client comfort.

SECTION 3: ANTERIOR LEGS & FEET (Supine)

Fill-in-the-Blanks

1. Tibial tuberosity

2. Sartorius
3. Tibialis anterior
4. Adductor
5. Tensor fasciae latae

Short Answer / Reflection

- Adductor Palpation & Comfort: Work parallel to drape line; use flat fingertips and maintain verbal feedback for safety.
- Tibialis vs Gastrocnemius: Tibialis anterior lies on shin's front/lateral side and activates with dorsiflexion; gastrocnemius is posterior and contracts with plantarflexion.
- Pressure Sequencing: Moving from deep to light pressure aids venous return and relaxes the nervous system.
- Best Stance for Quadriceps: Archer stance allows the therapist to lean in using body weight rather than arm strength.

SECTION 4: ARMS (Supine)

Fill-in-the-Blanks

1. Clavicle, acromion, spine of scapula
2. Radial tuberosity; elbow
3. Three; olecranon
4. Medial
5. Pectoralis major

Short Answer / Reflection

- Forearm Flexors vs Extensors: Flexors are softer and bulkier (anterior); extensors are tighter and stringier (posterior).
- Working Pectoralis Major Safely: Drape carefully, stay lateral to sternum, use flat fingers and slow pacing.
- Traction + Compression: Enhances blood flow, joint mobility, and proprioceptive awareness.
- Preventing Wrist Fatigue: Maintain neutral wrist alignment and transfer movement through hips and core.

SECTION 5: CHEST, NECK & SHOULDERS (Supine)

Fill-in-the-Blanks

1. Sternocleidomastoid (SCM)
2. Pectoralis minor
3. Levator scapulae
4. Suboccipitals
5. Masseter

Short Answer / Reflection

- SCM vs Scalenes: SCM is superficial and easy to pinch; scalenes are deeper and delicate — require light, vertical palpation to avoid compressing nerves/vessels.
- Suboccipital Release: Calms the nervous system by releasing cranial base tension and stimulating parasympathetic activity.
- Breath for Pectoral Work: Match client's exhale to apply deeper pressure safely, encouraging expansion and release.
- Chest/Neck Release on Posture: Restores scapular alignment, reduces forward-head posture, and eases shoulder elevation.

SECTION 6: CLOSING & SCALP INTEGRATION

Fill-in-the-Blanks

1. Galea aponeurotica
2. Masseter
3. Temporomandibular joint (TMJ)
4. Cl and C2
5. Cranial

Short Answer / Reflection

- Still-Hand Contact: Signals safety to the client's nervous system, anchoring the body into rest and integration.
- Temporalis vs Masseter Tension: Temporalis is broad and superficial; masseter is dense and square-shaped — masseter tension feels firmer and more localized.
- Safety Near TMJ/Suboccipitals: Avoid pressing deeply; stay superficial and work slowly to prevent nerve or vessel compression.
- Purpose of Scalp Work: Completes the session, integrates sensory and emotional experience, and promotes full relaxation.