



**BCMB MASSAGE MANUAL:  
WEEKEND SEVEN**



Section	Contents	Page
<b>Massage Principles</b>	Massage Theory and Practice Use Your Own Experience Exercise Pathologies Summary Treatment Strategies After Care/Self Care Advice to Clients Reflective Practice	7.2 7.3-7.4 7.5-7.7 7.8-7.9 7.10-7.11 7.12
<b>Massage Techniques</b>	Mobilisations & Massage: Hips Breathing <ul style="list-style-type: none"> <li>Gentle &amp; Subtle Breathwork</li> <li>Freeing the Mechanics of Breathing</li> </ul> Digestion Lymph Drainage Massage	7.13  7.14 7.15 7.16-7.17 7.18-7.20
<b>Adapting Your Practice</b>	Adapting to High Risk Situations	7.21
<b>Anatomy, Physiology &amp; Pathology</b>	Digestive System & Pathologies Respiratory System & Pathology Cardiovascular System & Pathology	7.22-7.25 7.26-7.28 7.29-7.32
<b>Marketing &amp; Publicity</b>	Where & how to promote your work A Fab Case Study	7.33 7.34
<b>Homework</b>		7.35-7.37

## MASSAGE PRINCIPLES

### Massage Theory and Practice

At this stage of the course, there is a convergence of theoretical knowledge and practical skills. You now have a considerable repertoire of massage strokes and techniques, including:

- Gentle energy holds and polarity sweeps
- Soothing effleurage;
- Kneading and squeezing to loosen muscles;
- Deep focused pressure into muscle bellies and attachments;
- Mobilising and stretching work to integrate.

The question now is – how to apply this considerable range of skills in the most appropriate way possible?

Here's how it works. We are studying the structure and function of the body (anatomy and physiology). Also, we look at the pathology of different body systems i.e. what happens when the body is in trouble. By considering what is going on at a physical level and bearing in mind what that might feel like, maybe from our own experience, we can come up with ideas on what massage experience might be most supportive for a client.



We call this set of ideas a **“treatment strategy”**.

This can apply to difficult emotional states as well as purely physical ailments. These suggestions can then be discussed with the client and applied within a framework of on-going feedback. There is constant adaptation to the needs and responses of the client during the session.

Bear in mind that massage is a supportive therapy. We encourage the body's systems to help themselves by providing an encouraging nurturing experience of touch. Yes, that might at times be challenging in terms of releasing deep held tension, but we always work within the limits of “good pain”. This means that massage encourages the switch from stress response to relaxation response – i.e. from Sympathetic Nervous System to Parasympathetic Nervous System.

The word “therapist” is derived from a Greek word, “therapoa” which means “to accompany”. So a therapist is a companion.

An important factor to bear in mind is the difference between conditions that are:

- **“Acute”** i.e. short term and often very painful e.g. cramp; and
- **“Chronic”** i.e. longer term, and often more stiff and congested.

In between there is the **“sub-acute”** phase, when massage is often very helpful. In musculo-skeletal situations, e.g. cramp again, this is usually a few days to a few weeks.

\*\*\*\*\*

### 'USE YOUR OWN EXPERIENCE' EXERCISE

Think about how you feel in your own body, both right now and when you've not "felt right". Consider how the different parts / systems of your body feel when:

- a. Sore, inflamed and painful
- b. Stiff and congested

What type of touch/massage might you most appreciate – and where? Use your common sense!

Then look at the specific ones below, and again apply your common sense to fill in the type of touch / massage they might appreciate...

	<b>What type of touch / massage might be most appropriate? And where?</b>	
<b>System</b>	<b>Acute</b> - recent, sharp pain	<b>Chronic</b> – stiff, stuck, unresponsive
Joints – choose a specific example from your own experience	Eg a recent fall	Eg long term stiffness
Breathing	Eg sore due to chest infection	Longer term eg asthma
Digestion	Eg food poisoning	Eg constipation

Now think about how you feel in your own self as a whole; mentally & emotionally. Both when you've felt mentally well and then when you've not "felt right" emotionally / mentally.

**If this exercise feels like it may trigger your own mental ill-health please talk to a tutor before proceeding.**

If you are feeling fine about it, consider how different emotions feel and what type of touch/massage you might most appreciate – and where? Again, use your common sense!

Look at the specific examples below, and again apply your common sense to fill in the type of touch / massage that might be appreciated...

	What type of touch / massage might be most appropriate? And where?
Mental / Emotional Situation	
Agitated, energetic, frustrated	e.g. a recent event(s) has triggered old frustrations or anger
Depressed, low energy, lethargic	e.g. life factors / worries are weighing them down
Anxious, showing obsessive-compulsive behaviours	e.g. they are feeling very sensitive to words / actions from others &/or the immediate environment

## **PATHOLOGIES SUMMARY** (NB this does not cover everything – but is a good selection!)

Research these in your books – and apply your common sense!

<b>Condition</b>	<b>What is happening to the body?</b>	<b>Implications for massage</b>
<i>Frozen shoulder (Musculo-skeletal)</i>	<i>Damage to rotator cuff muscles; inflammation to muscles/tendons; adhesions in joint capsule; pain on movement</i>	<i>Avoid area of direct inflammation; Work on surrounding muscles to relieve pain; gentle mobilisation; consider emotional aspects</i>
<i>Stroke (Nerve &amp; Cardio-vascular)</i>	<i>Bleeding in brain due to burst blood vessel</i>	<i>Do not massage for 1-2 months, for practitioner protection (total contra-indication). Energy holds OK.</i>
<i>Cramp</i>	<i>Involuntary contraction of muscle, due to lack of oxygen or chronic tension impeding blood supply</i>	<i>Acute – stretch to relieve spasm. Sub-acute – massage and stretch to relax tense muscle fibres and restore length</i>
<i>Varicose veins</i>	<i>Damage to valves in veins; blood accumulates &amp; vein walls stretch.</i>	<i>Avoid effleurage and kneading below varicose area – drain area above to decongest &amp; support flow back to heart</i>
<i>Cancer</i>	<i>Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs. (www.nhs.uk)</i>	<i>Massage can support the person &amp; some symptoms but there is a lot of complexities with cancer so extra training is strongly recommended. Only work agreed by the consultants/care team should be carried out – focus is often relaxing &amp; supporting the person on their journey.</i>
<i>Rheumatoid Arthritis</i>		
<i>Athletes Foot</i>		
<i>Multiple Sclerosis</i>		
<i>Osteoporosis</i>		
<i>Deep Vein Thrombosis</i>		
<i>Eczema</i>		
<i>Osteo-Arthritis</i>		
<i>Thin Skin</i>		
<i>Diabetes</i>		
<i>Endometriosis</i>		
<i>Sciatica</i>		
<i>Hypertension</i>		

And here are a few mental health disorders to be aware of, but please remember you don't need to know about these in detail. Information sourced from [www.nhs.uk](http://www.nhs.uk):

Condition	What are the main symptoms?
Depression	<p>Depression is more than simply feeling unhappy or fed up for a few days.</p> <p>Most people go through periods of feeling down, but when you're depressed you feel persistently sad for weeks or months, rather than just a few days.</p> <p>Some people think depression is trivial and not a genuine health condition. They're wrong – it is a real illness with real symptoms. Depression is not a sign of weakness or something you can "snap out of" by "pulling yourself together". The good news is that with the right treatment and support, most people with depression can make a full recovery.</p> <p><b>The symptoms of depression can be complex and vary widely between people. If you're depressed, you may feel sad, hopeless and lose interest in things you used to enjoy.</b></p> <p>The symptoms persist for weeks or months and are bad enough to interfere with your work, social life and family life.</p> <p>There are many other symptoms of depression and you're unlikely to have all of those listed.</p> <p><b>Psychological symptoms</b> The psychological symptoms of depression include:</p> <ul style="list-style-type: none"> <li>• continuous low mood or sadness</li> <li>• feeling hopeless and helpless</li> <li>• having low self-esteem</li> <li>• feeling tearful</li> <li>• feeling guilt-ridden</li> <li>• feeling irritable and intolerant of others</li> <li>• having no motivation or interest in things</li> <li>• finding it difficult to make decisions</li> <li>• not getting any enjoyment out of life</li> <li>• feeling anxious or worried</li> <li>• having suicidal thoughts or thoughts of harming yourself</li> </ul> <p><b>Physical symptoms</b> The physical symptoms of depression include:</p> <ul style="list-style-type: none"> <li>• moving or speaking more slowly than usual</li> <li>• changes in appetite or weight (usually decreased, but sometimes increased)</li> <li>• constipation</li> <li>• unexplained aches and pains</li> <li>• lack of energy</li> <li>• low sex drive (loss of libido)</li> <li>• disturbed sleep – for example, finding it difficult to fall asleep at night or waking up very early in the morning</li> </ul> <p><b>Social symptoms</b> The social symptoms of depression include:</p> <ul style="list-style-type: none"> <li>• avoiding contact with friends and taking part in fewer social activities</li> <li>• neglecting your hobbies and interests</li> <li>• having difficulties in your home, work or family life</li> </ul>
Generalised Anxiety Disorder	<p>Everyone has feelings of anxiety at some point in their life. However, some people find it hard to control their worries. Their feelings of anxiety are more constant and can often affect their daily lives.</p> <p>GAD can cause both psychological (mental) and physical symptoms.</p> <p>These vary from person to person, but can include:</p> <ul style="list-style-type: none"> <li>• feeling restless or worried</li> <li>• having trouble concentrating or sleeping</li> <li>• dizziness or heart palpitations</li> </ul>

PTSD (Post Traumatic Stress Disorder)	<p>Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.</p> <p>Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.</p> <p>They may also have problems sleeping, such as insomnia, and find concentrating difficult. These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life.</p>
Bi-polar	<p>Bipolar disorder, previously known as manic depression, is a condition that affects your moods, which can swing from one extreme to another.</p> <p>If you have bipolar disorder, you may have episodes of depression more regularly than episodes of mania, or vice versa.</p> <p>Between episodes of depression and mania, you may sometimes have periods where you have a "normal" mood.</p> <p>The patterns are not always the same and some people may experience:</p> <ul style="list-style-type: none"> <li>• rapid cycling – where a person with bipolar disorder repeatedly swings from a high to a low phase quickly</li> <li>• mixed state – where a person with bipolar disorder experiences symptoms of depression and mania together; for example, overactivity with a depressed mood</li> </ul>
Schizophrenia	<p>Schizophrenia is a long-term mental health condition. It causes a range of different psychological symptoms. Doctors often describe schizophrenia as a type of psychosis. This means the person may not always be able to distinguish their own thoughts and ideas from reality.</p> <p>Symptoms of schizophrenia can include:</p> <ul style="list-style-type: none"> <li>• hallucinations – hearing or seeing things that do not exist outside of the mind</li> <li>• delusions – unusual beliefs not based on reality</li> <li>• muddled thoughts and speech based on hallucinations or delusions</li> <li>• losing interest in everyday activities</li> <li>• not wanting to look after yourself and your needs, such as not caring about your personal hygiene</li> <li>• wanting to avoid people, including friends</li> <li>• feeling disconnected from your feelings or emotions</li> </ul> <p>People with schizophrenia do not have a split personality. Schizophrenia does not usually cause someone to be violent.</p>
Obsessive-compulsive Disorder	<p>Obsessive compulsive disorder (OCD) is a mental health condition where a person has obsessive thoughts and compulsive behaviours.</p> <p>If you have OCD, you'll usually experience frequent obsessive thoughts and compulsive behaviours.</p> <ul style="list-style-type: none"> <li>• An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease.</li> <li>• A compulsion is a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought.</li> </ul> <p>For example, someone with an obsessive fear of being burgled may feel they need to check all the windows and doors are locked several times before they can leave their house.</p>

### Implications for Massage

For all of these conditions, and all neurodiversity, the main aim is to ensure the person feels safe, heard, and cared for. So the main aspect is extra care in listening and language. If they are in an acute phase you may need to refer them back their GP (/care team) and postpone the massage. This is very unlikely to happen though as they probably wouldn't be seeking a massage at that point.

## TREATMENT STRATEGIES

### What is a Treatment Strategy?

This deepens the approach of the Initial Consultation, refining your strategy so you can give the best possible massage to each client **(remember to mention this objective right at the start of your consultation!)**. It helps set us apart as professional practitioners rather than enthusiastic amateurs.



The strategy helps us decide what to do, understand why we are doing it and evaluate whether what we have done has been effective. It incorporates both intellectual and intuitive responses - both left brain and right brain. Not all the suggestions will work for you – choose your own style! It ties together such skills as initial consultation, information about pathologies and contraindications, intuitive sensitivity and meditative awareness.

This is a process we go through with all clients. It's a matter of debate whether it should be made explicit; I guess it depends on the client concerned.

### Attitude

Endeavour to cultivate unconditional acceptance, which can treat the presenting condition as a phenomenon, neither right nor wrong. This approach is non-judgemental, curious and compassionate. For example, don't say to someone with lung problems: "you shouldn't smoke"!! Presenting conditions are neutral, neither right nor wrong, neither good nor bad. They just are.

### Investigation

Gather information about how the condition affects the client. This may include;

- Visual observation/body reading;
- Dialogue (initial consultation);
- Your gut feeling/intuition;
- Research in books, including anatomical and pathological sources;
- Role play having the condition yourself;
- Applying specific maps, e.g. chakras, meridians, balance of muscle tensions.

**Note:** on occasion a client's experience may match something that has happened to you. It may be appropriate to disclose that. Use self-disclosure with care, it can be a very helpful skill in the right circumstances. Preface any such information with a request for permission:

**"May I share something of my own experience here?"**

### Checking Medical History – Again!

The "card method" is a 3<sup>rd</sup> way of checking a client's medical history, along with the "vowels" and "systems" approaches – see p 141.

- Use it wisely. It may not be necessary in all cases. If you have already gathered much of the information already during the conversation, it may not be needed. Indeed it may inject a degree of formality when the consultation has flowed easily up to then.



- Also, if you do use it, don't simply put the card under the client's nose and ask him/her to read it. Some people might not be able to read – they may not have reading glasses with them, they be dyslexic or illiterate, they may not understand some of the terminology.
- Good practice with the card consists of showing it to the client and saying something like “can we go through this together?” then explaining anything that isn't clear and turning it into more of a conversation.

## Overall Strategy

The issue or condition is a part of the client, but not the whole of the client. The key question is:

### What does the client need?

This might be an explicit goal, which you openly discuss with the client, in a sensitive, non-intrusive way, or it may be an implicit one that you work out for yourself. Arising from this question, seek to establish an overall **STRATEGY**, e.g.:

- Lengthening the distance between rib cage and pelvis;
- Opening the upper chest and squaring back the shoulders;
- Feeling soothed and relaxed and in less pain.

## Benchmarks

Seek to establish **benchmarks – reference points – things to look out for**. These are tangible, easily observed phenomena to enable you to evaluate whether the treatment is on track. Make them as practical as possible, although they include feelings and intuitions as well. Benchmarks may be informed by the massage guidelines in your books.

Sometimes it is very clear before a session what to look for, sometimes it is only clear afterwards. Examples might include:

- Texture of the tissue – has it softened or lengthened?;
- Ease of movement e.g. is shoulder rotation smoother?;
- Skin colour, especially face – a healthy glow?
- Lustre of eyes – from dull to sparkly?
- Tone of voice – often deepens as people relax;
- Feelings - “I feel better”; “I am more relaxed”; “I feel happy”;
- Postural feedback - more upright or balanced;
- Locality and severity of backache;
- How you feel about the session.

There is a huge range of benchmarks available! As an emerging practitioner your skill in this area will continue to grow. Clients love benchmarks. They provide tangible feedback on the effectiveness of the treatment and may carry over from one session to another. Don't set benchmarks that are too big; this can lead to a sense of “if you haven't done it, you've failed”.

## Treatment

Do your massage work. You will probably adapt the techniques and approaches as you go along. This might lead to a re-appraisal of the benchmarks.

## Evaluation

Refer back to the benchmarks and see what changes (if any!) have taken place. Exercise discretion and sensitivity over feedback to the client.

## SUMMARY

**Compassion; Investigation; Strategy; Benchmarks; Massage; Evaluate**

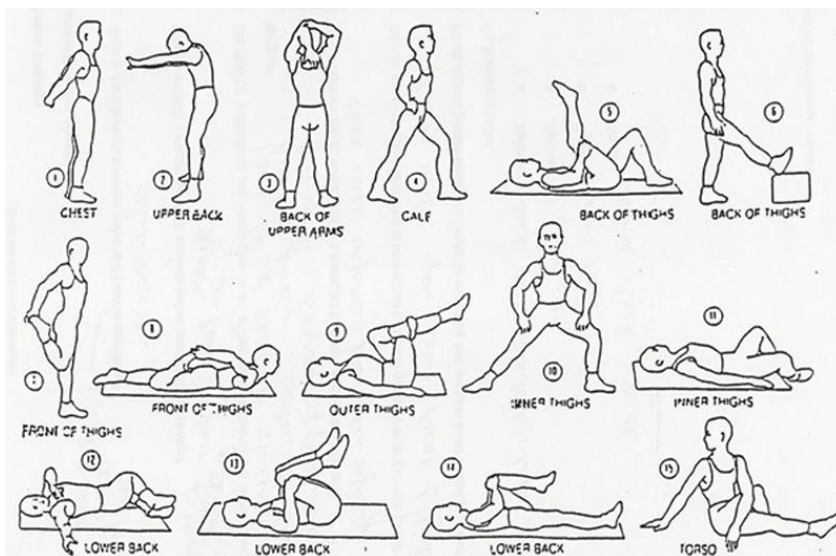
## AFTERCARE/SELF CARE ADVICE TO CLIENTS

*produced by the General Council for Massage Therapy*

The aftercare in this document is body massage related only. The information should be given to the client where appropriate. Advice beyond the massage realm such as medical, herbal or homeopathic should not be given unless the practitioner is qualified in these areas.

Aftercare/selfcare must be specific to the individual client needs. This could include such advice as:

- Relaxation techniques,
- Self massage,
- Basic stretch and mobilisation techniques,
- Postural improvement, diet changes,
- Further treatments to maintain well-being,
- The use of heat and cold applications.



### Stretching

Explanations for the reasons for any aftercare/selfcare should be made clear to the client and tailored to the individual client needs. The advice also needs to be client centred. There is no use advising the client to have a relaxing bath if they have not got a bathtub. It is a good idea to find out what the client likes and what their natural tendencies are. Do they like dancing, stretching, walking, listening to music or gardening? Be creative and think up ideas that inspire your client!

**NB.** Any practical techniques **must** initially be **demonstrated** by the practitioner and **practised** by the client under guidance to ensure safety and efficacy. When giving instructions for postural exercises try and stay as close as possible to the client's natural way of moving and breathing.



### Relaxation

As a practitioner, consider what is effective in your own experience. Also, use your common sense and keep it simple!

### INITIAL 24-HOUR AFTERCARE APPLICABLE TO ALL CLIENTS

To receive the most from the massage treatment provided the client should:

- Drink plenty of water – this will help flush through metabolic wastes that may have been released from the tissues during the treatment stage.
- Suggest that the client avoid alcohol or any strong stimulants (which could include non prescriptive drugs, tea and coffee) for a minimum of 12 hours after the treatment; this is to avoid dehydration.
- Encourage the client to rest or have quality time after the treatment to allow the body to carry out its own healing process.

- If possible only light meals should be taken for the first 24 hours after treatment.
- Prevention is better than cure. Once signs of improvement are recognised it is essential to continue the advice that has been given for improvement to be maintained.



**Self Massage**

### **CLIENT CONTROL**

It is necessary to emphasise that the practitioner is not in charge of the client's health. When the client visits the clinic the practitioner will take charge of the treatment session, but does not take over. The client is in charge of his/her own health. Clients should not give their power to the practitioner or anyone else.

### **DO NOT OVERWHELM**

Tempting as it may be to try and take over the client and give all the advice above and more - DON'T. You will gain more respect if you work with the client one step at a time. Keep the advice helpful, fun and workable.

### **FINISH ON A POSITIVE WHEN GIVING ADVICE**

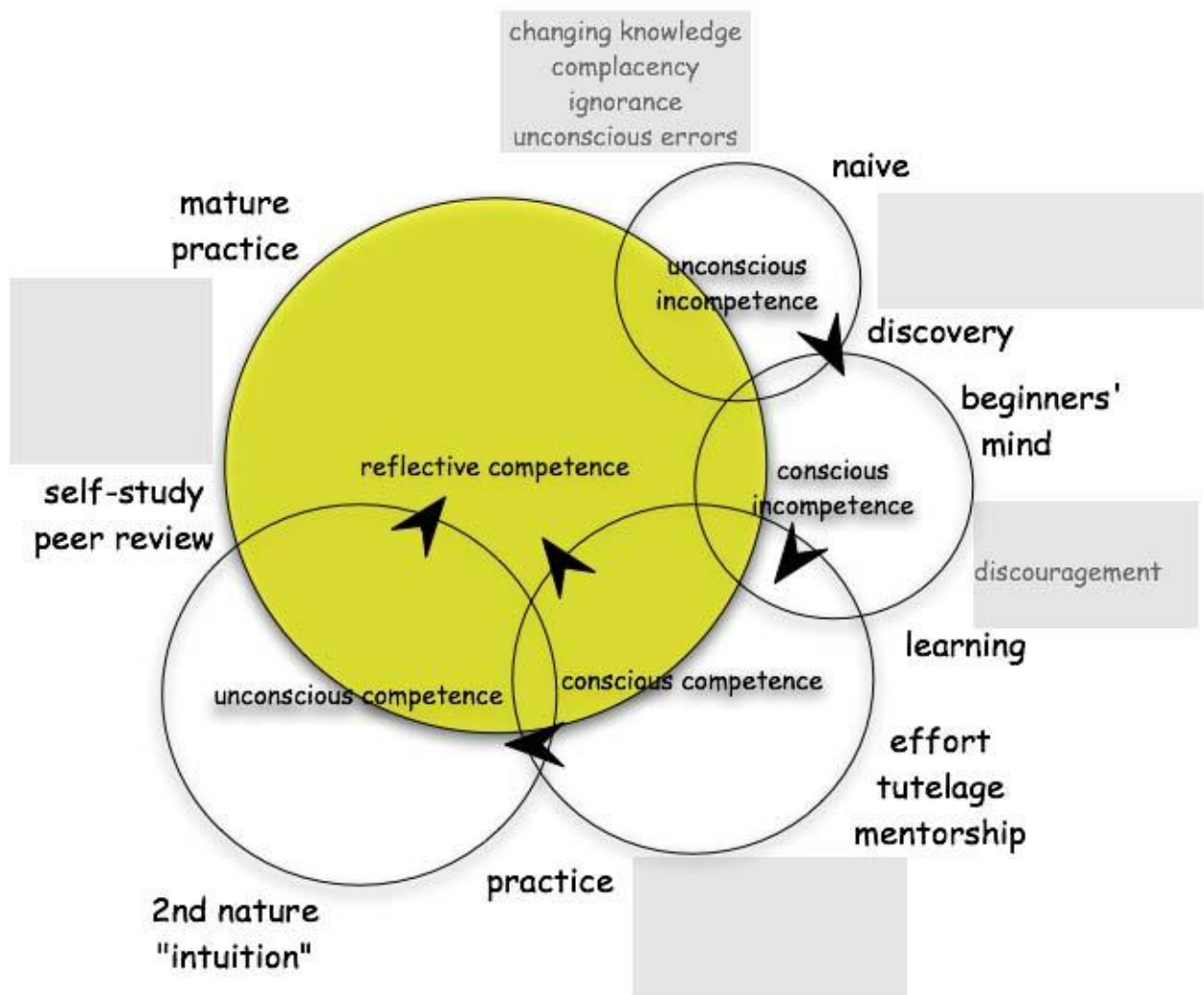
Remember to tell your client that when they receive an uplift in their energy levels or however improved they feel after the treatment this extra energy must be used for self-healing rather than mowing the lawn or cleaning the car. Quality time and rest are as essential as any other recommended aftercare/self-care techniques.

### **Brainstorm your After Care!**

<b>Presenting Condition</b>	<b>After Care Ideas</b>

\*\*\*\*\*

# Reflective Practice



\*\*\*\*\*

## MASSAGE TECHNIQUES

### MOBILISATIONS& MASSAGE: HIPS

#### Benchmark initial mobility in supine position

- Remember (weekend 3) initial assessment.
- Holding under your partner's knee and cupping their heel into the palm of your hand, lift and bend their leg. Bring their knee onto your chest, cuddling it into your armpit! Your hands are now free to contact the hip, and as you move you can feel and sense for any restriction/resistance within the hip.
- **DRAPING!** Make sure you effectively drape your partner. As soon as the client's knee bends, pull the drape under the leg and tuck up the outer side of their body. This creates a nappy effect – and nervous clients can be invited to hold the end of the drape for their own security. Do this whether client has underwear on or not.
- Take special care in assessing if there has been injury.
- Explore different directions & get a feel for where movement is restricted / tight / "sticky" / "rusty"; consider both **range** and **quality**.
- Consider which muscles might need attention.

#### Treatment

- Work with client, prone, for posterior muscles - glutes (maximus and medius); piriformis; hamstrings.
- Supine for anterior muscles - quadriceps; tensor fascia latae. Adductors can be accessed either prone or supine.
- Work across and along muscle fibres. If need be, pay attention to trigger points in muscle bellies or muscle attachments.
- Intersperse muscle massage with mobilisations, to assess effectiveness of the work you are doing. Notice changes in range and quality of movement. Also notice changes in tissue quality – e.g. from stiff and wooden to flexible and soft.
- Continue this mobilise/massage/mobilise approach until you feel sufficient change. For example, don't overdo it and create inflammation. But also do enough work to effect change!



**Piriformis work (on the floor!)**

#### Re-evaluate

- Joint mobility, both range and quality;
- Include passive stretching of muscles worked. Remember that muscles get stretched from the opposite side e.g. stretch quads with client prone; stretch glutes with client supine.

#### After-Care?

- Purpose is to maintain ease & range of movement;
- Keep them simple e.g. "lie on back and hug knee to chest (glutes)" – "standing, lift heel to bum (quads)"
- See stretches we did in weekend 6!
- Do not stretch osteoporosis or rheumatoid arthritis.

## BREATHING

### Gentle and Subtle Breathwork

Remember that breathing is one function that is subject to both conscious and unconscious control – for this reason, many meditation traditions use breathing techniques to help us access our deeper awareness. “Prana” is the Hindu term for the breath of life, so we can influence energy movement in the body through breathing. Breathing can help us switch from the SNS to the PNS, through the vagus nerve. When to use?

- Really useful to calm people, support anxiety; also for inflammatory lung conditions
- Still, centring work.
- Non-invasive, can use for people who are very ill
- Can work through a cover or with client dressed.
- Do this with client supine.

**A:Mirroring – to witness** - hands gently on chest / tummy, rise & fall with the breath. Hold an awareness of the chakras. Holds to diaphragm activate vagus nerve. Follow the rise and fall of the breath.



**B:"Breathe into my hands"**–to increase awareness. Useful around tight muscles generally - with oil or without. A good way to support an area in pain – helping a client to soften around an area they have pulled back from. Again, follow the rise and fall.

**C: Assisting** –aids the out breath - increasing pressure on exhalation – assists 'letting go' and deeper PNS breathing – makes more space for in-breath. Follow the rise, assist the fall (sinking pressure).

**D:Amplifying** – aids the in breath - hands on top 1/3<sup>rd</sup> of ribcage – follow the rise – assist the fall – resist the rise, then follow it again - allows spontaneous deeper breath. Practitioner's hands are out of phase with client's breath.

Can also include middle 1/3<sup>rd</sup> of chest (hands together on a woman's sternum) and lower 1/3<sup>rd</sup>i.e. sides of ribcage – maybe instruction to “breathe to my push hands off”...Strengthens muscles – engages client's will.

An extension of this approach is to use breathing in the side lying position, can be really useful if one lung is compromised.

### Aftercare

All of the above – mirroring, breathing into hands, assisting, amplifying can be used by clients to self- treat. Why not try it yourself?

NB. Remember aftercare is only useful if you get the client to do it!! Yes, do **explain** what it is. Yes, do **demonstrate** what to do. But above all, get them to **practise** it – then there is a fighting chance they might actually do it.



## Freeing the mechanics of breathing

### A more physical approach

- The average capacity of the lungs is 4.5-5 litres but most of us only use around 0.5litres, the "tidal breath"
- Massage can be useful to encourage deeper breathing, especially good for chronic congestion e.g. asthma, recovery phase after infection e.g. pneumonia

### Stuff to notice around breath can include:

- Tightness of chest / shoulders
- Coughing / wheezing
- Posture (not "breathing tall")

### Techniques are familiar.

The key here is to apply them with awareness. This makes your touch more sensitive. Also if the clients are aware of why you are doing the work, they can match your intention and also trust you as you work on their chests.



- Release Intercostals – again, bony contact, working attachments, sink into muscle then press up onto rib above; also down onto rib below. This is muscle attachment work.
- Kneading and stretching pecs, feeling for tender spots and hanging out there. This is muscle belly work.
- Drag along sternum – points of rib facets i.e. the joints where the ribs meet the sternum.
- Percussion on rhomboids (prone) / tapping on sternum (supine). This can free up congestion in the lungs in chronic cases e.g. asthma, clearing after a cold.
- Holding neck, especially @ mastoid process – activates vagus nerve.

### Re-evaluation

- Posture;
- Strength of breath
- Voice deepening

### Aftercare

- Tapping on sternum (like Tarzan!)
- Observing posture in front of mirror – breathing tall into upper chest, as well into belly – fill whole of torso with breath. Clients can retrain their posture. It is remarkable how little people are aware of how they stand/sit/walk etc.
- Breath meditation – watching the breath flow in and out, with a pause before the out breath begins;
- Self massage to pecs and intercostals

\*\*\*\*\*

## DIGESTION

### Intention

We have already looked at abdominal massage in weekend 3, and there are notes earlier in this manual on pages 3.10 on general abdominal work, in the context of beginning to work on front of body. As with joints, breath and lymph, we now work with the specific intention of supporting someone's digestive system:

- Addressing some of the side effects of stress both chronic and acute. I.e. relaxing massage that returns the autonomic nervous system to a parasympathetic state. Digestion can then occur in a normal healthy way.
- To work directly with the muscles functionally involved in digestion, the small and large intestine to maintain or promote good tone and function.
- To work with a specific digestive problem such as constipation/blockage, IBS or other stomach and digestive pain.

### Structure

The colon has 4 "corners" or flexures:

- The ilio-coecal valve;
- The hepatic flexure;
- The splenic flexure;
- The sigmoid flexure

These are areas that can become blocked or inflamed.

#### Ideas for massage for each area of possible intention

##### A. Working to promote relaxation and help stimulate the parasympathetic nervous system

All of the ideas, and techniques described for abdominal massage on page 3.10 are very relevant with this more specific digestive focus:

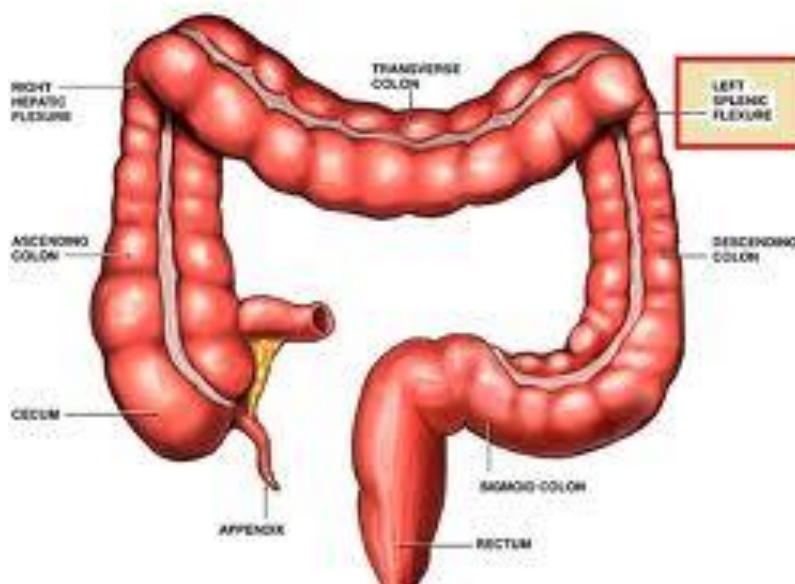
- Holds, specifically to the solar plexus and hara; also to the 4 flexures;
- Belly circles (small and focused and longer more gliding);
- Lower side pulls and the diamond strokes.

Additionally massage on any other area of the body, which has the intention of relaxation, will equally help. For example slow, medium depth comforting circles on the lower back are both relaxing and indirectly bring comfort to the area of digestion.

Remember the value of gentle but firm holds to the upper abdomen to stimulate the vagus nerve – a short cut to the Parasympathetic Nervous System!

##### B. Working directly on the muscles functionally involved in digestion to promote muscle health.

Again all of the ideas described on page 58 are highly relevant here, however with feedback from your partner you could take the work to a deeper more focused level.





### C. Working with specific digestive issues:

#### a. Inflammatory conditions e.g. IBS

- Any pain or discomfort, which comes with inflammation needs a gentle indirect approach. Holds and with feedback superficial relaxing work around the painful areas may be comforting and helpful. Also consider working on compensating areas of the body that may be being held tight due to abdominal pain.
- Many digestive issues such as IBS are exacerbated by stress and so massage, which has an intention to relax has the potential to help with a wide range of digestive issues, whichever area of the body.

#### b. Congestion e.g. Constipation or Trapped Wind

- Constipation or trapped wind can be worked with directly so long as it is clear there are no other issues, which may result in inflammation. Working clockwise along the colon can help support the peristaltic action of the digestive tract to help the movement of matter along the tract.
- The Colon has four sections, in reverse order it can be helpful to work with an intention to clear space in the areas below the area that feels blocked. Massaging the final section first the 'sigmoid colon', and then the 'descending colon', then the 'transverse colon' and finally the 'ascending colon' section but still in a clockwise direction and with the flow of the natural peristaltic action. Think of small overlapping circles, following one larger circle.
- Working directly in this way it is important to work with feedback from your partner, starting slowly and gently so that both you and your partner get a feel for the depth that may feel appropriate and helpful. Like working with knotty areas of skeletal muscle it is important to leave space for your partners body to do its own healing work alongside and after the massage work. There is no need to 'fix' or 'solve' in one session.
- Think of using familiar abdominal techniques to integrate e.g. a flying angel.



Of course, massage to relieve abdominal congestion may result in the passing of wind! Clients may be embarrassed about this – be prepared for it and if need be have a joke ready!

[Here is a quote from the Nursing Times (27 March 2011):

*"Abdominal massage can relieve constipation of various physiological causes by stimulating peristalsis, decreasing colonic transit time and increasing the frequency of bowel movements.*

*It reduces feelings of discomfort and pain, and induces a feeling of relaxation. It has also been found to improve patients' quality of life, and no adverse side-effects have been reported."*]

**After Care Suggestions:** holds& self massage, using the same approach as described here.

\*\*\*\*\*

## LYMPH DRAINAGE MASSAGE

### Simple Lymph drainage

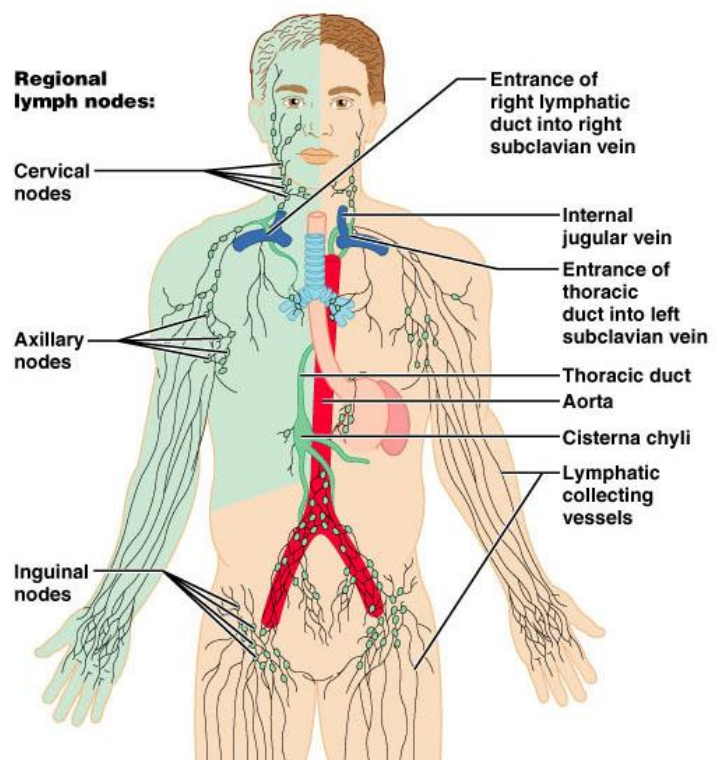
**Why** might we use simple lymph drainage techniques? At our level of experience, there are 3 main uses:

- General well being –maintaining a balanced internal environment and boosting the immune system (you'll learn more about this in our next AP&P session).
- Working with stiff joints/limbs in a sub-acute phase e.g. the knee that is still stiff and swollen a week after it was twisted, and when it is no longer hot or sore.
- Reduce fluid retention e.g. late pregnancy

We are NOT covering cancer – for that we need more in-depth background knowledge and know how to adapt the techniques. This approach does not cover more extreme cases (see Red Flags below) – in these cases refer to a Manual Lymph Drainage (MLD) specialist.

### APP: role, structure and function of lymph system

- An auxiliary drainage to venous return;
- Blood flows from heart, through arteries, arterioles and capillaries to cellular level. Here it separates into component parts – red blood cells dump oxygen and glucose, pick up carbon dioxide, white blood cells fight infection, platelets are clotting agents. Leaves plasma – the base fluid. After their separate functions at a micro level, components of blood reconstitute to form blood again, re-enter the capillaries and flow back to the heart via venules and veins;
- NOT ALL THE PLASMA IS REABSORBED;
- Some plasma forms interstitial fluid or lymph. It drains into lymph channels;
- These channels have nodes at major junction points e.g. groin (inguinal), armpit (axilla), neck. Nodes are storage points for white blood cells and a good access point for the system. The lymphatic network eventually rejoins the blood flow at R & L subclavian veins i.e. very close to the heart.
- Because lymph nodes store white blood cells, the system plays an important role in maintaining our immunity.
- What are the relative proportions here?
  - Intracellular Fluid (within cells): Approx: 36 pints.
  - Extracellular (around cells + tissues): Approx 42.5 pints
  - This Extracellular total = approx 10 pints blood, 29 pints interstitial fluid, 2.5 pints lymph



(a)

Copyright © 2004 Pearson Education, Inc., publishing as Benjamin Cummings.

**Its purpose is to:**

- Drain peripheral tissues
- Maintain fluid balance in body
- Immune system: removes micro-organisms incl. bacteria and viruses.
- Storage of white blood cells in lymph nodes - so stimulating lymph system can aid body's ability to fight infection

NB. No pump on lymph system, hence normal fluid flow requires muscle action to help squeeze it along

**Where are main lymph nodes?**

- We will drain limbs & breasts, working primarily with axillary & inguinal nodes, also cisterna chyli down centre of body – see pictures in books

**RED FLAGS - DO NOT USE IF:**

- Skin puffy/pitted like orange peel;
- If oedema (swelling) is so bad that fluid is seeping through skin;
- Open wounds higher on drainage route;
- There is inflammation e.g. skin red, sore, inflamed.

In these cases, refer to MLD specialist.

**Nature of touch:**

- Just deeper than skin but not going into muscle - feel the outlines / shapes of muscles but not exploring their structure - light but clear intention v. important.
- Use oil/gloop but only a little.
- Suggest use side of fingers to enable sensitive touch over an area.
- Very slow, steady, rhythmic, gentle, soothing, supportive, repetitive.
- Notice ripple effect of fluid moving under skin just in front of where you are stroking.

**Direction of work:**

- Start where network is happy, drain towards centre, work back stage by stage to extremity of limb. Image: Turn the traffic lights green at the front of the queue - then gently clear the traffic behind.
- Arm: clear to centre line across chest first, then drain upper arm to axilla & across chest, then lower arm etc...Finish with sweeps of whole arm.
- Leg: start at lower abdomen, drain towards cisterna chyli (base of sternum), then work around inguinal nodes, then drain thigh, lower leg etc. Finish with sweeps of whole leg.



- Breast: gentle strokes of expanding circles from nipples; or spokes of a wheel, with nipple at centre.
- Can gently stimulate nodes. If tender / swollen e.g. active infection, then avoid.

## **Evaluation**

Benchmarks might include:

- Comfort / reduction in pressure
- Less swelling – could use a tape measure to assess before and after
- How taut the skin is or how much pressure there is in the limb
- More movement

## **Aftercare**

- Drink loads water
- Bathe in warm water
- Skin brushing
- Elevate
- “Worry ball” to squeeze in hand or use ankle as pump with feet up

\*\*\*\*\*

## **ADAPTING TO HIGH RISK SITUATIONS** - hospitals, pandemics, immunosuppressed /vulnerable clients.

As we have seen in recent years with the Covid19 pandemic, there is sometimes the need to adapt our practice to protect those we work with (and to protect ourselves and our families).

It is important to be able to make considered risk assessments in these situations and to have alternative ways of working to keep people safe and confident in coming to your practice.

Seek clear, accurate, and up to date information in these situations on which to make your judgements.

The main options for safety against viruses and bacteria are to increase hygiene measures. This may relate to air and/or surfaces, depending on the nature of the risk. For example Covid19 is an airborne virus so measures to reduce breath transference, improve ventilation, or air filtration will be most effective, with surface cleansing (including hand washing) as a secondary supporting factor.

When the risk is high but detail of transmission methods are unknown, like at the start of the Covid19 pandemic, then a precautionary approach is recommended that may include the following:

- Risk assess if a treatment could be delayed until a safer time.
- Carry out an initial consultation online / over the phone prior to the session, in order to minimise time face to face.
- Check-in with clients just before the session to ensure neither of you are likely to be carrying a high risk illness, and check again on arrival.
- Making your clinic space as clean, and therefore as easy to clean as possible, which may involve removing some soft furnishings or covering items etc.
- Cleaning the room before and after each client, including door handles and light switches etc in other rooms they may have used, e.g. toilet, front door, reception space, etc.
- Wearing full PPE (Personal Protective Equipment: mask, visor, apron, gloves. And changing these between each client.
- Using fresh drapes and couch cover with every single client and ensuring dirty items are carefully stored prior to laundering. Or use wipeable covers that can be disinfected between clients.
- Give time between sessions for cleaning and ventilation

The use of PPE has protocol for how to wear it in order to ensure it is safe - It's very easy to use gloves or mask in an unhygienic manner!!

To this end there is a don and doffing order for disposable PPE so you don't contaminate other items:

<b>Don (put on)</b>	<b>Doff (take off)</b>
Clean hands	Gloves
Apron	Visor
Mask	Apron
Visor	Mask
Gloves	Clean hands

**Masks** - clean hands, take by elastic, blue/green side facing out, place over nose and mouth with metal strip in edging at the top, pinch metal strip around nose & ensure sides of mask are flush to the face. Do not touch the mask again until removal / replacement. Remove, dispose carefully, wash hands.

**Apron** - Clean hands and put on. To remove; tear neck strap & fold front down, tear belt straps & fold in on itself so you only touch the clean side. Dispose of carefully.

**Visors** - can be disinfected and re-used. Wash hands after handling.

**Gloves** - generally only needed when bodily fluids are an issue (good for massaging when you have a cut on your finger!). Careful hand hygiene is generally as effective as good glove use.

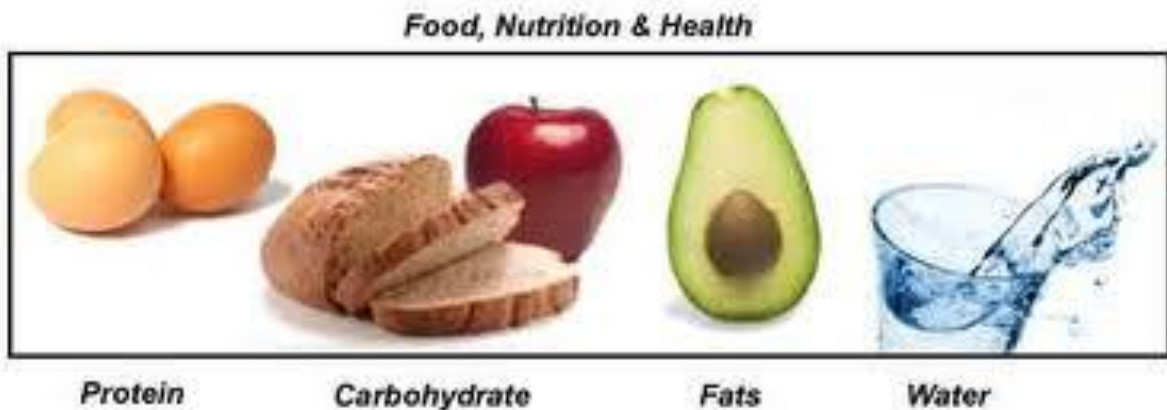


# DIGESTIVE SYSTEM SUMMARY

## Functions

- Responsible for changing the food we eat into a substance that can be absorbed and transported to all the cells in the body
- Takes place in a 30 foot tube that runs from mouth to anus
- Four stages – Eating, Digestion, Absorption, Elimination

## Types of Nutrients



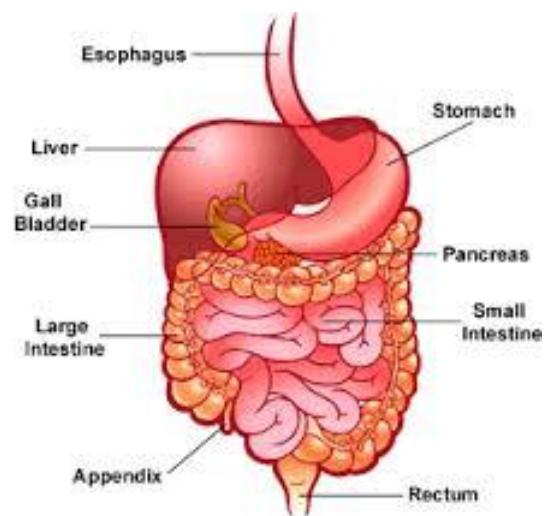
- Water – essential for everything!
- Carbohydrates – main fuel source
- Proteins – bricks and mortar
- Fats – storehouse of energy, energy production
- Vitamins – vital bits for chemical processes
- Minerals – maintains body structures e.g. bone calcium
- Fibre – to help “move” everything through!

## Eating

- Mouth – breaks down food & mixes with saliva to start digesting carbohydrates
- Oesophagus – food pipe, moves by peristalsis (wave like muscular action)  
Can eat and drink upside down!

## Digestion

- Stomach – large muscular bag mixes food with gastric juice – like a washing machine agitating washing
- Empties chyme into small intestine
- Secretions of bile made in liver, stored in gall bladder, for digestion of fat
- Secretions of pancreatic juice from pancreas for digestion
- Bile and pancreatic juices mix in duodenum, part of the small Intestine



## Absorption

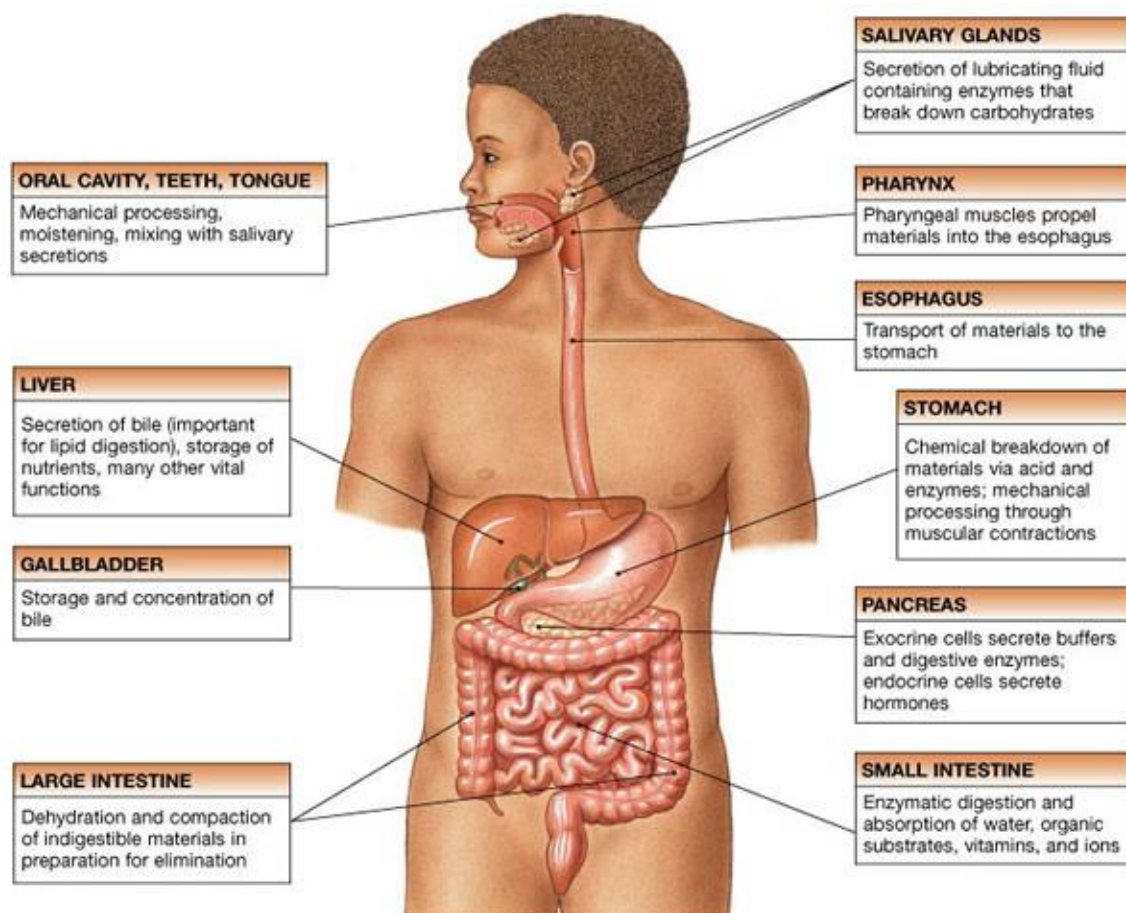
- Food absorbed through walls of the small intestine into capillaries surrounding the tubes
- Villi are finger like projections in the lining of the small intestine, which greatly increase the surface area for absorption
- The blood capillaries surrounding the small intestine transport the nutrients to Liver for storage and processing, stores Glucose as Glycogen

## Elimination

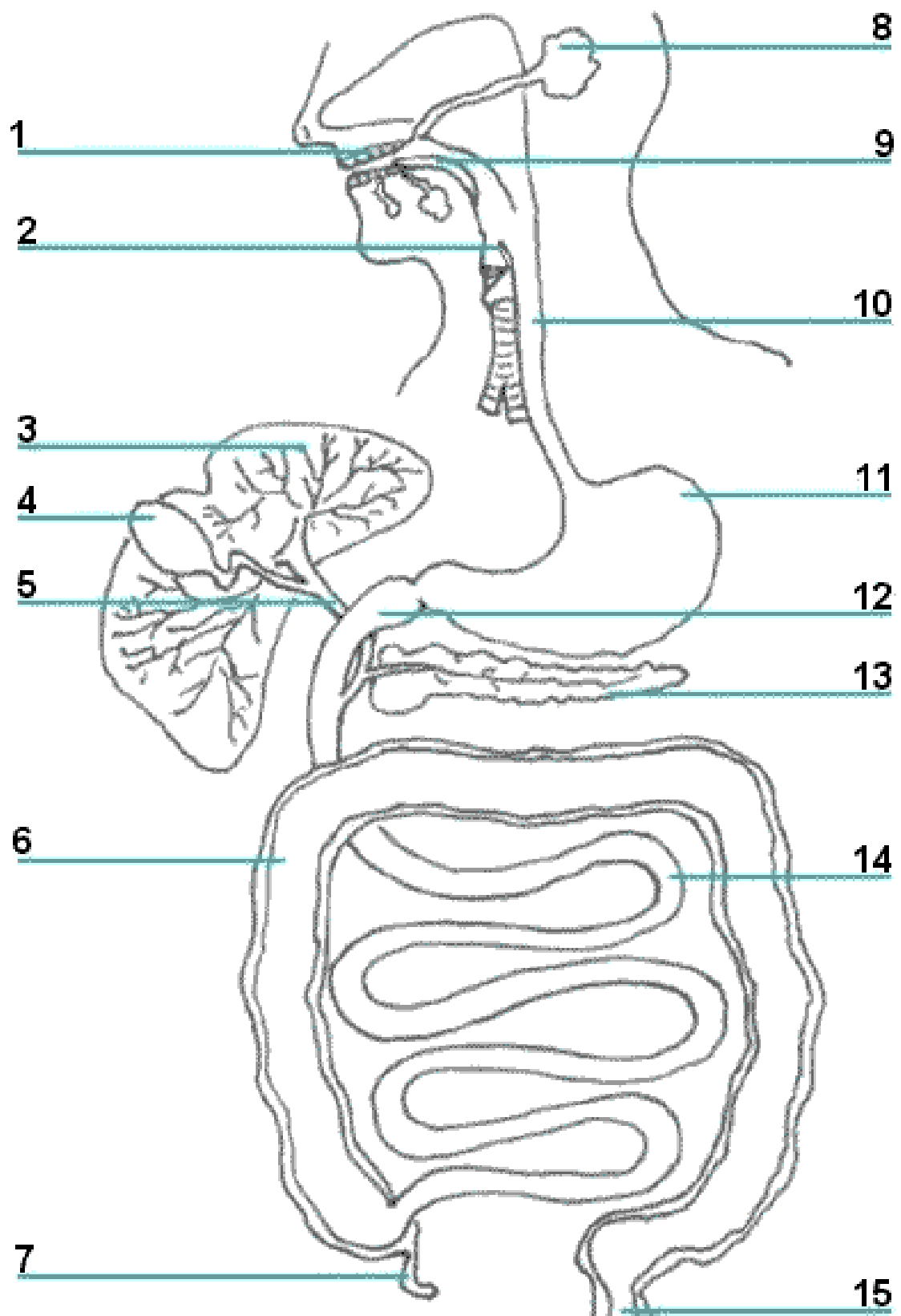
- Large Intestines – water and salts absorbed over 2-3 days and waste formed into faeces

## Regulation of Food Intake

- When levels of glucose in the blood are low, the hunger centre in the hypothalamus is stimulated – causes us to seek food
- After eating, when blood glucose is high, hypothalamus inhibits food intake
- Psychological factors and habits can override this control



Copyright © 2004 Pearson Education, Inc., publishing as Benjamin Cummings.





## DIGESTIVE SYSTEM PATHOLOGY

### Constipation

- Occurs when faeces pass very slowly through the intestines, peristalsis is often sluggish due to stress. Massaging clockwise around the abdomen can encourage peristalsis to be more efficient.

### Irritable Bowel Syndrome

- Results in periods of diarrhoea and constipation, pain and bloating. Abdominal massage is a local contraindication, holds and light stroking only.

### Indigestion

- Causes discomfort and heartburn after eating. Massage may be more comfortable on an empty stomach and client may be more comfortable propped up.

### Diarrhoea

- Occurs when the contents of the intestines are expelled before being absorbed properly. Often it is the body's attempt to get rid of something poisonous. Large amounts of water can be lost which can be very dangerous. Massage is totally contraindicated.

### Stomach Ulcer

- Occurs when the lining of the stomach is damaged by stomach acid, causing pain. *Helicobacter Pylori* bacteria has been found to cause the majority of stomach ulcers. Stress may make this worse so general relaxing massage is often very helpful but abdominal massage is a local contraindication.

### Hernia

- Different types – abdominal most common
- Tear in the abdominal wall or inguinal ring through which small intestines may protrude
- Local contraindication; caution after surgery until healed

### Ulcers

- May cause burning pain in upper abdomen, bloating, gas
- Locally contraindicated apart from holds
- Relaxing massage may help relieve stress

### Crohn's Disease

- A progressive chronic inflammation of part of the wall of the bowel or GI tract
- Local contraindication when flare-ups; gentle relaxing massage away from the area may be beneficial to enhance PNS function

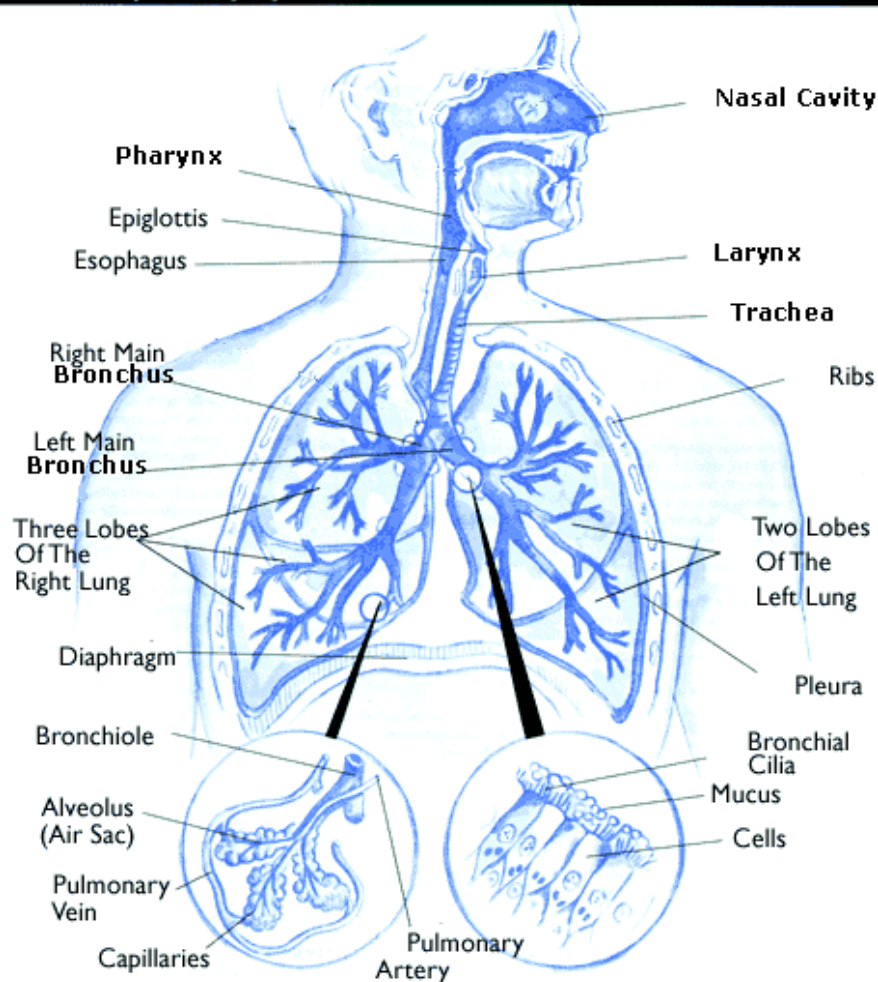
## Effects of Massage on Digestion

- Increases peristalsis in large intestine
- Relieves constipation and gas
- Parasympathetic nervous system activated which improves digestion

# RESPIRATORY SYSTEM SUMMARY

## STRUCTURE

### The Respiratory System



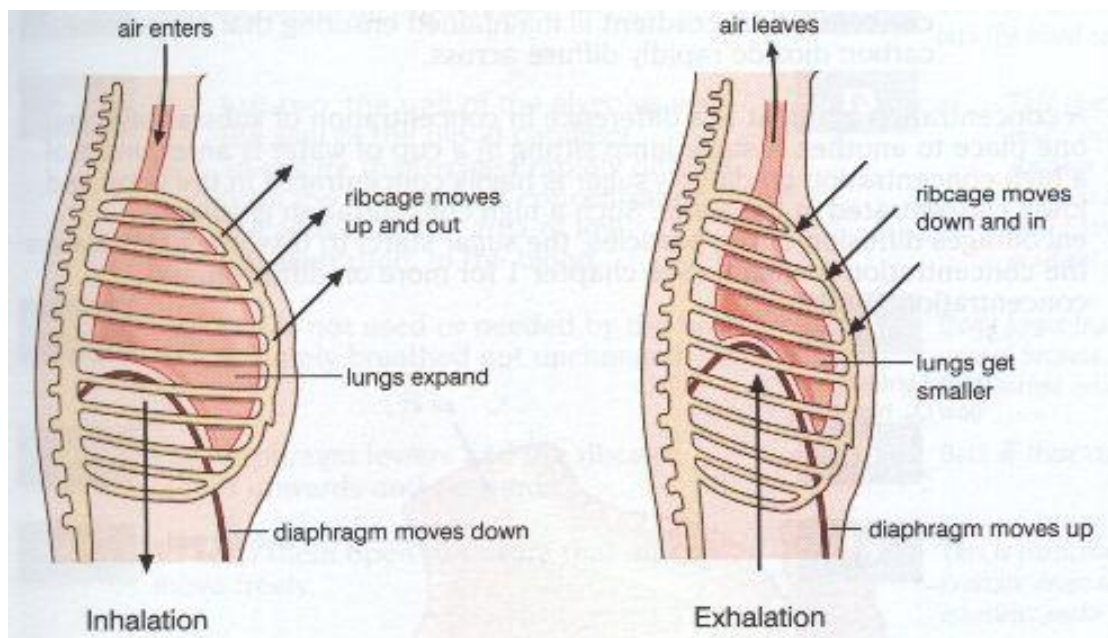
- Mouth & Nose – warms, moistens, filters air
- Pharynx & Larynx – throat & voicebox
- Trachea – wind pipe
- Bronchi – one to each lung
- Bronchioles – small branches of bronchi
- Alveoli – air sacs at ends of bronchi
- Capillaries – surround alveoli for gaseous exchange
- Ribs – cage around lungs
- Intercostal Muscles – in between ribs
- Diaphragm – muscle at base of thorax, attached to ribs

## FUNCTIONS

- Gaseous Exchange – oxygen in, carbon dioxide out
- Happens in Alveoli and Capillaries

## MECHANICS OF BREATHING

- Diaphragm contracts, flattening down
- Intercostal muscles contract, raising ribs to side
- Volume in thorax is therefore increased
- Pressure in thorax is now lower than outside the body
- Air rushes in from outside to equalise pressure
- Gaseous exchange takes place in Alveoli
- Diaphragm relaxes, doming upwards
- Intercostal muscles relax, ribs lower due to gravity
- Volume in thorax decreased
- Pressure in thorax is now higher than outside the body
- Air rushes out to equalise pressure



# RESPIRATORY SYSTEM PATHOLOGY

## Asthma

- Is very common, it causes spasm in the bronchioles, which makes breathing difficult. Massage to the breathing muscles – intercostals and diaphragm, is very helpful. Make sure any medication is at hand and keep the client warm as cold can trigger an attack.

## Common Cold

- Varies in severity from a running nose to high temperature and extreme fatigue. Relaxing massage is appropriate in milder cases but is contraindicated if the client is obviously unwell.

## Sinusitis, Tonsillitis and Laryngitis

- All very common infections, and as with the common cold, can vary in severity. If there is obvious high temperature and malaise, massage is contraindicated.

## Bronchitis

- Is inflammation of the bronchi causing a build up of mucus and cough. In the acute phase, massage is contraindicated but in the chronic phase, massage is very helpful. May need to prop up client as lying down often makes breathing problems worse
- Can develop into **Emphysema** where walls of alveoli are destroyed – calming relaxation massage can be beneficial

## Pneumonia

- Inflammation of alveoli – coughing, fever & chest pain
- Contraindicated in acute phase and when contagious
- Massage of breathing muscles in sub-acute phase

## Effects of Massage on Respiratory System

- Relaxes tight breathing muscles
- Slows down breathing – parasympathetic response
- Percussive techniques help to clear mucus
- Improves gaseous exchange – deepens breathing
- Holds over the ribcage can help to re-educate proper breathing

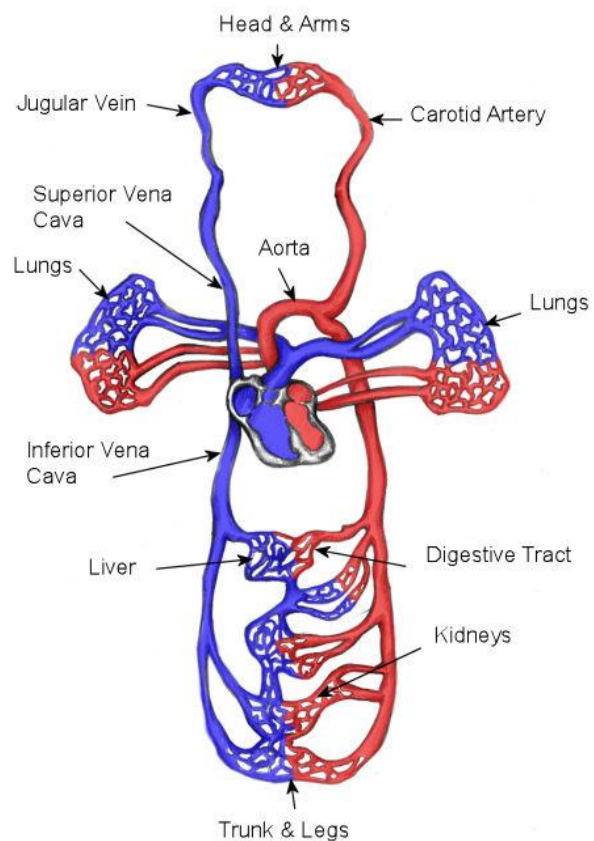
# CARDIOVASCULAR SYSTEM SUMMARY

## STRUCTURE

- Blood
  - Red cells – haemoglobin attaches oxygen, to be carried to cells
  - White cells – fight infection
  - Platelets, enable blood to clot
  - Plasma – the fluid part of blood, mainly water
- Heart – cardiac muscle – pumps blood
- Aorta – the main artery leaving the heart to the body
- Arteries – carry oxygenated blood (except for the pulmonary artery) - thick, elastic walls
- Arterioles – arteries branch out becoming smaller
- Capillaries – very narrow blood vessels, walls one cell thick
- Venules – capillaries enlarge to become venules
- Veins – venules get bigger, carry deoxygenated blood (except for the pulmonary vein)
- Vena Cava – brings the blood back to the heart

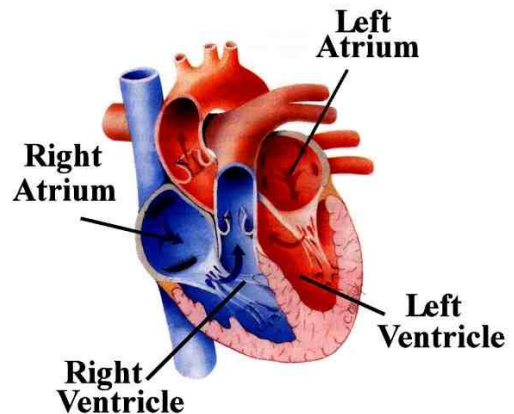
## FUNCTIONS – TRANSPORT SYSTEM FOR

- Oxygen – from respiration carried in red blood cells
- Carbon dioxide from cellular processes
- Nutrients – from digestion dissolved in plasma
- Waste products to liver and kidneys for processing and excretion
- Hormones – from endocrine glands dissolved in plasma
- Carries heat from muscle action to regulate temperature



## BLOOD FLOW THROUGH HEART

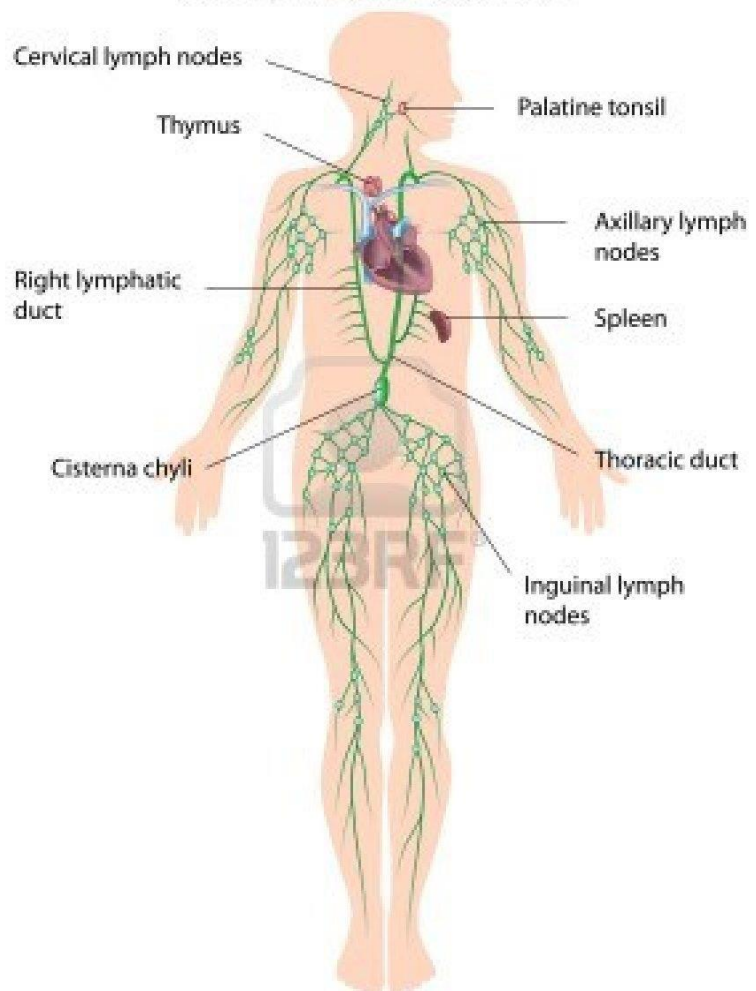
- Vena Cava – deoxygenated blood from body
- Right Atrium – receiving chamber
- Right Ventricle – pumping chamber
- Pulmonary Artery – to lungs for gaseous exchange
- Pulmonary Vein – from lungs, blood now oxygenated
- Left Atrium – receiving chamber
- Left Ventricle – pumping chamber
- Aorta – to body, freshly oxygenated blood

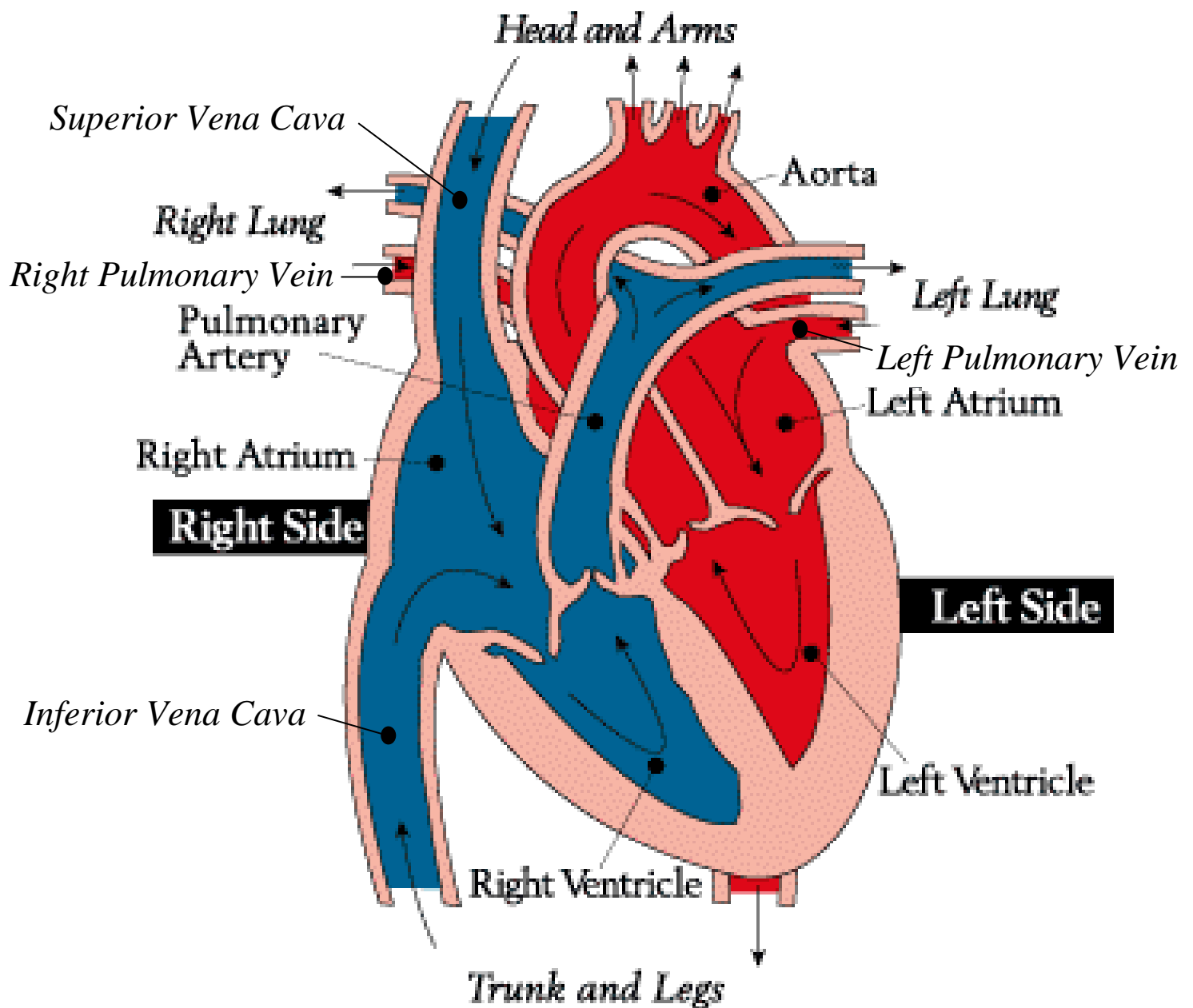


## LYMPHATIC SYSTEM

- Lymph – tissue fluid, lymphocytes (white blood cells), fats, waste materials
- Lymph Vessels – tubes in all the tissues that pick up excess tissue fluid containing waste materials and carry it back to the veins near the heart where it re-enters blood circulation
- Lymph Nodes – filter the lymph, a concentration of lymphocytes are here which are able to destroy bacteria present in lymph.

### The Lymphatic System





# CARDIOVASCULAR SYSTEM PATHOLOGY

## Deep Vein Thrombosis (DVT)

- Occurs when a blood clot forms in the veins, often in the leg.
- Massage is a total contraindication for 3-6 months for practitioner protection.

## Varicose Veins

- Usually occur in the legs when the valves in the veins fail and blood cannot flow efficiently back to the heart.
- Massage is contraindicated in the area directly over, or immediately below the veins. The affected area can be gently held while the rest of the leg is massaged.

## Phlebitis (or Thrombophlebitis)

- Is inflammation of the superficial veins.
- It is a local contraindication but does not lead to DVT

## Heart Attack

- Occurs when the supply of blood to the heart is interrupted, for example by a blood clot. The cardiac muscle is damaged and the heart may not recover.
- Massage is contraindicated for three months for practitioner protection.

## Angina

- Is pain that occurs when the heart receives insufficient oxygen.
- Stable angina: ensure the room is warm and that the client has any medication with them.
- Unstable angina: only massage after consultation with client's GP.

## High Blood Pressure

- Is very common, if it goes untreated it can cause heart disease and strokes.
- Relaxing massage is very helpful in reducing high blood pressure, which is often made worse by stress.

## Arteriosclerosis (hardening of the arteries)

- Is caused by the build-up of fatty cholesterol plaques in the arteries. These may eventually block the artery completely or cause the hardened artery to rupture.
- Gentle massage should be given with medical approval.

## Anaemia

- Various conditions in which the capacity of the blood to carry oxygen is reduced
- Shortness of breath, fatigue, poor resistance to cold
- Relaxing or gentle massage recommended

## Haemophilia

- Failure of the blood to clot properly, inherited
- Can be mild or severe
- Severe – totally contraindicated, mild forms seek GP advice, gentle massage

## Effects of Massage on Circulation

- Venous return aided - Improves circulation
- Decreases heart-rate – parasympathetic response
- Dilates blood vessels – reduces blood pressure
- Reduces oedema – improves lymphatic drainage



## Marketing and Publicity

How are you going to convince those people that they need your services, that often, at that price and build to hit those goals of numbers of massage you set out above?

On the weekend we discussed '**what is a holistic massage therapist**'. Jot down your own thoughts here:

### Get into the details for your own clients:

- Where online will they see you? / Where in print will they see you? / Where else might they find out about you?
- What sort of words will they hear / think about you?
- Where will you get people to write reviews of you?
- How will you celebrate / reward success?
- Clients interact at very specific points – jot down how you will make each of these interactions special and unique to you, and encourage the client to rebook:
  - Initial call / email
  - First meeting
  - Welcome into the massage space
  - The massage
  - Leaving
  - Follow up

## Fab Case Study!!

Here is an exchange of correspondence a former student had with her GP's practice. A lovely example of how to present yourself well and receive a positive response.

Bear in mind that NHS staff may not give personal recommendations, but they can refer people to the CNHC Register – see p11.18

### Practitioner's name and address.....

Mrs.xxxxxxxx  
xxxxxx Health Centre  
xxxxxx Lane  
xxxxxx



1 December xxxx

Dear Mrs.xxxxx,

Thank you for notification of your moving in September. Sounds good! I was wondering if you will be having any facilities for complementary therapists in the new surgery. I ask as I know of a surgery in Bristol where they have such a facility. I am a massage therapist practicing in xxxxxxxxx and would be really interested in talking to you if there was a possibility of my skills being of help to your patients, or indeed staff, either in your new surgery or on a referral basis at my own therapy room.

I practice holistic massage and also Indian head massage. The Bristol College of Massage and Bodywork, where I trained, runs a very intensive and comprehensive course and supports graduates with an extensive continuous postgraduate training programme. In addition, I also have regular professional supervision, much as a counsellor might. I am registered with the Complementary and Natural Healthcare Council.

Holistic massage is person centered, treating each person individually. Used in conjunction with and supporting conventional medicine it can work both physically and emotionally. Physically, it can relax tight muscles and improve circulation, nervous function and joint mobility, thus increasing the body's fluidity and easing many short and long term ailments such as back pain, arthritis and insomnia. On an emotional level, massage provides relaxation and relief from mental problems and gives support to people suffering with long term chronic illnesses. My practice includes clients with both physical and emotional symptoms. In particular I have several clients with either ME or fibromyalgia who find massage helps them with their difficult symptoms. (I have enclosed a letter one client sent to Family magazine). I also have experience with short and long term back problems, knee problems, depression and eating disorders. Additionally, I have several elderly clients who find massage helps with the many physical and emotional issues connected with ageing.

There is a growing understanding that a therapy such as this in conjunction with conventional medicine can be very effective and I would love to be involved in such a relationship. I am very happy to come and talk to you or provide you with any other information you want or to give any members of your medical team a massage so they can know clearly for themselves what I have to offer.

Really looking forward to hearing from you.

Yours sincerely .....



## HOMEWORK

We are now moving into the phase of the course where we pull the work together, revise techniques, prepare for exams and get ready for professional practice. There is still time for some new insights but more in the spirit of building on and perhaps deepening existing knowledge and wisdom. Next time we will have our first clinic with “real” clients - a valuable experience of what professional practice can be like.

### 1. Personal Journal

Feedback from Workshop 7

How were the 3 days for you?

Where are you on the Reflective Practice spiral (p.7.12)?

### 2. Massage Practice Diary

Revise your **Initial Consultation form**, if needed. In particular, ensure you have a clear method for checking “contra-indications”. Bring at least 3 copies of your form to the next Workshop, as you’ll need them for the clinic.

If you can, complete your remaining hours of recorded massage practice, paying attention to:

1. Using your initial consultation form;
2. Establishing a strategy and evaluation for each session;
3. Starting to offer aftercare suggestions – can you develop a repertoire?
4. Include breath work, digestion, mobilisation and lymph drainage (if appropriate)
5. If you are behind with your hours, do what you have to do to catch up!
6. **Also, complete at least 30mins of massage wearing PPE (mask, gloves, & apron)**

This is a **Milestone exercise** and we would like you to capture a few thoughts & feelings from it & put them in the milestone section of your folder. The aim is to prepare you for if another pandemic should occur in the future, or if you end up doing massage work in clinical settings such as a hospital.

By the next teaching weekend you should, hopefully, be near or have completed your 50 hours!

The practice diaries and journals are due for **FINAL** submission at workshop 9. Keep an eye on the **assessment criteria** - see pages 69-71 of your Course Handbook. These represent the bottom line for your work, so ensure that your work satisfies them. If in doubt, ask us!

Complete your **Client Study Group** - 8 hours practice, at least 3 people. Write your advice for massaging such a group on 1-2 sides of A4 – what you would offer a colleague who turns to you for advice. Add the guidelines to your homework folder (Milestone section) **and send/upload electronic copies** so we can collate them and pass them out to the whole group at once. We will hear from each other about our findings and compile a resource of our collective wisdom!

### Massage References

<b>Massage Manual</b>	p. 3.5-3.6 p. 3.9-3.10 p. 6.7-6.16 p. 7.8-7.9 p. 7.10-7.11 p. 7.13 p 7.14-7.15	Passive Joint Movements Chest and Diaphragm Initial Consultation: Strategy and Examples Treatment Strategies Aftercare Ideas Mobilisation and Massage: Hips Breath Work: Gentle & Mechanics
-----------------------	--	---

	p 7.16-7.17 p 7.18-7.20	Digestion Simple Lymph Drainage
<b>Course Handbook</b>	p. 40-42 p. 53-56 p. 69-71	Client Study Group Guidelines Examples of Client Group Studies Assessment Criteria for folder of work

### 3. Anatomy, Physiology and Pathology

Homework questions on page 7.37.

At Workshop 8, the Manual will include an APP revision pack. This will include an exam strategy and many helpful hints on how to prepare for the written exam. There will be another half-day session with you at Workshop 9 to complete that process.

#### APP References

<b>New Book of Massage</b>	p. 70 p. 84-185	Chest Circulation, Lymphatics
<b>The Human Body Book</b>	p. 130-145 p. 146-161 p. 188-209 p. 172-187	Cardiovascular Respiratory Digestive Lymphatics
<b>APP for Massage (Darien Pritchard)</b>	p. 355-367 p. 368-377 p. 336-354 p. 402-405 p. 378-381 p. 88-96	Respiratory (Sections 47- 48) Digestive (Sections 49- 50) Cardiovascular (Sections 45-46) Lymphatics (Section 57) Urinary (Sections 51-52) Physiology of Massage (Section 13)

### 4. Pathologies / Treatment Strategies

On page 7.5, there is a table, with a long list of conditions: four of them have been done for you. Complete the work you started in class:

**Describe** simply what is happening to the body;

**Research massage recommendations** for these conditions - **see p. 88-97 (Section 13)** of "Anatomy, Physiology and Pathology for Massage"; also the **end of the chapter** on each system. Adopt the spirit "what can I do to help?" or "how must I adapt?" rather than "what must I not do!"

In practice, you will not recall all this information when facing a new client - but you will have an overall strategy and know where to find additional information. Above all, you will have confidence that you can handle it!

This is for your own reference. **No need to hand it in with your answers to the APP questions.**

## **Anatomy, Physiology & Pathology for Massage – Weekend 7 Homework**

### ***Digestive, Respiratory, Cardiovascular, Lymphatic, Urinary Systems***

#### **Long Answer section:**

1. How does food in the mouth become an energy source used in cellular respiration? Refer to the digestive and cardiovascular systems in your answer.  
What are i) constipation and ii) irritable bowel syndrome?  
How might massage help in each case and why?
2. Describe the following parts of the respiratory system and explain the function of each:  
  
Larynx; Trachea; bronchi; alveoli; diaphragm  
  
Explain, with reasons, how you would massage someone with 1) a bad cold 2) asthma 3) bronchitis.
3. Compare the structure and function of arteries, veins and capillaries.  
  
State your massage recommendations for the following conditions, giving reasons for your answers.  
  
1) deep vein thrombosis, 2) varicose veins, 3) angina

#### **Short Answer Section:**

1. What is peristalsis?
2. Which of the following are disorders of the digestive system?  
Nausea, bronchitis, diverticulitis, cystitis, colitis, kidney stones, phlebitis
3. List four functions of the liver.
4. In which direction would you massage the abdomen and why?
5. Which of the following are disorders of the respiratory system?  
Bronchitis, pneumonia, nausea, asthma, impetigo, pleurisy, dermatitis, cough
6. Where in the lungs does gaseous exchange take place?
7. What happens when the diaphragm contracts?
8. Name the four chambers of the heart.
9. Name the 3 main types of blood cell and what are their functions?
10. What is the fluid part of blood called?
11. What is haemoglobin?
12. What is the function of lymph vessels?
13. What is the function of a lymph node? Give two major locations of lymph nodes.
14. What is the function of lymphocytes?

\*\*\*\*\*