



**BCMB MASSAGE MANUAL:
WEEKEND SIX**



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MASSAGE PRINCIPLES

You have reached the half-way point of the course! This has been marked by an interim assessment – the Full Body Massage. Also, having spent 5 months acquiring a whole repertoire of massage skills, it is now time to start thinking about how to use them in the most skillful way. Hence the work on the Initial Consultation, at pages 6.7-6.16. This will be added to next time as we develop more sophisticated treatment strategies. Our work is becoming increasingly client-centred.

But for now it is worth pausing and reviewing how and where your massage journey is heading. Hence this exercise – another **Milestone Assignment**.

Exercise: Halfway Review

Include this with your massage journals (Milestone)

There have now been 6 workshops and 14 days of the massage course. This is the halfway mark! You have gathered a substantial amount of experience and information. Consider the following questions and write a paragraph on each.

1. For each of the 4 principles we use at BCMB - Self-Awareness, Quality of Touch, Posture & Movement, Rapport & Communication - consider how they impact:
 - a. You
 - b. Your relationships with 'clients'
 - c. What you wish to offer the world through massage

Write a short paragraph on each.

2. How would you describe the term "the therapeutic relationship" in holistic massage? How would you develop such a relationship? Write a couple of paragraphs to explain.
3. What business skills do you think are essential to run your private massage business successfully? List as many as possible. What personal attributes do you have that will support this and which might you need to focus on developing?
4. How will you move toward your ideal massage career? Fill in the chart on the next page of the Manual (p6.3) by taking the 3 most useful aspects from each section of the SWOT analysis you completed for homework last time and adding the action you will take to develop it.

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ACTIONS TO TAKE - this is the important bit!!

Take 3 priority items from each area of your SWOT analysis (homework from last month) and work out what you are going to do about them. Write it down in this chart.

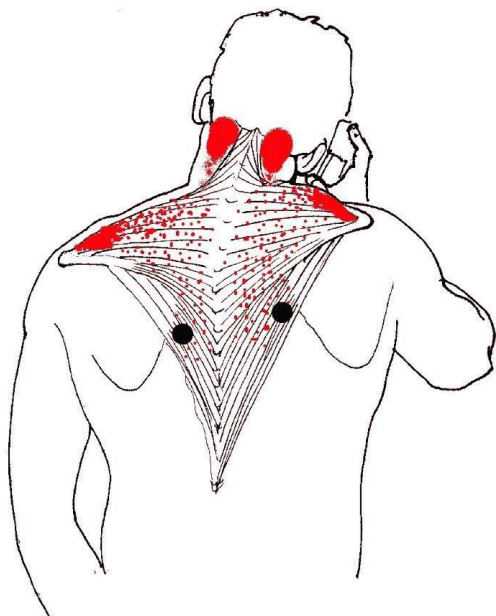
	Item from SWOT analysis exercise	What you are going to do about it What are you going to do? How will you know it is done? When will it be done by?
What am I good at? What do I already have?		
What do I need to improve? What do I need to learn or get to do what I want to do?		
What opportunities are available which I could make use of to get more of the work I want?		
What risks are there which could affect my business?		

HOW DEEP MASSAGE WORKS

This is a “cross-over” piece, in other words we reflect on how the body works in terms of anatomy and physiology and then consider what effect our massage touch might be having. This can guide us and help us become more skilled and effective as practitioners.

NB. These notes cover the use of deep pressure and stretching in the situation where the client stays passive. An extension of this work is when the client plays a more active role in the release process. This style of work is explored in BCMB's Deep Tissue Massage workshop.

WORKING WITH MUSCLE BELLIES – Trigger Points



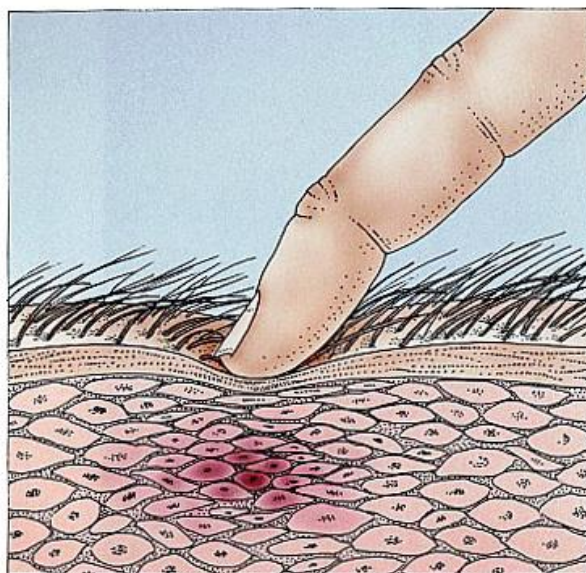
Trigger Points are localised areas of deep tenderness which, when treated with specific resistance - eg finger, thumb or elbow pressure - can lead to twitching and/or pain elsewhere, in a distinct target area. These areas are the same in all people. Trigger Points which do refer pain are known as **active** or **myofascial** TPs. Nearly all other areas of pain or sensitivity can be viewed as embryonic or latent Trigger Points. Interestingly, research has shown that 80% of major TP sites are on established acupuncture points. TPs are maintained by nutritional deficiencies, hormonal imbalances, allergies and low oxygenation of tissues, (caused in turn by tension, stress, inactivity and poor respiration).

In the **core** of the trigger lies a nerve cell, called a **muscle spindle** which is in spasm. It receives insufficient oxygen and nutrients and is locked in place by an influx of calcium deposits which normal muscle physiology cannot shift. Like a snag in a sweater, the spindle is unable to loosen up and the fabric of the whole muscle is in turn affected.

Now, **muscle spindles** affect the tone and length of a muscle. They lie in parallel (like electrical circuits). Applying pressure in the area of the muscle spindle **towards** the muscle belly will produce relaxation - dislodging the calcium deposits and flushing the tissue with fresh oxygenated blood - in short, undoing the “snag” in the sweater. The key here about how to massage is NOT the degree of pressure or pain that you can apply – but the **precision** of your touch.

WORKING WITH MUSCLE ATTACHMENTS – Golgi Tendon Organs

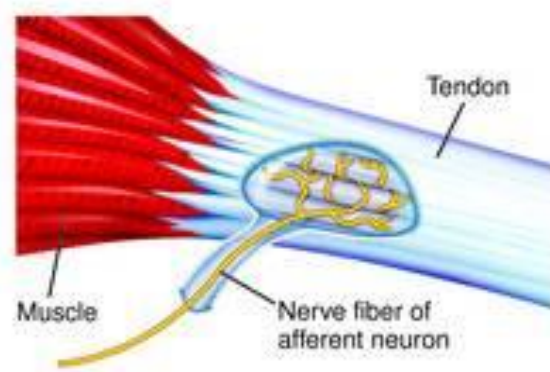
Muscle attachments - origins and insertions- contain Golgi tendon organs. These are the fail-safe or cut-out detectors in muscle attachments. They measure muscle tension in series rather than parallel (again like electrical circuits).



Repetitive postural habits, whether due to a physical or emotional cause, keep the tissues in a state of tension and contraction. In time, the nervous system believes it is normal - certainly it is habitual! - to maintain a state of contraction. By bringing the situation into conscious control (maybe

producing pain where previously there was only discomfort) and focusing the patient's mind on the area, the nervous system's reflex to contract is suppressed. After some time (up to 90 seconds) tension in local tissues releases, the pain diminishes and relaxation occurs.

At a tissue level, deep localised pressure to muscle attachments works by breaking the **neural reflex arc** from the Golgi tendon organ. This is painful although the pain is also a stressor leading to the release of anti-inflammatory hormones (ACH) which in turn breaks down collagen fibres and decreases water retention i.e. the tissue becomes decongested.



Deep pressure **away** from the muscle belly produces relaxation in the area of the Golgi tendon organ. **This is the opposite to muscle spindle work.** Hence attachment work can be very useful in treating otherwise inaccessible muscles via their attachments e.g. iliac crest (deep hip extensors), lateral edge of sternum (intercostals beneath breasts). Also, we can treat traumatised muscles, for example those that are strained or torn via their attachments.

If an underlying physical or emotional cause has not been resolved, the tension will probably return. It may take several sessions to get a permanent result.

STRETCHING MUSCLES




Why do we need to stretch muscles? Remember, muscles can be stupid – the “dumb meat” of the body. When a muscle has been held in a chronically shortened state for a long period of time, for whatever reason, it starts to behave as though that was its natural state and will revert to the shortened position quite readily.


How often have you had a client say: “Oh yes, I felt great after the massage for a few hours, but now everything has tightened up again.”

Stretching is intended to re-educate muscle tissue and help it revert to its natural length. This is a process of **somatic education** and is most effective if it can be supported with clients stretching for themselves at home on a daily basis. Whilst stupid, muscles can be re-educated. Of course, this may involve a client making an **identity shift** from that of a person who is stiff and inflexible to one who is smooth, lithe and fluid. In turn, such a shift of personal belief may require some emotional release as well. It is remarkable how much energy we invest in maintaining our state of tension.



Physically, a muscle **stretch** is quite simply the opposite of the **action**. Just as the action moves the insertion towards the origin, so the stretch moves the insertion away from the origin. So all you have to do is identify the attachments of the muscle and apply pressure in such a way that they are moved apart from each other. For **passive** stretching, positions need to be held for at least 30 seconds to enable muscle fibres to get used to their newly lengthened position. And repetition is the key – hence the need for client stretching at home.

MUSCLE REVIEW CHART- names, actions, origins, insertions and stretches				
Muscle	Action	Origin	Insertion	Stretch
Gluteus Maximus	Extends hip, laterally rotates femur	Ilium, sacrum, coccyx	Femur & iliotibial band	<p>GLUT MAX</p>  <p>knee to opposite shoulder</p>
Quadriceps	Extends leg at knee (rectus femoris flexes hip)	Rec fem: ilium Vastus muscles: femur	Patella ligament onto tibia	<p>QUADS</p>  <p>Heel to bum</p>
Hamstrings	Flex leg at knee, extend hip	Ischium; biceps femoris also on femur	Tibia and Fibula	<p>HAMSTRINGS</p>  <p>loop towel over foot, aim to straighten leg</p>
Gastrocnemius				
Trapezius				

Pectoralis Major	Adduct, flex and medially rotate humerus	Clavicle & sternum	Humerus	<p>PEC MAJOR</p> 
Latissimus Dorsi				
Sterno-Cleido- Mastoid				
Rectus Abdominis				
Rhomboids				
Others of your choice!				

* * * * *

INITIAL CONSULTATION: STRATEGIES& IDEAS

“R I N P”: Rapport / Information / Negotiation / Practicalities

What and Why?

The initial consultation is a 10-15 minute conversation when you first meet a client. Its overall purpose is to:

- Establish rapport
- Inform your intention whilst working
- Create a treatment plan that you and the client are happy with



Initial Phone Call

The massage session starts the moment you meet the client – actually, the moment you speak on the phone! Here are some useful notes to help guide that phone call:

Rapport & Information

- *Thanks for calling, may I take your name? how can I help you <name>?*

Negotiation:

- *Sounds like massage is a great idea, let's see when we can get you booked in...*
- *Agree Time and Date. OK with location?*

Practicalities:

- *Session will last an hour, it will include a consultation so that I can learn about you to give you the best massage I can. The actual hands-on massage will be around 45 minutes. It's a good idea to give yourself a bit of slack in your schedule on the day, so that if you feel like taking things a bit gently after the massage you can!*
- *I'll look forward to meeting you on <dd/mm> at <time>. Now what's the best phone number for me to use for you, should I need to get in touch:*
- *Phone number*

Looking forward to it, goodbye

NB. We deliberately leave out issues of price at this stage, although of course that is important. We pick that up during weekend 11.

Importance of Consultation

By the end of the conversation, you will hope to have:

- Established trust. After all, the client is about to take off his/her clothes and let you touch his/her body!
- Got a good idea on what the client's needs are, which ones you can address today and how you might do that
- Checked for any cautions which you might need to be careful about.

Overall Strategy

Remember the 4 stages of the conversation: "R I N P". Obviously these stages blur into one another and it doesn't matter if you forget something and pick it up later on e.g. reassurance of confidentiality.

Rapport

- This runs through the whole conversation but is especially important in the opening stages.
- Basically you are showing that you are interested in the client – for that hour (or whatever the session is) s/he is the most fascinating person in your world!
- It covers such things as your body language – sitting back a little in the chair, making eye contact, nodding, smiling.
- Also saying "uh, huh" or reflecting back what they have said, to show you are listening.
- Your tone of voice – welcoming, warm, interested.
- Your ability to listen – showing you have heard what they have to say and not moving straight on to the next item on your consultation form.

Information – Strategy & Style

- You will find your own style – but this is a strategy that seems to work well.
- Give a warm, inviting opening remark e.g. "May I take a few details, as this will help me give you the best massage". Then the client will open up and tell you stuff!
- Give a reassurance of confidentiality – e.g. "Of course, everything you tell me is confidential".
- Take address, phone number, email. Some people take date of birth – make your own decision about this.
- Then an open question e.g. "how can I help you today?". Others might be; "how are you?", "what do need from a massage today?", "how do you feel in your body?"
- **Remember, the client has come for a reason!** Make sure this gets heard early on – the information they give may not neatly follow your consultation form. No matter – their needs are the most important. So get familiar with what you need to cover and be prepared to go with the flow of the conversation.
- So go from the general to the specific.
- Let the client set the pace – and be prepared to fill in gaps if need be with specific questions.
- Gather further information about the initial presenting reason for the massage e.g. "tell me more about the pain in your back" "which side is it?" "precisely where is it?" "when did it start" "have you had it before" "is it an old injury" "what makes it better/worse" "does it vary with the time of day?" Make your client's stated need the most fascinating thing in your life!
- Give the client time to think if need be – do not put words into his/her mouth.



- Then fill in missing information as needed to give you a full picture. This might include, if appropriate, possible emotional aspects e.g. “and how do you feel about that?”; bear in mind not all clients will want to divulge information of this sort, but do make the space open for them if they wish or need to go there.
- Establish boundaries of your relationship e.g. if someone starts to talk of a slipped disc, explain that is for an osteopath; or if someone clearly needs a talking therapy, explain that you are not a counsellor – but be prepared to refer on if need be. Also that any such referral would only be with client's permission.
- Be neutral with your language - the massage space is accepting, respectful and non-judgmental. Do not make assumptions e.g. if the client mentions a partner, this may be male or female - do not assume a heterosexual partnership, unless they clearly specify. Reflect back the same language they use.
- So be encouraging but neutral eg “thank you”, “that's helpful”. Avoid saying “good, good” – it implies that other responses may be bad.
- Pay attention to non-verbal signals from the client. Is his/her posture open or closed? What of the tone of voice? Is what s/he says consistent with how s/he is saying it?
- Always ask about previous massage experience - a win/win question! If none, pay extra care to explaining practicalities, especially how to lie down and how much to undress. If some, get more information: “what massage is most effective for you?”
- Remember the client is **ALWAYS** more important than the consultation form!

Information –Specifics (might include)

Checking medical history. AVOID the daunting list of ailments so loved by some massage therapists – it is really intimidating! At this stage, we suggest 2 methods:

- First, the “vowels” method – “Accidents, emergencies, injuries, operations, ‘udder’ things” – in other words a general catch all of medical history.
- Second, the “systems” method – e.g. “how are your joints? Circulation? Skin? Breathing? Digestion? Bones?”

In practice, you may find that you use a combination of these. We will also offer a 3rd method during the next training weekend. This checking may give information on things to be careful about e.g. varicose veins, bruises, inflamed joints, etc. Use this creatively e.g. “ok, so we won't use deep pressure over that vein or below it but we can work above to make it feel more comfortable”

Other possible areas to ask about are:

- Medication or other drugs.
- Lifestyle: exercise, sleep pattern, fluid intake, dietary factors e.g. indigestion / constipation / regular meals. This matters if client speaks of digestive issues but don't use as a matter of course.



- Headaches.
- How do you relax?
- Where do you hold stress and tension? What does that feel like?
- How do you use your body in a day to day setting?
- Job - stresses involved? driving? We suggest not asking about a client's job straightaway – s/he may not wish to think about work or may be unemployed.
- Is client having other treatments, either medical or complementary? What effect is it having?
- (Women) How are periods? Pregnant - now or previously?
- If have children - how were births?
- Any no-go areas e.g. feet or face? Give an example here in order not to be misunderstood!
- How are you feeling?
- Some people use numerical scales to assess stress levels or well being eg "on a scale of 1-10, where 10 is the most stressed possible, how stressed are you?" This can be helpful if you haven't gained a clear impression of how the client is, but isn't necessary if they have been forthcoming already.

Negotiation

- Make a clear proposal on where you will massage and for what purpose e.g. "so I suggest I start with your shoulders to free that tension you mentioned and then spend some time with your legs and feet to ground and relax you".
- **GET A CLEAR AGREEMENT.** Do not impose your ideas.
- Don't over commit yourself!
- Allow flexibility as massage develops e.g. "if something crops up once we start, please feel free to give me feedback; also, maybe I could seek your agreement to change tack."

Note on Client Consent: it is common practice in many massage clinics to ask clients to sign a consent form. At BCMB we do not advocate this approach for several reasons:

- it can be intimidating and excessively formal for clients;
- they may just sign it without reading or understanding it fully;
- it can disrupt the trusting therapeutic relationship you have worked so hard to establish;
- it has no relevance in legal terms anyway, as if you were to do something silly, you would still be liable.

However, we do very much encourage you to make sure clients give **informed consent through the conversation of the Initial Consultation**. You might wish to add a checklist of questions to cover this and jot down the responses on your consultation form. Something like this:

- *Is there anything else you'd like to ask me?*
- *is there anything regarding your medical history, wellbeing or lifestyle that I've not asked about directly but you feel to be relevant for today?*
- *Any questions regarding the treatment plan we've just outlined and agreed?*
- *Are we all set and ready to go?*

Practicalities

- Especially if it is the client's first massage, be very clear about how to lie, what the cushions / bolsters are for and so on
- Be clear about undressing and drapes e.g. "undress as far as you feel comfortable - you may remove your underwear if you wish, or keep your pants on - I'll cover areas I am not working on"
- Give choices e.g. about talking, asking questions, or just taking time out. This may be interesting with the talkative client who finds it difficult to let go!
- On a first session, leave the room as the client undresses unless it is clearly unnecessary eg some infirm clients may need help on or off the table. On subsequent sessions, only stay in the room if you have obtained specific permission.
- Don't assume - seek permission, e.g. "may I hitch your underwear down?" "Would you feel OK about abdominal massage?" - and check again in the moment e.g. when you actually come to your client's tummy.
- Make clear the value of feedback e.g. "I do massage **with** people, not **to** them - so please give me feedback so that I can adapt to your needs:"

Room

- Colour, warmth, relaxed, comfortable
- Safety - blind/curtain; privacy
- Music, soft lighting; ritual object for you, e.g. picture, candle
- Quiet - mobile phones (your and client's) off!

See also massage practical assessment guidelines at Handbook pages 80-81.

Consultation Forms

- Keep these clear, concise and relevant.
- They are to help you – an "aide memoire" – in case you dry up.
- DON'T slavishly follow the form, peering intently at the piece of paper, without any contact with the client. If need be, put the form to one side and come back to it AFTER the session. After all, you may well have picked up more information by then.

The next 5 pages give examples of consultation forms – by all means use the ideas here to design your own.

RECORD KEEPING

On weekend One, we offered advice on record keeping. Further information on this can be found on the MTI website or here:

https://vimeo.com/161307178?utm_source=email&utm_medium=vimeo-cliptranscode-201504&utm_campaign=28749

INITIAL CONSULTATION– ONE EXAMPLE

Name:	Date:
DOB:	Location:
Address:	
Phone Number:	Email:
What brings you here today?	
Previous experience with Massage? Explain what holistic massage is.	
HISTORY Accidents / Emergencies / Injuries / Operations / Other? e.g. Allergies <ul style="list-style-type: none"> • 	
<ul style="list-style-type: none"> • Current Medication? 	
<ul style="list-style-type: none"> • Contra- indications 	
Bench Marks:	
Before:	After:
Life style – Work / Hobbies / A day in the life.	
How do you relax / wind down?	
How are you feeling today? Mentally and Physically?	
What do you have planned after our session?	
What would you like from the massage today? How would you like to feel after the massage? Make a plan together:-	
After Care e.g. stretches	

INITIAL CONSULTATION: A Completed Example (Anonymised)

Name: xxxx xxxxxxxxx	Date: 20/01/12
DOB: xx/xx/xx	Location: ENSO HEALING ROOMS
Address: xxxxxxxxxxxxxxxxxxxx	
Phone Number: xxxxxxxxxxxxxx	Email: xxx.xxxxxxx@xxxxx.com
What brings you here today? Mental Health nurse – new job very stressful, having trouble switching off. Need some 'me time' Tense shoulders and neck.	
Previous experience with Massage? Explain what holistic massage is. Had vouchers bought for her Swedish massage and Indian head massage never had holistic massage.	
HISTORY Accidents / Emergencies / Injuries / Operations / Other? e.g. Allergies - NO • NO NO NO Hernia op when 12 yrs	
• Current Medication? Contraceptive pill	
• Contra- indications NO	
Bench Marks:	
Before: Busy head, Tense shoulders, anxious and feeling 'all over the place'	After: Shoulders feel lower 'I feel much lighter and relaxe'
Life style – Work / Hobbies / A day in the life. Shift work – 3 days on 4 days off. Night shifts 3pm-8am – body always adjusting – hard to relax and get to sleep. Want to start regular exercise but not managed to schedule anything yet. Work is very stressful, new role in charge of big team. Social life is good with supportive friends – just need to learn how to relax and get some me time.	
How do you relax / wind down? 'Big glass of wine!' soak in the Bath Meet friends for a drink and good chit chat	
How are you feeling today? Mentally and Physically? Tired 'all over the place' . Anxious from work. Looking forward to a relaxing massage where I can hopefully switch off. My shoulders and neck are very tense and painful – in need of attention.	
What do you have planned after our session? Dinner at home then an early night	
What would you like from the massage today? How would you like to feel after the massage? Relaxing space for me to be cared for. Might cry a bit – need to let go and switch my brain off for a bit. Shoulders to feel less tense and painful.	
Make a plan together:- Energy holds to begin and end with to help Abigail slow down and feel connected with her body. Aim for full body treatment. Deep focused work in upper Traps and Rhomboids (where she is feeling tense and knotty). Include head and hands for relaxation. Full body connecting strokes to help her feel flowing.	
After Care e.g. stretches Drinking plenty of water. Bent over crossed arms trap and rhomboid stretch. Hot water bottle on shoulders or hot bath if shoulders get tense and achy.	

CONSULTATION FORM

DATE OF INITIAL CONSULTATION

PERSONAL DETAILS

Surname _____

First Name(s) _____

Address _____

Telephone Home _____

Telephone Work _____

CONFIDENTIALITY

TREATMENTS

PREVIOUS

PREFERRED

Massage _____

Reflexology _____

Reiki _____

Other _____

How are you feeling today?

CURRENT MEDICATION

MEDICAL HISTORY - eg. operations, injuries, illness

GENERAL HEALTH

What does a typical day look like for you?

PRESENTING PROBLEMS

eg. back pain
high/low blood pressure
thrombosis
skin allergies
varicose veins
heart problems
pregnancy

AREAS REQUIRING ATTENTION

Is there anything you want to ask me?

Initial Consultation Sheet

Name

Date and Time of appt

Address:

Contact No:

Email

Welcome and explain confidentiality/explain intention of questions to then give best massage possible

How are you feeling today? – in yourself and in your body and then what is an average day in your body?

Have you had massage before, if so what worked for you? Was there anything you did not like, and what were you hoping for today?

Symptomatic information - When started and the cause?

What helps, worsens it?

Where precisely

Other treatments - Medical history/ contra-indications

Accidents/emergencies? Operations

Illness

Setting expectations/ making an initial plan– explain how I work, ideas for what we might work on today, (benchmarks)

Ideas for atmosphere for the massage e.g. up beat or slow and relaxing
(if new to massage discuss oils, timing, clothing/drapes, table, music)

Final Check – any worries or questions? I will be checking in with you throughout

After – check against benchmarks + any other issues for future work or supervision

Follow on Massage Session Notes

Name

Session No

Date

Time

Length of Session

Consultation issues raised for today's session – contraindications and symptomatic information for today and any new issues from last session.

What happened, how was the massage itself? Any changes from those agreed in consultation?

Any issues for me as a practitioner? Supervision

How did the client feel during and after the massage session?

Check against benchmarks – issues for next session and after care suggestions.

* * * * *

FULL BODY CONNECTING STROKES

Introduction: These are a different form of connecting strokes from the simple holding and tuning in that usually begins or ends a massage sequence. They are more flowing and connect different sections of the body together. They are useful:



- As transition strokes, e.g. when moving from the back to the legs or when completing the back and before turning the client over.
- For acknowledging and including sections of the body that may have had little detailed attention.

The strokes can be very effective through a drape but with a much lighter pressure, when they are very similar in effect to the polarity method you learnt in weekend 5 (see pages 112-113). When using oil or gloop, you can vary the pressure and speed to create a whole body experience – improvise once you have the basic ideas! These strokes are derived from the Hawaiian style of massage called “Lomi Lomi”:

1. Both hands on side of hip, same side. Upper hand glides to shoulder and down arm to palm of hand. Lower hand glides down leg to ankle and over sole of foot. Pause at shoulder/knee and hand/ foot connections. Release both hands at same moment. Repeat other side.
2. Diagonals. Both hands on sacrum. Upper hand up side of spine out to shoulder, down arm to palm of hand. Lower hand over opposite hip and down buttock/leg to ankle and sole of foot. Again, pause at shoulder/knee and hand/sole connections. Repeat other diagonal.

N.B. Your hands stay on same side of body, i.e. if on partners L your LH goes up the body and down the arm, for both diagonals. Your RH goes down the leg, again for both diagonals. To do opposite side, start with hands crossed, then they naturally unfold and the stretch flows easily. Otherwise you get in a tangle!

3. Two hands on sacrum. Together up either side of spine, out to shoulders, diagonally down back cross hands over at sacrum, turn your body round, then over buttocks and down both legs to soles of feet. Pause at shoulders and feet. Release both hands at same moment.

Ideas for variety – include arms on stroke 3; pause and reverse directions; use forearms; use backs of hands; etc. etc.

FULL BODY MASSAGE IN 60 MINUTES

First, it's impossible to do all the detailed strokes in this time! Aim for a complete experience in which continuity, flow and extensiveness are more important than focused detailed work on each area. This type of massage is very much for the client who wants an hour of "chill-out" time rather than specific remedial work on particular symptoms. A few pointers:



- It is possible to focus a little on one or two specific areas e.g. shoulders or buttocks. Determine what these will be beforehand with your partner – see "Initial Consultation". Beware however, of losing the overall context and flow of the massage.
- Remember the full length connecting strokes (see previous page) as a good way of giving attention to an area that has not been worked on in detail and for which you do not have much time. Also, the polarity sweeps can be very helpful.
- Maintain a smooth unhurried flow throughout. Let your body dance. Work with the clock, following the general guidelines below.
- Quality, not quantity, is what matters. 2 or 3 strokes applied with gentleness and love are better than 20 or 30 applied in a rush.

Suggested Timings:

The suggestions below permit considerable flexibility and allow for a small amount of detailed work.

- | | |
|--|-----------------|
| • Back of body | 20 – 25 minutes |
| • Backs of legs (including some attention to feet) | 5 – 10 minutes |

Then turn partner over after 35 minutes at most.

- | | |
|-------------------------------------|----------------|
| • Head and shoulders including face | 10 minutes |
| • Front of body | 5 – 10 minutes |
| • Arms and fronts of legs | 5 – 10 minutes |
| • Feet to finish off | 1 – 2 minutes |

Some sections will receive only very brief attention e.g. arms and face. Remember overall strokes e.g. "swivelly" stroke on face or shoulder sandwich on arm to include these in the whole experience.

TECHNIQUES FOR DEEPER MASSAGE

1. Strategy

When working deeply into muscle tissue, here are some ideas to bear in mind:

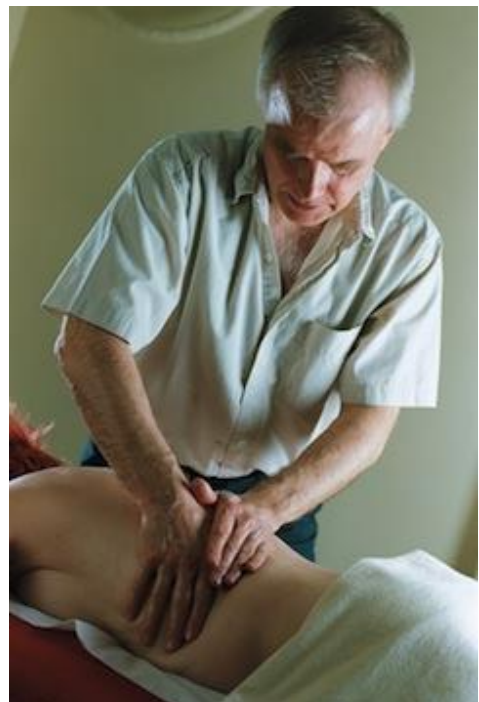
- Which muscles are tight? Is there tightness elsewhere that needs to be released first?
- Look for areas that seem empty or lacking - hold these to allow relaxation. Don't pile straight into the painful areas immediately.
- Does superficial fascia need to be released first? Try vibration, skin rolling and fascial stretching first.
- What does the muscle look/feel like? Where are its origin and insertion? Work with its shape/texture/action. Work into the muscle belly.
- You can work muscle fibres longitudinally or transversely i.e. along or across.
- How can you adapt your massage "tools" in your hands, forearms, elbows to work on different places on the body?
- Separate the functions of applying weight and feeling with sensitivity. Either use lower body (quads, hamstrings, glutes) for weight – or apply with one hand whilst the other feels....
- **if you go deep - go slow!**



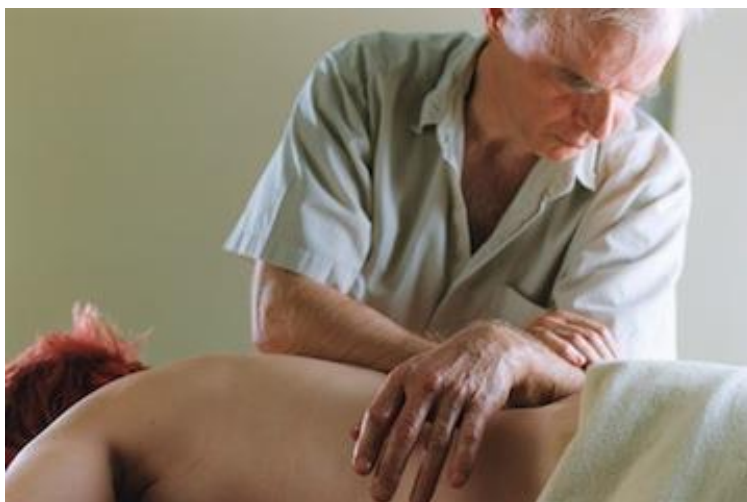
2. Strokes

Working progressively deeper means focusing your attention, your intention and your body weight into a gradually smaller area. These strokes are intended to warm the area up and provide methods to gradually focus that attention and touch in to the areas where it is most needed. Sometimes can use one hand to stabilise and reassure (mother hand). Very often use one hand to reinforce other.

- **Skin Rolling:** lift skin from underlying tissues, roll either longitudinally or transversely to separate superficial layers and enhance circulation - makes further deep work much easier
- **Fascial Stretching:** flat palms e.g. either side of lumbar spine; hands drop in (intention as well as weight) and gently but firmly stretch apart
- **Reinforced Thumb:** lean one palm onto other thumb.
- **Deep Effleurage:** can use flat hand or heel of hand. Cover with other hand.



- **Digital Effleurage:** focus pressure into fingertips/thumb/elbow. Other hand / fingertips / thumb on top. Can apply strokes longitudinal or transverse.
- **Forearm Sweep:** good on erector spinae, gluteals, hamstrings. Modulate pressure e.g. over ribcage.
- **Clenched Fist:** use other hand to guide.
- **Cam and Spindle:** fist rotates around other thumb.
- **Double Cam:** draw towards you e.g. pelvic rim.
- **Elbow:** very powerful; guide in with other hand; keep angle of elbow open; maintain relaxed wrist
- **Friction:** like deep effleurage but deeper pressure. Locate tender spots then use friction, rotation or short rocking movement. Can use reinforced fingertips, thumbs, elbows. Use stretching and stroking afterwards.
- **Rocking or Shaking:** good to start and finish. Apply gently to limbs with gentle traction. Use transversely at pelvis and shoulders.



Nearly all of these can also be applied through clothing - except for effleurage-based strokes. Only you can't see what you're doing so well when someone is dressed!!

3. Trigger Point Release

- Warm and soften the area with general techniques
- Explore area very thoroughly e.g. fingers, thumbs, forearm, knuckle, elbow
- Identify areas where tissues feel most tense – try checking with client on scale of 1-10 if not sure
- Once point has been found, gradually focus pressure into area within client's pain tolerance – maintain dialogue over how much pressure is OK
- Keep in touch e.g. mother hand
- Stay calm – encourage client to breathe
- Hold pressure for up to 90 seconds
- Can use subtle body rocking to help release
- Release gradually, use general massage to smooth out, if need be repeat
- Changes to notice include – temperature change, smoothing of muscle tissue, less pain on release, rush of energy, (sometimes) emotional release



Piriformis Trigger Point release – but do cover your thumb!

4. Attachment Release (Golgi Tendon Organs)

This work is particularly effective on large sheet muscles in the trunk e.g. latissimus dorsi; trapezius; gluteal attachments

- Warm and soften the area with general techniques
- Maybe use attachment work **as well** as work on muscle spindle
- Figure out where muscle you are working in is attached – is it a line of attachment e.g. lats or a point e.g. hamstrings?
- Apply deep pressure as appropriate e.g. with reinforced fingers, thumbs, elbow, forearm.
- Always apply pressure onto bone!
- Can drag pressure along a line of attachment e.g. latissimus attachment to iliac crest. Keep in touch e.g. mother hand holding elsewhere
- Stay calm – encourage client to breathe
- Hold pressure for up to 90 seconds
- Can use subtle body rocking to help release
- Release gradually, use general massage to smooth out, if need be repeat
- Changes to notice include –
 - temperature change,
 - smoothing of muscle tissue,
 - less pain on release, rush of energy, (sometimes)
 - emotional release

Working with Trigger points and Attachments in this way is called **“Neuro-Muscular Technique”** or NMT, because you are working directly with the communication between nerves and muscles.



5. A Note on Pain

The pain of condition can be described as “bad” pain and is different from the pain of the treatment “good”. **Pain in tense muscles** is “dull / nagging / draggy / achy / yucky”. It can have a number of physiological factors:

- In muscle belly through accumulation of waste products
- Lifting the periosteum away from the bone
- Restricted joint mobility
- Nerve irritation

However, it is also the pain that the client is familiar with! Maybe the “devil they know” is perversely comforting!

Pain in NMT (whether working into Trigger Points or attachments) is “sharp / cutting / relieving”. This pain acts as a stressor, helps to produce anti-inflammatory hormone (ACH) and breaks down congested collagen fibres.

So NMT works by:

- Reconnecting the brain to the area of muscle that it has lost touch with.
- Breaks the neurological reflex arc - a “circuit breaker” - which enables chronically contracted fibres to relax

- Anti-inflammatory hormones lead to decongestion
- Relief of referred pain from Trigger Points.

Very effective! But also presenting the challenge of change – so make sure your client is ready for this and is prepared to work with you.

6. Stretching

You will need to adapt your technique according to a number of factors:

- Size, weight and flexibility of the client concerned
- Presence of any injuries, scar tissue or other physical restrictions
- Client's feelings and psychological state
- Issues surrounding client exposure and draping

Flexibility is the key. Once you get used to introducing stretching, you will find you can pop one in here and there quite spontaneously. Indeed, once clients get used to stretching during a session, you may find them starting to do them even if you don't want them to!

A word of reassurance: The instructions below speak in terms of working with a specific, named muscle. In practice you may not be quite sure exactly which muscle you've been working on – you just know where the fibres felt tight, were drawn to them and applied deep pressure accordingly. So in practice, use your sensitivity and skilled palpation to track those tight fibres to where they meet bone tissue and then press the attachments apart to facilitate the stretch. And if you're not completely sure which direction that should be in, just try all the directions you can think of – you're not going to cause any damage and one of them is bound to be right!

Identify the muscle that needs to be stretched through your palpation and recalling your anatomical knowledge:

- Identify the origin and insertion and stabilise them with appropriate holds
- Use different parts of your body as required, not just your hands e.g. forearms, shoulder, hip, thigh.
- Apply gentle pressure to lock the origin in place e.g. downward pressure on pelvis to lock the piriformis or holding cranium to lock the trapezius origin.
- Apply gentle pressure away from the origin at the insertion point.
- Hold for a good 30 seconds to enable the tissues to settle into their newly lengthened position.
- Figure out how the client might be able to do this for themselves at home.

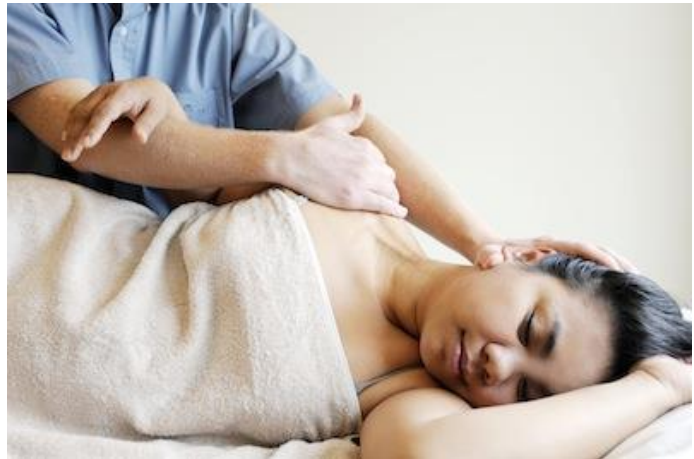


Piriformis release & stretch

SIDE LYING MASSAGE: AN INTRODUCTION

Placing a client on his or her side creates wonderful opportunities for massage. There could be many reasons for doing this. For clients:

- Injury may make lying prone or supine painful or pregnancy may mean neither is possible.
- Work into the hips or around the chest/breasts can feel less invasive.
- As this is unfamiliar a client may not have an anticipated response and will find it easier to let go.
- It can be a very comforting nurturing experience. Frequently clients regress to when on their sides and can fall asleep quite easily!



For practitioners:

1. There is better access to muscles and tendons on the side of the body eg serratus anterior, peroneals, obliques, IT band
2. There is good access to the front and back AT THE SAME TIME. It is possible to work with complementary muscles, thus establishing a proprioceptive awareness between tissues which may have lost touch with each other. This can significantly improve clients' structural awareness and balance eg
 - erector spinae group and abdominals can be massaged together.
 - pectoralis major and rhomboids; or pectoralis minor and subscapularis.
 - Quadriceps and hamstrings.
 - Tibialis anterior and gastrocnemius/soleus.
3. Gluteals and hip flexors.
4. There are opportunities to lengthen and stretch the client, especially
 - length between ribcage and pelvis;
 - opening the shoulder joint in all directions – classic prone/supine positions limit the range of movement possible. Eg can really stretch latissimus dorsi, pecs, obliques, erectors
 - possibilities for spinal twists in an easy economical fashion, particularly the thoracic and lumbar spine.
5. Deep tissue releases such as piriformis or psoas can be performed easily and in a less invasive fashion



Techniques to Try

Here the emphasis is more on the 3D aspects of the massage, a more structural release approach, using opportunities to open and stretch.

- Client position – lower leg bent at knee, upper leg straight and a cushion between the knees. This means the pelvis is vertical and there is easy access to front and back of the body.
- Holds - stillness – especially use heart at back and hara at front or vice-versa.

- Vibration / rocking at different points eg pelvis, ankle, shoulder. Use a soft contact, pulsing from your ankles. Imagine they have springs and you are simply bouncing.
- Mobilise shoulder through drape. Also massage with oil.
- Place a soft elbow over the pelvis. This anchors a stretch of the ribs away from the pelvis. Can be done through drape or with oil, to get a lovely stretch and open the lower back.
- Hold one side, massage the other eg hara hold whilst circle lower back; or lumbar hold whilst massage tummy.

NB. This work is explored further in a post-graduate workshop, 3D massage.

Specific thoughts on Massage in Pregnancy



1st trimester 0 - 12 weeks; 2nd trimester 12 - 28 weeks; 3rd trimester 28 - 40 weeks

Massaging a pregnant women can be relieving and comforting for her and very rewarding work for you. Massage is beneficial during the 1st trimester, so long as it is gentle and her needs are taken into account. Core body temperature is higher in pregnancy, so you may not

need as warm a room. Towards the end of the 2nd trimester and onwards it may be necessary to suggest working in a side lying position. Be prepared with lots of pillows to support her legs and feet, also offering support for the baby. As the baby grows your client may appreciate massage of her abdomen, to sooth the baby, help relieve muscular tension and soften her tightening skin.

Relaxin is one of the hormones secreted during pregnancy. Its levels are quite low in the first trimester, increase 10 fold by the end of the pregnancy, and then greatly reduce again 6 weeks post-natally. Relaxin softens the ligaments and connective tissue to allow changes in the woman's body in preparation for labour. Therefore **stretches** can be beneficial during pregnancy but with **great awareness and care**. Also, ask the client to keep her knees together when getting on and off the table, as the pubic symphysis is vulnerable due to the relaxin.

Also, take care not to stimulate the following shiatsu induction points during massage:

- In the hollow on top of the shoulder, straight up from the nipple when you are standing,
- On top of the foot between the 1st and 2nd metatarsal bones, one and half finger widths in.

The emphasis here is on a nurturing massage. Client in the recovery position. Pay attention to:

- Supports and draping.
- Massage around the shoulder, especially Pecs, SCM, Trapezius.
- Holds - at the sacrum, with rocking and gentle stretching; abdomen and hara.

Varicose veins are fairly common during pregnancy, due to the valves in the veins softening through hormonal changes.

The weight of the uterus on the vena cava, when the mother is lying supine during a massage, may restrict venous return. This is known as supine hypotension.

From the end of the 2nd trimester onwards, it is advisable for your clients to avoid lying on her back for more than a few minutes. If she does feel faint or dizzy help her to turn onto her left side to relief the restriction.

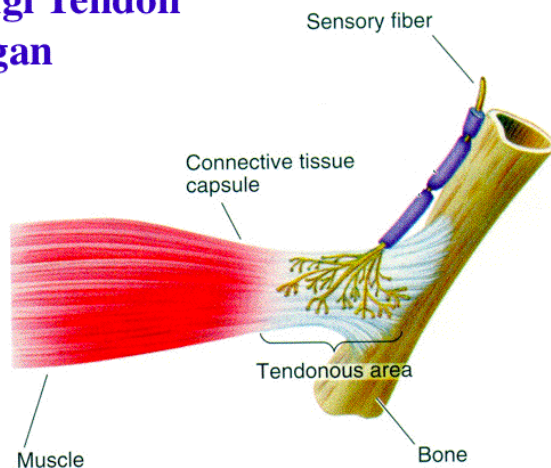
MORE MUSCLES

Proprioceptors

Are sensory receptors in muscles, tendons and joints that provide information about body position and movement

Golgi tendon organs

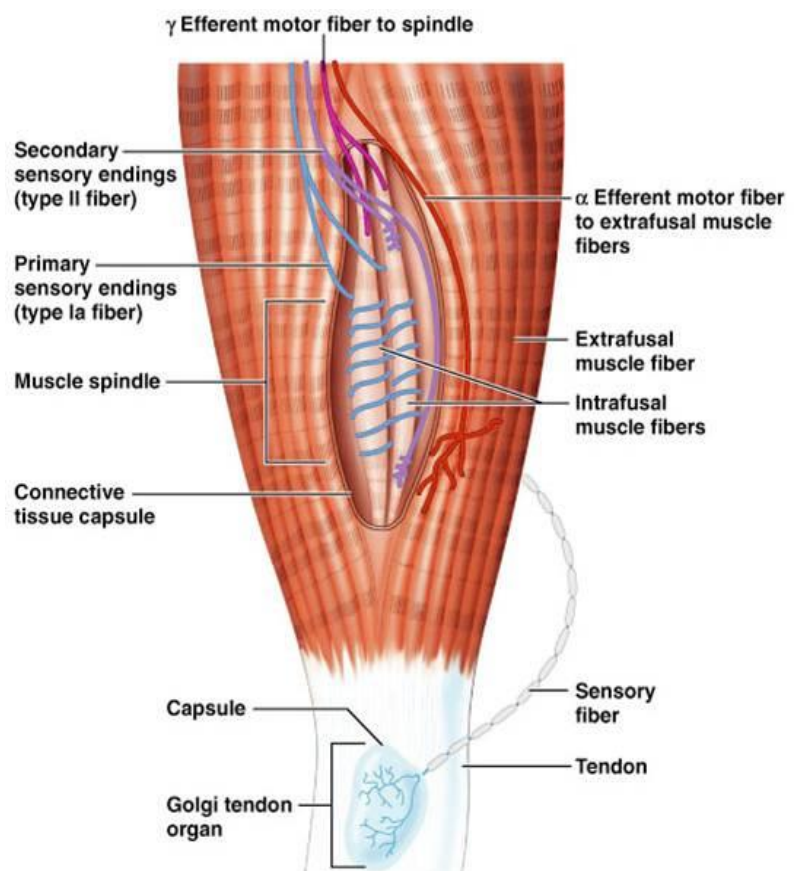
Golgi Tendon Organ



Sensitive to changes in muscle tension and force of contraction, found chiefly near the junctions of tendons and muscle bellies

Muscle spindle cells

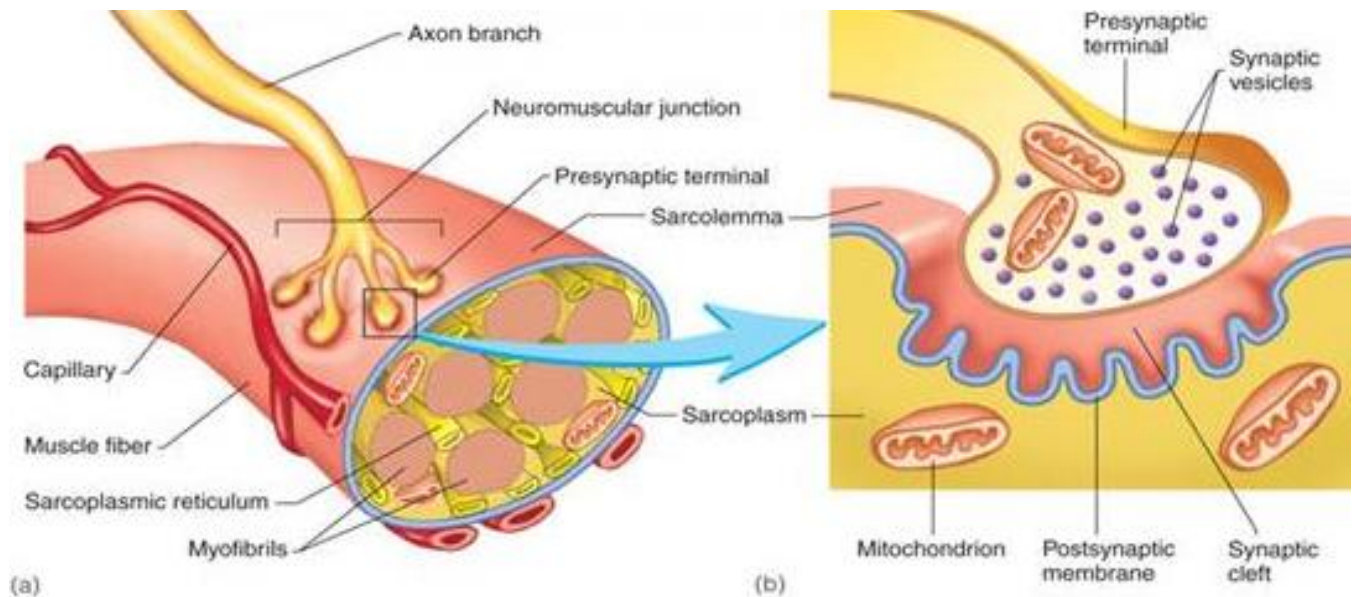
Stretch receptor located parallel to muscle fibre that informs the brain and spinal cord of muscle length and the rate at which the muscle is stretching



Joint proprioceptors

give information to the brain about the angle of a joint

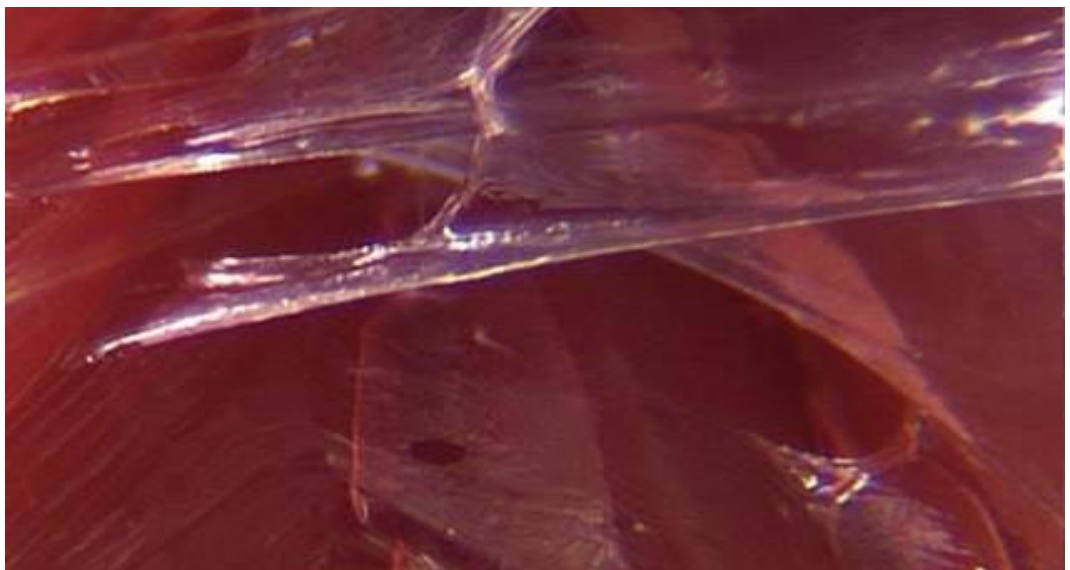
Neuro-muscular junction



- Before a skeletal muscle can contract it must be stimulated by an electrical signal delivered by a motor neuron. A single somatic motor neuron along with all the muscle fibres it stimulates is called a motor unit.
- A motor neuron may stimulate 10-20 fibres where small precise movements are necessary – e.g. the muscles that move the eyes
- ..or one motor neuron may stimulate 2000 fibres where large, powerful movements happen – e.g. biceps brachii
- Axon terminals at end of motor neurons stimulate motor end plates in muscle fibres with neurotransmitters, signaling contraction

Fascia

- is a sheet of fibrous, irregular connective tissue found beneath the skin; around muscles and groups of muscles separating them into several layers



- it supports the structure of the body, surrounds and protects muscles and organs

NERVOUS SYSTEM STRUCTURES and FUNCTIONS OF PARTS

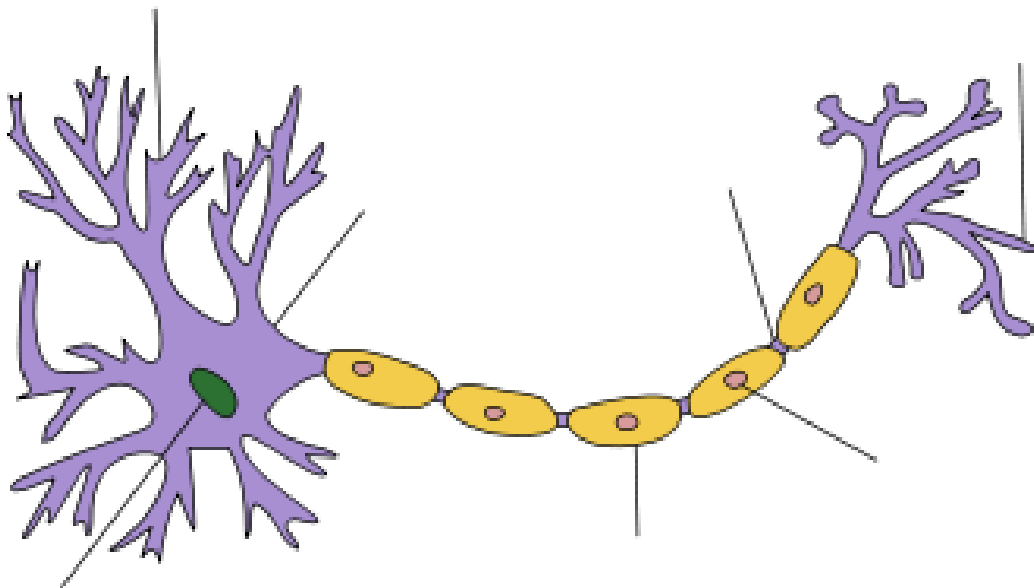
Central Nervous System (CNS)

- **Brain** – like control centre,
 - cerebrum/cerebral cortex = thinking etc (higher brain)
 - cerebellum = (learnt) movement & co-ordination
 - brain stem = controls breathing & heartbeat
 - hypothalamus = controls homeostasis, and fight/flight and rest/repair responses (sympathetic/parasympathetic nervous systems – see next page)
- **Spinal Cord** – like an information superhighway, interneurons connect neurons sending messages to & from brain
- **Meninges** – membranes that wrap around the brain & spinal cord for protection
- **Cerebrospinal Fluid** – baths brain and spinal cord cushions & nourishes the brain & spinal cord

Peripheral Nervous System (PNS)

- **Sensory Neurons** – send messages from body to CNS
- **Motor Neurons** – send messages from CNS to body
- **12 pairs Cranial Nerves** – come directly from the brain – including vagus nerve
- **31 pairs Spinal Nerves** – come from spinal cord, wiring to rest of body

A Neuron (nerve cell)



Parts of the Neuron:

- Dendrites – receive stimulus
- Cell body – like any other cell with organelles
- Nucleus – inside cell body
- Axon - 'tail' transmitting electrical impulse
- Myelin sheath – made from Schwann cells, protects and insulates the axon to help impulse move
- Axon terminals/synaptic knobs – release neuro-transmitter to next neuron or neuro-muscular junction
- Synapse – gap between two neurons across which the neurotransmitter transmits the impulse

FUNCTIONAL DIVISIONS OF THE NERVOUS SYSTEM

Information going to the CNS is processed in the brain and messages are then sent to the body for action

Voluntary Nervous System – able to consciously control – mainly controlling the skeletal muscles

Autonomic Nervous System – happens automatically

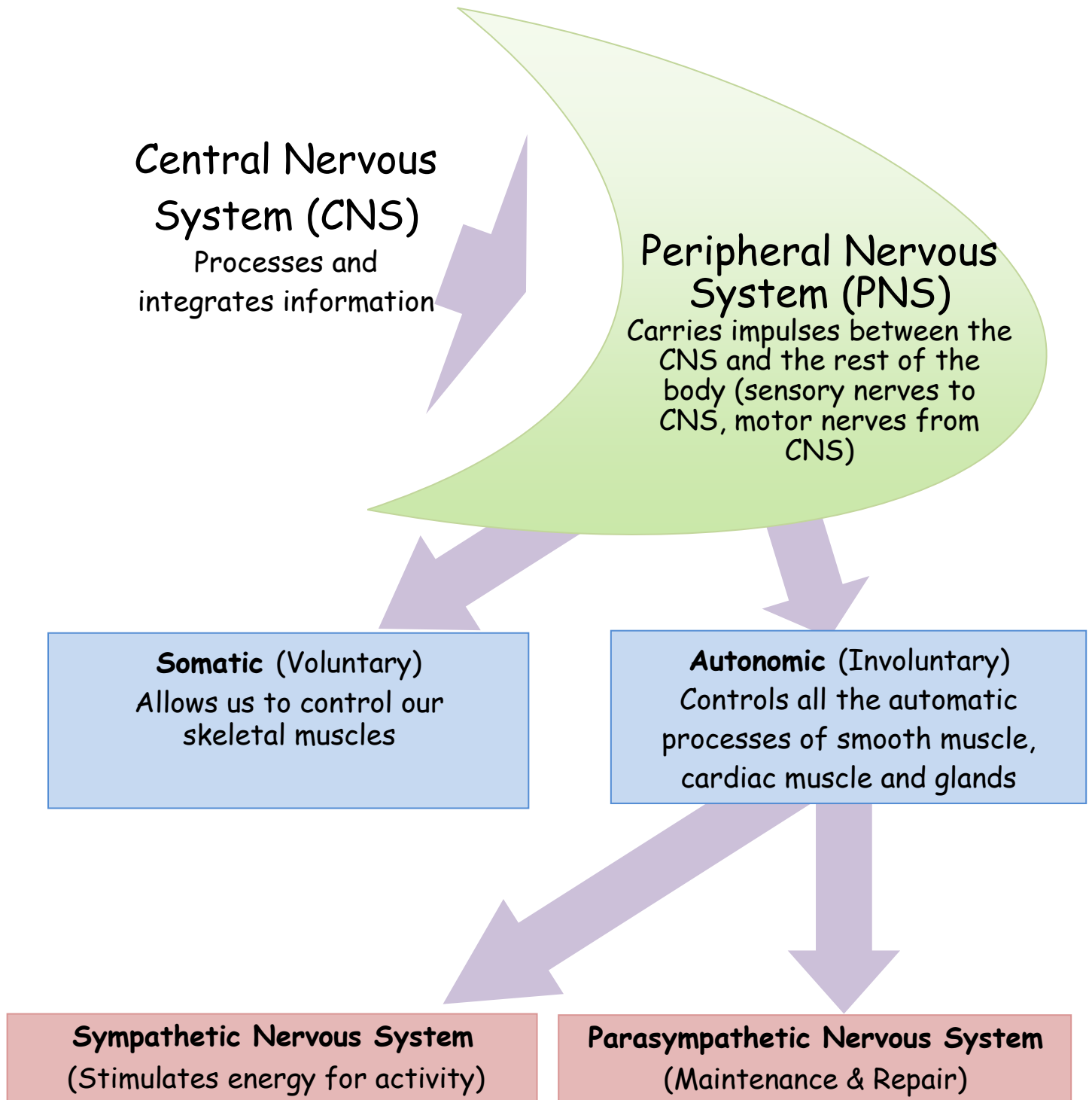
- **Sympathetic Nervous System (SNS)**– fight & flight, prepares body for immediate action in emergency
- **Parasympathetic Nervous System** – rest and repair, allows relaxation, brings body back to homeostasis

Homeostasis - keeps body in balance eg temp, appetite, hormone balance, digestion, sleep, oxygen levels

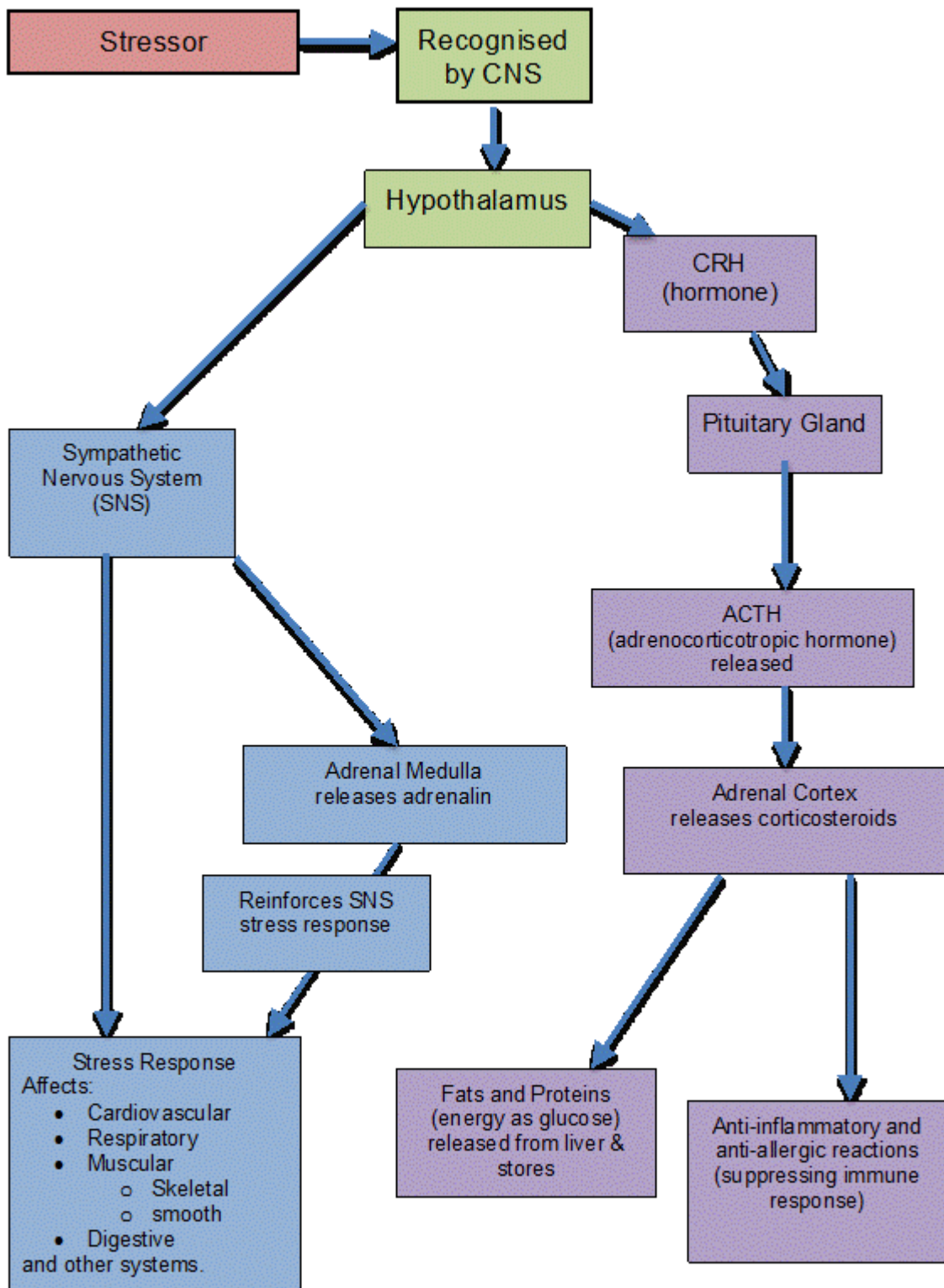
Hypothalamus controls homeostasis and **stress response** ie switching between the SNS and PNS

- Activates SNS – direct messages to body systems, including adrenal glands (medulla) to release adrenaline
- it also signals Pituitary Gland to release A.C.T.H, this stimulates adrenal glands (cortex) to secrete cortisol

HOW THE NERVOUS SYSTEM WORKS



STRESS RESPONSE



NERVOUS SYSTEM PATHOLOGY

Stroke

- Occurs when the blood supply to the brain is affected. It may result in paralysis, loss of speech and confusion. Massage is contraindicated for one month, and then for six months you should seek medical approval.

Multiple Sclerosis

- Is damage to the myelin sheaths surrounding the neurons. It can vary in severity and affects nerve conduction to many parts of the body. Massage can be helpful with the associated muscle pain and loss of function.

Parkinson's Disease

- Is a degenerative condition, which causes worsening muscle tremors and rigidity, and progresses to complete loss of movement. Intellect is unaffected. Massage may help to relax the muscles.

Epilepsy

- Occurs when the neurons in the brain fire in an uncontrollable and erratic manner. Avoid energy work around the head.

Meningitis

- Is inflammation of the meninges surrounding the brain. It is a total contraindication

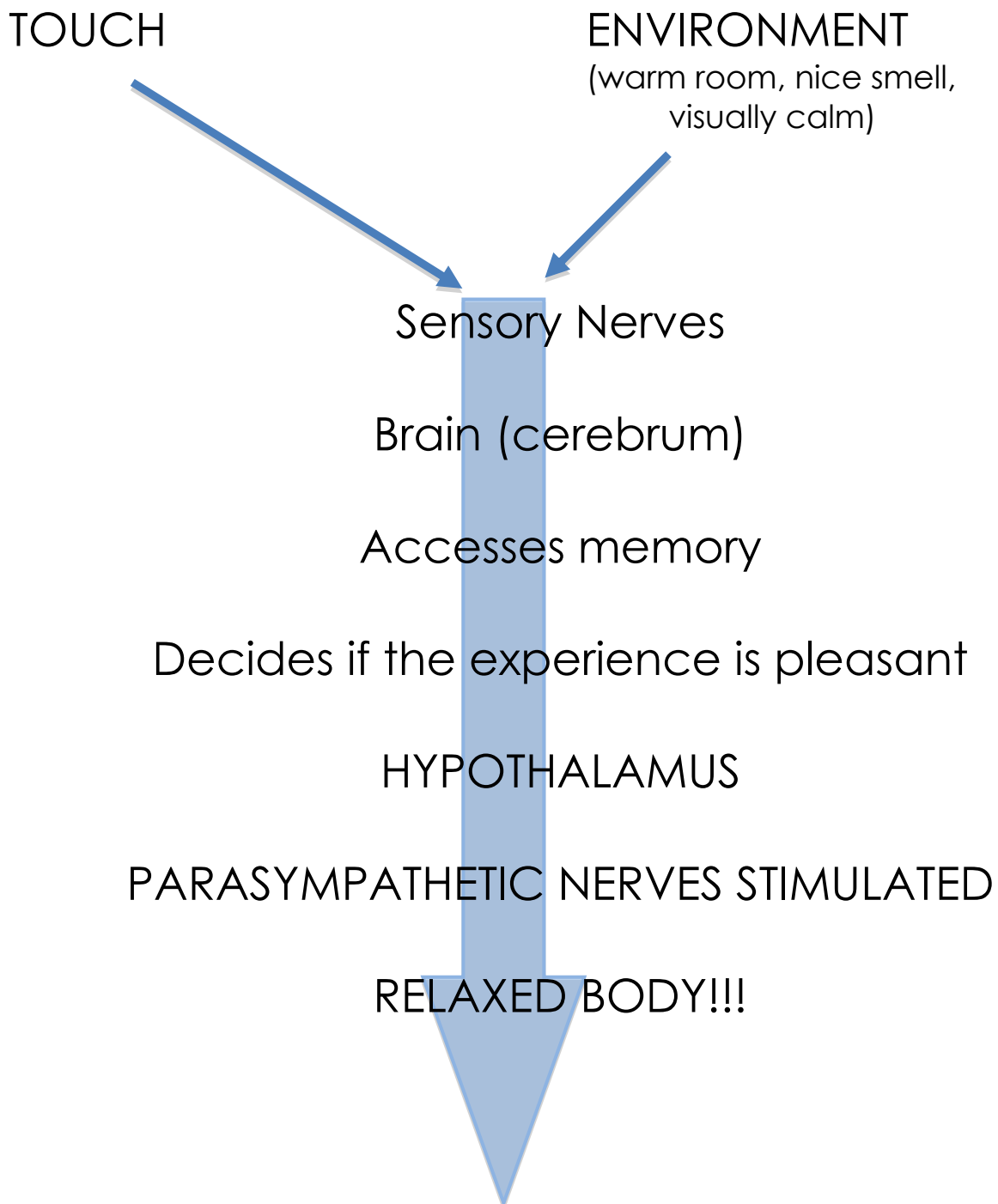
Sciatica

- Impingement of the sciatic nerve
- Differentiate between cause by disc or spinal impingement, or muscular, from piriformis
- Pain and numbness in thigh; if pain below knee or loss of sensation/tingling in foot then refer
- Massage can relieve pain with work on thigh, gluteals and lower back

Effects of Massage on the Nervous System

- Relaxing massage stimulates the parasympathetic response – reduces stress
- Abdominal massage stimulates Vagus nerve which switches on the parasympathetic response
- Reduces pain – release of endorphins
- Stimulates sensory nerves – aids relaxation
- Proprioception improved

HOW MASSAGE PROMOTES RELAXATION



Effects of Chronic Stress on Health

Adrenalin is an essential fight or flight hormone released when your body is under stress. Adrenalin prepares your body for action and then cortisol, another stress hormone, supports this response.

Under normal circumstances, the stress hormones do their job and then go away, allowing the body to return to normal (homeostasis). But when you are under constant stress you can suffer from continuously raised levels of adrenalin and cortisol. This has serious implications for the health of the body.

Continuously raised levels of adrenalin and cortisol cause insomnia, lowered immunity, high blood pressure and heart disease, depression and weak bones and muscles.

Insomnia:- normally, cortisol levels rise in the early hours of the morning and this causes you to wake up. When levels of cortisol are permanently raised, you can find it hard to get to sleep and to stay asleep.

Immunity:- in the short term, cortisol aids your body in turning off immune reactions like allergy and inflammation. While this is helpful in an emergency, longer term chronic cortisol exposure results in suppressed immunity and vulnerability to infections.

Cardiovascular Disease:- cortisol increases blood pressure, places strain on the heart, and increases fatty the deposit of fatty acids on the artery walls. Over time, this can lead to cardiovascular disease.

Depression:- cortisol depresses brain activity, interferes with concentration, rational thought and memory, leading to mental fatigue, depression and poor self-esteem.

Muscles and Bones:- cortisol stimulates the breakdown of muscle and bone to supply your body with the minerals and energy needed for fight or flight reactions. In the long term, bone and muscle can be broken down faster than it can be replaced, leading to osteoporosis and weak muscles.

HOMEWORK

1. JOURNAL

(i) **Personal Feedback:** from sixth weekend - how was the weekend for you?

(ii) **Rapport & Communication:**

Develop & **start using** your own **Initial Consultation form** - see pages 6.9-6.18.

Do **not** simply reproduce one of these examples - adapt to your own style.

Purpose of form is to help you build rapport and a treatment intention with a new client. Include a section on "Medical History" – more work next time.

Use the form with your clients; for some, this will be retrospective.

Feel free to amend it in the light of experience.

Each of your regular clients (the 6 x 3 requirement) will need a completed Initial Consultation form.

2. MESSAGE PRACTICE DIARY

Do a further **2 hours per week of massage practice** this month.

You should be up to 40+ hours of practice in total (given and received).

Try to complete the 50 hours by Workshop 8. Gives a month to tidy it up.

Folder of work is due for FINAL submission by Workshop 9. You can then focus on the theory exam, scheduled for Workshop 10.

"Trade" 2 clients with a course buddy, to get the experience of meeting a new client.

CLIENT STUDY GROUP - another milestone assignment

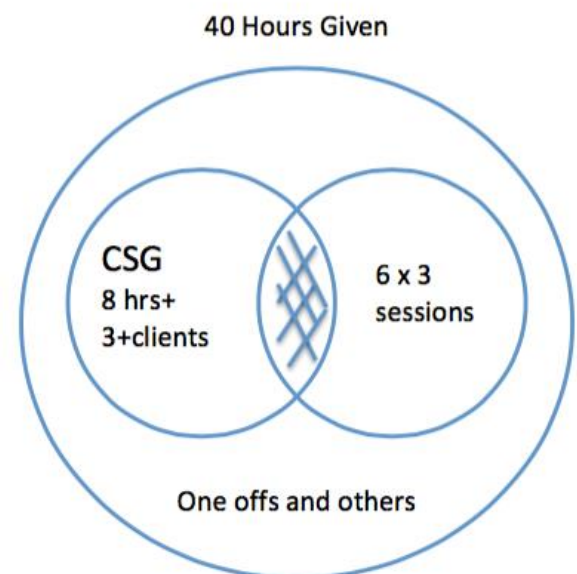
Start your **client group study** - see p 40/41 and 53-56 of your Course Handbook.

Define the group concerned and start your sessions with them. **THESE CAN BE RETROSPECTIVE** – i.e. sessions you have already done. eg by ticking a column in your index table.

Concluding guidelines to be completed by Workshop 8 for sharing with the group. It counts as a part of your 50 hours, **not** an additional requirement.

NB. The examples in the Handbook are 2 sides long and include pictures. You may do this if you wish but it is not essential. One side of quality text may well be sufficient.

So, in summary, your 40 hours will consist of:



3. BUSINESS PLANNING & PRACTICE MANAGEMENT

Halfway Review: see Manual page 6.2. This is another **milestone assignment**.
Include with folder for feedback next time.

This review includes an important part of the business planning process but also asks you to consider other important aspects of Massage Practice Management

This will complete your ongoing Business Planning and Practice Management milestone!! :-)

**Make sure it is filed in the Milestone section of your folder,
with all the other business planning items from weekends 1 to 5 homework.**

4. ANATOMY, PHYSIOLOGY AND PATHOLOGY:

Explore muscles more fully in your massage work, as follows:

- (i) Complete the **Muscle Review Chart** on p 6.7-6.8. No need to hand it in.
- (ii) With a partner, explore 3 muscles of your choice, as follows:

Find the origin and insertion
Ask your partner to work the muscle (action)
Confirm for yourself that you can feel the muscle contracting;
Massage the muscle - into the belly and also along the origin and insertion;
Stretch the muscle to complete your treatment.
- (iii) Consider the physiology of muscle massage
(see APP book Chapter 13, especially p88-97):

Which strokes do you use?
Why do you use them?
What effects do they have?
- (iv) Set APP questions on p 6.39.

APP References

The Human Body Book (2nd Ed)	p. 70-81 p. 82-119	Muscular System Nervous System Autonomic Nervous System & Stress
Anatomy & Physiology (Darien Pritchard)	p. 160-269 p. 190-260 p. 262-269 p. 270-327	Muscular System (Chapters 22-34) Review muscle actions (only those we have covered) Muscles (Pathology) Nervous system & Stress (Chapters 35-42)

Please upload work as soon as you can, at the latest by the deadline we will email to you.

* * * * *

Anatomy, Physiology & Pathology for Massage – Weekend 6 Homework

Muscles and the Nervous System

Long Answer Section:

1. Explain the role of the “stress hormones” in chronic stress. Describe how
a. kneading, b. draining techniques, c. abdominal massage and d. energy holds
may be beneficial to someone experiencing chronic stress.
Refer to the nervous, muscular, cardiovascular and digestive systems in your answer.
2. List the changes that occur in the following systems during the stress response:

cardiovascular; respiratory system; muscular system; digestive system.

Explain the purpose of each change.
Explain how massage might affect the parasympathetic nervous system to reverse these changes. Which massage techniques will assist this process?
3. Explain how skeletal muscle produces and uses energy in aerobic conditions and anaerobic conditions.
Give an example of a muscle trauma. How you would massage someone with this condition and why?
Give an example of a muscle disease. How you would massage someone with this condition and why?

Short Answer Section:

1. What are proprioceptors.
2. Give two examples of where proprioceptors can be found.
3. What is a synapse?
4. What passes across a synapse
5. What makes up the Central Nervous System?
6. What is the difference in function between motor and sensory nerves?
7. Which part of the brain controls learned patterns of movement?
8. Name two nervous system disorders which can impair muscle activity.
9. What is cerebrospinal fluid?
10. Underline all of the following pathologies that are disorders of the nervous system?

meningitis pleurisy brain tumour sciatica carpal tunnel syndrome ringworm

11. What is the main function of the cerebellum?
12. What is a nerve cell called?
13. Which part of the nervous system manages all of our automatic functions?
