www.jingmassage.com

JING®

ADVANCED MASSAGE TRAINING

BODYWORK BEGINNINGS
THE JING WAY

JING ADVANCED MASSAGE TRAINING 28/29 BOND STREET, BRIGHTON BN1 1RD

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EQUIPMENT

Welcome to a world of wonder and possibility!

Welcome to bodywork beginnings! We are delighted to share with you our love and passion for bodywork and embrace you into a world of wonder and possibility. Over the past 3 decades, massage has been for us a tool of self-discovery, personal development, community, healing, income and friendship. We are so excited to share with you the many delights of this wonderful profession and welcome you to the Jing community with open arms.

Be prepared for a wild and wonderful ride and have an open mind about where it may lead!

Elegant equipment: mats, massage tables and massage mediums

The great thing about massage is that you don't actually need a lot of equipment. In essence just yourself and your hands – which makes it a pretty low cost business to set up!

Eastern massage techniques such as Shiatsu or Thai massage are traditionally carried out with the receiver lying on a mat or futon on the floor. In Jing we will show you some of these techniques and also show you how they can be adapted for use with a professional massage table.

Other massage styles such as Swedish massage are usually carried out with the receiver lying on a massage table. If you decide to carry on with a massage career (and we hope you do!) we highly recommend you invest in a good quality massage table.

Where to buy a good massage table

- You might want to check out the tables at Jing during the course before buying one to see what tickles your fancy. We have a few different models in use so see what you like best.

- Our friends at Therapy World direct have a great deal for Jing students. The model we use at Jing is the Affinity deluxe. Check out their range at:

→ www.therapyworlddirect.com/jing-student-deals

- Other brands of table we recommend are Oakworks which are available in the UK from:

→ www.therapiesdirect.co.uk/acatalog/Oakworks.html

→ www.earthliteuk.com/earthliteuk.com/Professional_Portable.html

Massage mediums

- For some massage techniques it is useful to have a "medium" to provide lubrication- traditionally this is oil, although creams and powder can also be used. Oil gives a nice glide but can be too slippery for some of the more advanced pain relief work we do at Jing. When using oil take care not to put too much on the body – remember "They're a client not a salad!"

- Check out this episode of Jing TV for our thoughts on the pros and cons of oils, creams and waxes.

→ www.jingmassage.com/?s=massage+mediums

Oils:
Grapeseed oil or sweet almond are inexpensive and easily available from supermarkets or health food shops.

Creams:
Biotone do a good range of creams and oils tailored to the needs of the massage therapist. Check out: www.massagetablestore.com

Massage Wax:
Massage wax is the more recent popular choice of massage therapists who do clinical and remedial techniques. We sell massage wax at Jing and you can also order it online from:

→ www.gracemassagewax.com
Grace is a former Jing student.

→ www.songbirdnaturals.co.uk

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Linens

Professional linens are a must! You will need:

- Fitted couch covers are like fitted sheets designed specifically for massage tables. They're available in great colours and custom measurements for your own massage table:

→ www.tavycovers.co.uk for some

- 2 large fluffy towels – plain colours work best. Stay away from cartoon designs or beer logos!

- Face cradle cover or pillow case.

What to wear to massage

- Comfortable loose clothing is a must to allow you to massage effectively – no jeans, skirts or tight clothing. Massage therapists tend to wear a range of "uniforms" from whites to fisherman pants!

- The most important point here is to think about what your uniform says about you. Be professional. You have a range of options. Check out what we think:

→ www.jingmassage.com/latest/wear

Insurance

- We have negotiated a block insurance scheme with Balens for Jing students:

→ www.balens.co.uk/services/customised-schemes/jing-institute-block-insurance-scheme.aspx

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Massage flow

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"The only way to do great work is to love what you do."

"Just as with her own life
A mother shields from hurt
Her own son, her only child,
Let all-embracing thoughts
For all beings be yours."

The Buddha

WELCOME

If you are reading this manual you are part of an exciting journey that aims to provide a unique and dynamic experience of massage.

Jing Advanced Massage Training have created an authentic treatment that goes beyond the basics. Our dream is to provide clients with a *never to be forgotten* experience that is simultaneously luxurious and clinically effective.

SO WHERE DO YOU FIT IN?

As part of that journey our aim for you is simple. We want you to be the best. We want to inspire you with our own passion, knowledge and experience so that, as we do, you can *love what you do and do what you love.* In this way you become a bodywork *artist* working with not just your hands, but also your head, and most importantly your heart.

CONSULTATION AND ASSESSMENT

We believe that an effective consultation is a vital part of the treatment process.

The consultation should be a quality experience where you take time to find out your clients concerns and what they are looking for from the treatment.

The key to effective consultation is developing excellent listening skills and developing a positive relationship with your client.

Massage flow

KEY POINTS OF EFFECTIVE LISTENING SKILLS

Effective listening skills rely on good verbal and non verbal communication and several key elements are involved.

(1) Paying attention

This may seem obvious but you need to give the client your undivided attention, and let them know they are being fully heard. Give warm and accepting eye contact and have an open body posture - don't sit behind a desk or fold your arms which instantly creates a non verbal barrier to opening up. Develop the ability of forming a connection with your client while jotting down relevant information; you may wish to use key words that you can flesh out after the session. Your client's perception of you will be greatly influenced by your body language during the intake; you are likely to gain more information if you are not glued to your note taking during this process.

(2) Showing that you're listening

Use your own body language and gestures to convey your attention. Nods, smiles, and small encouraging verbal comments like *Yes* and *Uh huh*, help the speaker to open up and give you the full story as they feel that you are genuinely interested.

(3) Reflecting back, mirroring and paraphrasing

The skills of mirroring and paraphrasing are useful communication skills to help fully draw out your clients story. Mirroring involves repeating back key words or phrases to show you have understood and encourage them to continue. For example:

Client: My back has been hurting for such a long time I can't even remember when it started.

Massage Therapist: (nodding sympathetically) It's been a long time, hasn't it?

Mirroring can feel a little awkward at first but is an effective tool; it should be short and simple, repeating back the last few words or key words that the client has said. Be careful not to over mirror which can be extremely irritating.

Anyone who has been on an introductory counselling course will be familiar with the hilarious parody of students head bobbing, uh-huh ing and mirroring simple requests such as *Shall I close the window?* (Response: *I hear you saying you want to close the window).*

As with all good skills, moderation is key.

Paraphrasing involves reflecting back what the speaker has said using different words, showing that you are really trying to understand the meaning of what is said. Sometimes this involves taking in a large amount of information and summarising the meaning. For example:

Client: has been talking for 15 minutes about the history of the back pain, the times when it has been really bad, the medics and therapists she has seen etc.

Massage Therapist: So it seems like this has been an issue for a really long time and the pain tends to get worse at stressful times of your life when you are feeling overwhelmed and unsupported. And that the lack of a clear diagnosis of why it hurts so much has been really frustrating for you.

Client: (surprised) Yes thats right actually - I never really thought about the fact that it gets worse when I'm stressed

(4) Asking questions

In general you should be listening more than talking; don't interrupt, correct the speaker or start talking about your own experiences. Use questions wisely to get the information you need.

There are two main types of question that are useful in the assessment process:

Open questions: these require more than one word answers. They are great for drawing people out and getting them to expand on what they were saying. For example:

- What does the pain feel like when your back hurts?
- Is there a pattern to when you get the headaches?
- Was there anything else going on for you when you first started to get the IBS symptoms?
- Tell me exactly what happened in the accident when you hurt your knee.

Closed questions: these require only a yes or no answer and are useful if you are starting to bring the assessment to a close, narrow down on specific information or make sense out of a rambling client story. For example:

- So the pain started last June?
- The pain is worse at night - is that right?

BODYWORK BEGINNINGS - MASSAGE FLOW

The following toolbox of techniques give you a great basis for doing a full body massage without any strain to yourself. Feel free to be creative and mix and match the strokes once you become familiar with the protocol.

TORSO AND BACK: CLIENT PRONE

Muscles covered: Erector Spinae (ilicostalis, longissimus and spinalis); quadratus lumborum.

- **Grounding:** Ground your client and yourself with one hand on the sacrum, the other between shoulder blades. "Listen" to the body; tune into your own and your client's breath.

- **Rocking:** When you feel that your client has started to sink into the experience, you can set in motion a gentle rocking movement to the body. Place both hands on the sacrum and initiate a gentle rock. Find the natural rhythm for your client's body and gradually increase the amplitude of the rock so it is almost like your client's body is moving by itself with minimal intervention. This should feel like pushing a child on a swing. As you gain momentum you can get into horse stance and use the backs of the forearms to work up and down the sides of the body.

- **Palming the erector spinae (bladder channel):** Slowly palm down the erector spinae muscle on the opposite side of the spine to where you are standing. In Chinese medicine terms you are also working the bladder channel with this technique. Leave the upper hand resting between the shoulder blades and work the other hand slowly down the back until it rests on the sacrum. You are simply using palmar compression to sink down into the tissues layer by layer. Then work down with the other hand in the same way before moving to the other side of the table and repeating.

There are two different ways that you can do this stroke:

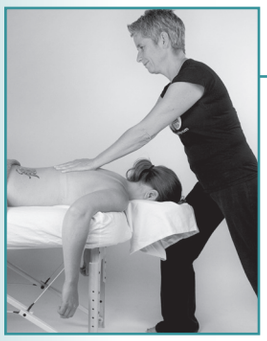
- **(1) Standing:** By the side of the table in forward Tai Chi stance, lean in with your body weight.

- **(2) Kneeling:** On the side of the table, in a "table top" position on all fours, use your pelvis to lean forward and achieve pressure through the arms. Make sure you keep your arms soft and relaxed; slight shifts of weight in your pelvis will allow you to work deeper in a comfortable way. The more you lean forward, the more pressure you will be able to achieve without pushing. If less pressure is needed, simply move your pelvis back a bit.

- **Double palming:** You can also work both erector spinae at the same time by using a double palming technique while kneeling on the table in proposal stance. An alternative is to use soft fists which is a good option if the palming does not feel good for your wrists.

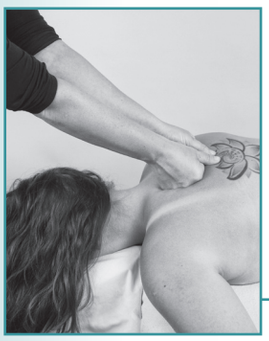
These strokes are perfectly safe but please check the health and safety regulations of where you are working to ensure it is acceptable to climb on the table. If not, substitute with the standing palming.

- **Undrape:** Undrape the back professionally making sure the gluteal crease is not exposed. Apply a small amount of wax or oil to your hands/ forearms.



- **Power effleurage from the head of the table:** In Tai Chi stance from head of table glide down either side of the spine working with your body weight into the erector spinae muscles. Work slowly and with depth. Breathe out as you work down and imagine energy flowing down your arms.

- **Specific work with heel of hand to low back:** Now use the heel of the hand to work the low back and quadratus lumborum area. Do one side at a time.



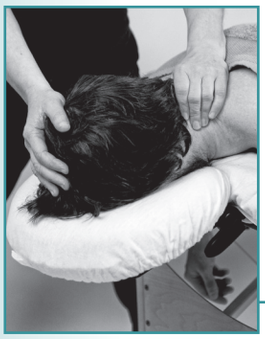
- **Double fists down the back:** In Tai Chi stance, glide down the erectors with soft fists.

- **Single forearm massage:** Stand in 'horse' position at side of table, knees bent, spine relaxed but straight. Shift your weight onto leg nearest the low back area. Use the soft medial part of the forearm to work into the low back. Shift your weight onto your upper leg for a light return stroke.

- **Forearm circles:** (bump 'n grind) Shift weight onto lower leg to work the back with deep circles. The motion comes from the hips so sink in then do a little bump 'n grind, shifting the weight around the soles of your feet in circles and the forearm will follow.

- **Deep stripping with flat of forearm:** In Tai Chi stance from head of table, work slowly down the erectors with the flat of your elbow to give a deeper stroke. Make sure you avoid the spine.

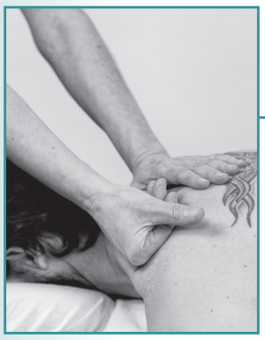
- **Figure 8:** Standing at the side of the table in Horse stance carry out a flattened Figure 8 stroke, pull up the back and then up and over the trapezius.



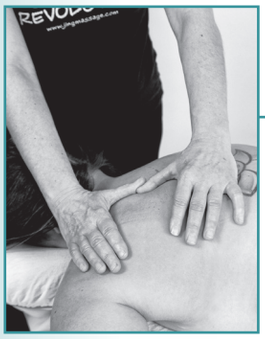
SHOULDERS AND CERVICAL REGION

Muscles covered: Trapezius, posterior cervicals (splenius capitis and cervicis); levator scapulae; rhomboid major and minor.

- **Pick up petrissage to back of neck:** Standing at the side of the table In Tai Chi stance do some beautiful slow focused pick up petrissage to the back of the neck.



- **Deep work with the heel of the hand and fist to trapezius muscle:** Stand on opposite side of table to where you are working. In forward Tai Chi stance lean in with the heel of your hand working the trapezius muscle with deep slow strokes. Now repeat with the fist.



- **Stripping rhomboids with supported thumb or fingers:** Carry out muscle stripping on the rhomboid muscles by using one of the approved "Jing hand positions":
  - Double thumbs.
  - Onte thumb flat on body with heel of hand for pressure.
  - Supported fingers - hand over hand.

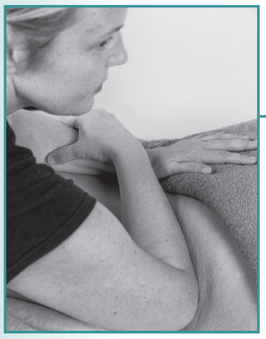
- **Arms:** Client's arm hangs over side of table. In kneeling Tai Chi stance at side of table support the client's arm in the crook of your elbow. With the other arm "iron" the triceps. Motion comes from hips.

- **Arm stretch:** Now flow down the arms and into an arm stretch, kneeling back onto your hips.

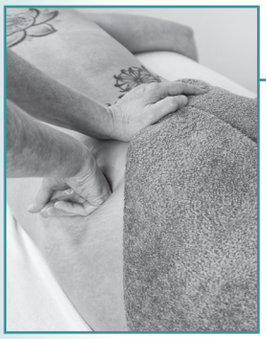
GLUTEAL REGION

Muscles covered: Gluteus maximus, gluteus medius, piriformis and lateral rotators.

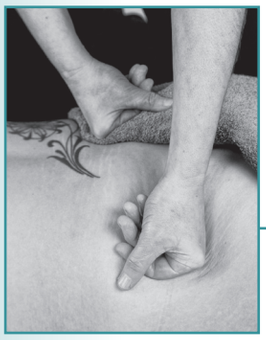
- **Opening up the glutes and lateral rotators:** Over the drape, in horse stance, lean the soft part of your forearm into the glutes. Wait in this place and hold for muscles to release, Repeat so that the whole gluteal area is covered.



- **Deep forearm effleurage to gluteal area:** Undrape area with a diamond drape. Tuck the drape securely under your client's hip and make sure you are not exposing the gluteal crease. In Tai Chi stance facing the feet, anchor down the drape with your inside forearm or hand. Work deeply into the area with deep forearm effleurage using the soft medial part of the forearm.



- **Deep stripping with knuckles (same side):** Make a soft fist. In Tai Chi stance, use backs of knuckles to carry out deep stripping to area working from the sacrum down to the table.



- **Deep stripping with knuckles (opposites side):** As an addition or alternative the stripping can also be done from the opposite side of the table.

- **Repeat:** Repeat the above strokes on the other side.

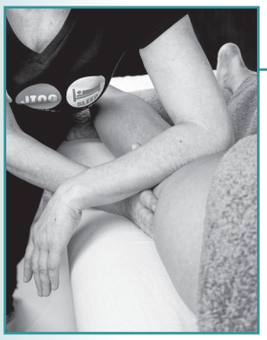
- **Power effleurage to full back and glutes:** Using diamond draping expose both gluteals making sure the gluteal cleft remains fully covered. From the head of the table in forward Tai Chi stance carry out a deep slow power effleurage that encompasses both glutes.

LEGS

Muscles covered: Upper leg: Hamstrings (Biceps femoris; semi-membranosus and semi-tendinosus; portions of the adductor group (adductor magnus, longus and brevis, pectineus and gracilis). Lower leg: gastrocnemius and soleus.

- **Working the legs over drape:** Facing the feet of the client in Tai Chi stance, lean into the tissues of the upper leg with the flat of the elbow. Start up in the ischial tuberosity (sitting bone) and sink down. Work downwards. Make sure you keep an eye on your clients face.

- **Undrape:** Tuck drape firmly under same side leg. No wind tunnels!



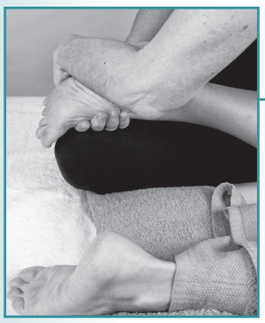
- **Power effleurage to leg:** In forward Tai Chi stance carry out slow power effleurage to the whole of the leg starting at the ankle. Near the top of the thigh wrap your inner hand around so you are not pointing up into the groin area.

- **Hamstrings:** Stand in Tai Chi stance at side of table facing the client's head. Work hamstrings with your inside forearm and/or fists. Make sure your wrist is floppy.

- **Wringing:** In Horse stance, carry out some wringing strokes to the upper thigh. Make sure you move your body to achieve a powerful stroke without effort.

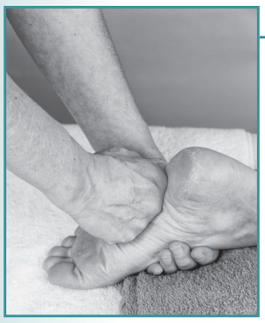
- **Lower leg (gastrocnemius):** In Tai Chi stance put the foot on your shoulder; work calves with forearms, either straight up and down or in a wringing motion.

- **Palmar work to gastrocnemius:** Now put the leg back on the table and work the gastrocnemius with the heel of your hand.



FEET

- **Foot sandwich:** Sit on end of table with your client's foot on your knee (with your back to client's head). Hold underneath the foot with one hand. With the other forearm, sweep down to work the sole of the foot.

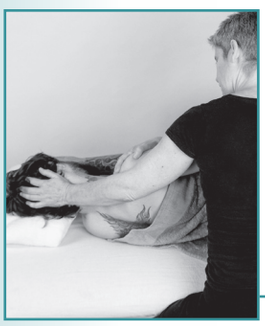


- **Fist on foot:** Come to the end of the table and place one hand under the foot. With the other hand make a soft fist and work back towards you to give a deep stripping stroke to the sole of the foot.

- **Finishing:** Finish prone work by kneeling in Tai Chi stance holding the heels or with forearms on soles of feet.

SIDELYING

For clients with neck issues spend more time on this sidelying neck work and less time on the legs.



Muscles covered: Trapezius, scalenes, tensor fasciae Latae; gluteus medius; gluteus minimus (deep to gluteus medius); peronals; tibialis anterior. Bolster under head and between legs, making sure the spine is in alignment.

- **Trapezius stretch:** Stand at side of table in Tai Chi stance facing your client's back. Reach around under the arm and hold the front of the shoulder with one hand. With the other hand support the back of the head at the occiput. Use your body weight to lean back and give the traps a stretch.

- **Forearm effleurage:** In the same position, use your soft forearm to give a deep effleurage and stretch to the trapezius and scalenes.

- **Strip the trapezius and scalenes:** Now use your fist to strip the traps and scalenes. Take the stroke all the way to the occipital ridge. Use your lower hand to pull back on the shoulder to create space and give a stretch as you work.

- **Supported shoulder circumduction:** In the shoulder cradle position, put the shoulder through a rotational movement. Stretch the inferior muscles when you move the shoulder towards the head and stretch the superior muscles when you move the shoulder towards the feet. Complete 2 or 3 circular movements, using your body weight to give full ROM.

- **Turn client:** Turn client to other side and repeat above strokes.

SUPINE/LEGS

Muscles covered: Quadriceps; adductors; IT band; tibialis anterior.

- **Leg stretch and wiggle:** Stand at end of table and grasp feet by ankles. Lean back to give back a great stretch. You can also introduce a shake and wiggle for extra effect.
- **Undrape**
- **Power effleurage to full legs:** In Tai Chi stance carry out power effleurage to the full leg, Wrap your hands around at the top of the thigh to work the medial and lateral sides of the legs fully.
- **Wringing to quadriceps:** in horse stance work the quadriceps using a wringing motion. Let the effort come from your legs and move your body fully with the stroke

- **Draping for leg stretches:** Take the corner of the towel under and around the client's leg in a "diaper drape". Let them hold the end of the towel for security.
- **Three way supine hip stretches:** In Tai Chi stance, take the leg into the following three stretches in a dynamic flow.
- **Gluteal stretch:** Flex leg at hip and knee and press towards client's belly

- **Hamstring stretch:** Keep leg in the flexed position and now gently straighten the leg with free hand.

- **Spinal Twist with IT band work:** Now take the leg over the straight leg so it rests in a "triangle position". Anchor down on client's shoulder (pectoral region) and take the flexed leg towards the midline to give a lovely spinal twist. Follow up with effleurage with a soft fist to the IT band.
- **Feet stretches:** With the hands on top of the feet, stretch the feet straight down. Then place the heel of your hand on the foot arch and stretch the feet outwards then back towards the mid-line.
- **Working the foot:** In seated or kneeling stance work each foot with stripping strokes from toes to heels.

WORKING WITH THE ABDOMINAL REGION

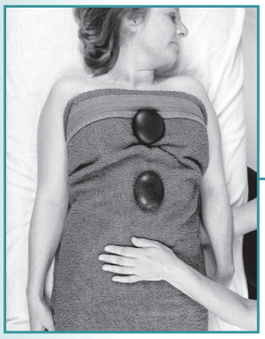
Muscles covered: Transverus abdominis (deepest); internal obliques; external obliques; rectus abdominis (the six pack).

- **Still work:** Start with still work over the drape. Your hand rests on the belly. Ground yourself and follow the rise and fall of your client's breath for several breaths.

- **Undrape the belly:** Use a breast drape to cover the breasts (also in men, no nipples on view is a good policy for all bodywork).

- **Belly wave:** In Tai Chi stance, facing the client's belly, carry out a wave like motion with the palms, moving from heel of hands to fingers and back.

- **Cleansing circle:** With slow focused strokes work the colon in the following order: down the descending colon; across the transverse colon and up the ascending colon.



- **Belly circles:** Finish with slow clockwise circles with the full hand.

- **Tummy sandwich:** Finish with some still work. Place one hand underneath the body on the sacrum and one on top between belly button and pubic bone. Wait and tune into the tissues whilst remaining grounded and centred.

WORKING THE TORSO AND CHEST

Muscles covered: Pectoralis major (superficial); pectoralis minor (deep); portions of external and internal intercostal muscles (deep).

- **Pectoralis major:** From the opposite side of the table work the pectoral muscles from medial to lateral. Use the heel of the hand or a soft fist.

- **Warming heart effleurage:** In Tai Chi stance from head of table, work the pectorals from medial to lateral and then back towards you under the neck.

ARM

- **Full arm effleurage:** Carry out a full arm power effleurage sandwiching the hand at the end and stretching arm back slightly.

- **Wrist extensors:** Now work back of forearm deeply with your heel and palm of hand.

- **Hands:** Work the hands with squeezing and spreading motions.

NECK AND HEAD

Muscles covered: Scalenes, SCM, upper trapezius, posterior cervical (Splenius capitis and cervicis).

- **Still work:** Sit at the head of the table in a strong seated stance. Hold under the head and sit and tune into your client.

- **Broad supine neck work:** With the palm of your hand work the neck from distal to proximal, using one hand and then the other. Lean back with your body pulling up towards you.

- **Broad and specific scalenes work:** With a soft fist, strip scalenes from superior to inferior. Follow with individual stripping of anterior, middle and posterior scalenes with thumbs or fingers.

- **Specific supine neck work:** Now curl your fingers up into the posterior cervical tissue pressing up towards the ceiling and coming back towards you in a smooth wave like motion.

- **Occipital ridge:** Curl fingers up into occipital ridge and work tissue from medial to lateral on both sides.

FACE MASSAGE

- **Work forehead:** Starting with thumbs together at mid-line of forehead, gradually work outwards in a gliding motion. Start at eyebrows and work up towards hairline.
- **Thumbs:** Take thumbs back to mid-line and pull up towards hairline in vertical strokes.
- **Work eyebrows:** With gliding strokes from medial to lateral.
- **Acupressure point:** Hold acupressure point Bladder 2 (BL 2) on medial corner of eyebrow.
- **Work masseter (jaw muscle):** Strip masseter from proximal to distal.
- **Circles on masseter:** Use fingertips to work the jaw muscle thoroughly.
- **Work outside of ears:** Use small circles to rub around outside of ears.

FINISHING

- **Still work:** Always finish with still work, like saving your work on a computer. Here are some options:

- **Holding the head**
- **Holding the feet**
- **One hand on forehead, the other on the belly**

- **Taking away the touch:** Gradually start to take away your focus and return your attention to your own breath so you energetically become centred in yourself. Slowly take away your touch and return your hands to your belly. You may wish to mentally say send some loving kindness (Metta) to your client for sharing this time together. Rub hands together and energetically massage face.
- **Acknowledging the ending of the session:** Quietly say to your client something like "Thank you. Take your time getting dressed. I'll come back in a few minutes when you are ready".

"One who works with the hands is a labourer; one who works with the hands and the head is a craftsman. One who works with the hands, the head and the heart is an artist"

IMPORTANT RESPECT

The methods and techniques we teach are drawn from a wide range of sources and of our experience of many years as teachers and practitioners in the bodywork industry. We would ask you to respect our work and dedication to you by not reproducing our methods and techniques in any other format to train others without asking our permission.

Text: Rachel Fairweather
and Meghan S Mari

www.jingmassage.com

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JING®
ADVANCED MASSAGE TRAINING

LAUGHING
LISTENING
LIVING ANATOMY

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Meghan S Mari BA, MA, LMT

WHY IS ANATOMY IMPORTANT?

"We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time"

TS Eliot

Knowing your musculo-skeletal anatomy is a must if you want to gain a deeper understanding of the body. Practising massage without knowing your muscles or understanding anatomical language is like trying to get from one place to another without a map – you might get to where you want to be but it will probably take you a lot longer or you could end up hopelessly lost! Your anatomy is the 'roadmap' of the body; if you really live and breathe your anatomy, your understanding will increase a thousand fold.

Understanding anatomical language will enable you to read and explore the wonderful world of the body. Understanding how muscles work and where they are found will allow you to understand common restrictions and provide appropriate interventions for your students who are struggling with poses.

ANATOMICAL LANGUAGE

Understanding anatomical language and common words used enables us to read and describe movements consistently. Everyday language such as 'up', 'down', 'under', 'above' or 'on top of' are not precise enough – the words below are used by medics, bodyworkers and movement therapists so we all know exactly what we are talking about (a relief for anyone going for surgery!). Learning anatomical language is like learning any other language - fluency is achieved through use.

ANATOMICAL POSITION

Used as a reference point, anatomical position is when the body is standing erect with palms facing forward.

I hear and I forget
I see and I remember
I do and I understand

CHINESE PROVERB

LAUGHING
LISTENING
LIVING ANATOMY

DIRECTIONS AND POSITION

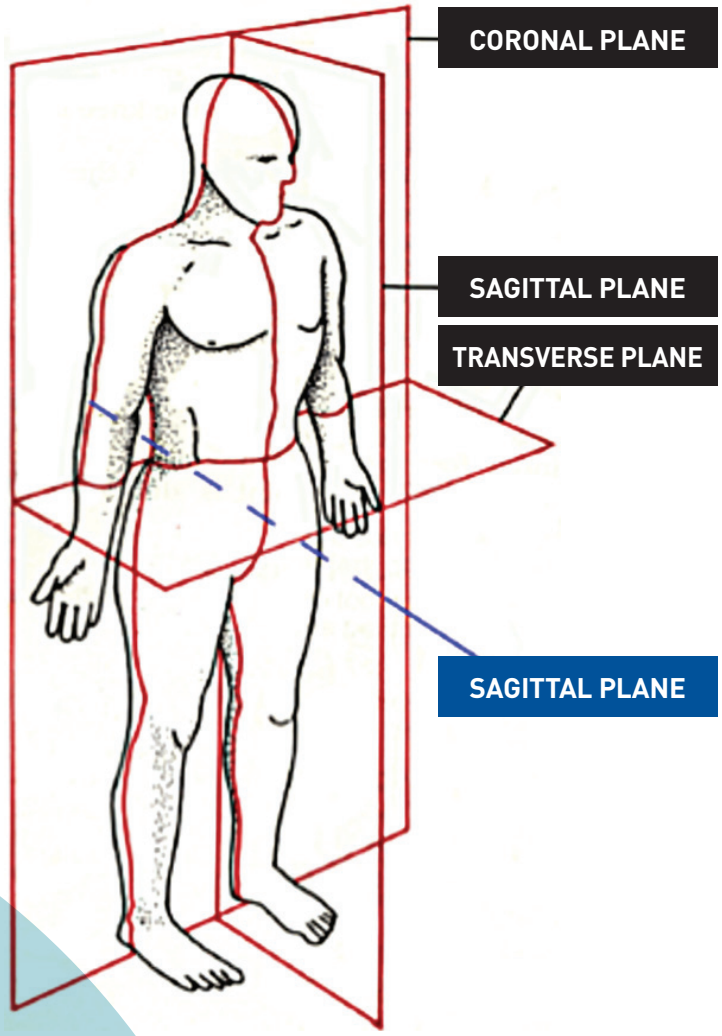
- **Superior:** a structure closer to the head.
- **Inferior:** a structure closer to the feet.
- **Posterior/Dorsal:** towards the back of the body.
- **Anterior/Ventral:** towards the front of the body.
- **Medial:** closer to the midline.
- **Lateral:** further away from the midline.
- **Distal:** further away from a limb's origin/body's midline.
- **Proximal:** closer to a limb's origin.
- **Superficial:** closer to the body's surface.
- **Deep:** deeper in the body.

PLANES OF MOVEMENT

The body can be divided into 3 imaginary planes which help clarify movements:

- **Sagittal plane:** divides body into left and right parts. Midsagittal plane runs down centre of body dividing body into 2 symmetrical halves.
- **Frontal or coronal plane:** divides the body into front and back portions.
- **Transverse or horizontal plane:** divides the body into upper and lower halves.

ANATOMICAL PLANES OF THE BODY
Bruckner and Kahn, 2005



TERMS OF MOVEMENT

- **Flexion:** a movement that brings the bones closer together; decreases the angle at a joint; occurs in the sagittal plane. Usually brings a body part forward from anatomical position (except for the knee).
- **Extension:** a movement that straightens or opens a joint; increases the angle of a joint; occurs in the sagittal plane; brings a body part backwards from anatomical position (except for knee).
- **Hyperextension:** an 'excess' of extension beyond anatomical position.
- **Abduction:** moves a limb laterally away from the midline. Occurs on frontal plane. Only pertains to appendages. NB: to abduct the fingers is to spread them apart.
- **Adduction:** moves a limb medially toward the body's midline. Occurs on frontal plane. Pertains only to appendages. NB: To adduct the fingers is to bring them together
- **Circumduction:** at shoulder and hip joints. Combination of extension, adduction, flexion and abduction. Together the actions form a cone shaped movement ie: swimming backstroke.
- **Lateral flexion:** occurs at neck and trunk ie: when head or vertebral column bend laterally to the side.
- **Rotation:** pertains only to head and vertebral column. Occurs on transverse plane.
- **Medial/internal rotation:** occurs at shoulder and hip joints. Limb turns in towards midline. Occurs on transverse plane.
- **Lateral/external rotation:** Occurs at shoulder and hip joint. Swings limb away from midline. Occurs on transverse plane.
- **Supination:** Occurs when radius and ulna lie parallell to each other ('carrying a bowl of soup') i.e. palms up.
- **Pronation:** takes place when the radius crosses over the ulna turning the palm down ('prone to spill it').
- **Plantar flexion and dorsiflexion:** refer only to ankle. Plantar flexion: bending the ankle to point your foot into the earth ('planting' your foot). Dorsi flexion points toes to sky ('dor-sky flexion').
- **Inversion/eversion:** occur at feet. Inversion brings sole of foot medially. Eversion moves the sole laterally.
- **Protraction and retraction:** pertain to scapula, clavicle, head and jaw only. Protraction is moving one of these structures anteriorly. Retraction is movement posteriorly.
- **Elevation and depression:** refer to movement of the scapula and jaw. Elevation is movement superiorly. Depression is movement inferiorly.

Wisdom
begins with
wonder

SOCRATES

LIVING ANATOMY FOR MASSAGE THERAPISTS

To understand movement and how it works, we need to know the basics of four different systems of the body:

(1) Skeletal system

The bones of the body give us structure, protection and support. Bones come together to form joints at for example the knee, elbow and shoulder.

(2) Muscular system

Muscles enable us to move. Muscles cross joints and by contraction enable the bones to move.

(3) Nervous system

The nervous system and muscular system are closely connected. The nervous system provides electrical impulses to the muscles that are converted into chemical impulses to enable muscles to contract.

(4) Connective tissue system

The importance of the connective tissue system in whole body communication and movement is only recently being recognised. Termed the "Cinderella tissue" (by Rolfer and fascia researcher expert Robert Schleip) due to its importance being overlooked in medicine for many years, connective tissue literally connects everything in the body. You can travel from any one place on the body to any one other place. Connective tissue forms tendons, ligaments and runs through and around muscles, organs and nerves.

SKELETAL SYSTEM

The adult skeleton has 206 bones. The skeleton can be subdivided into the axial and appendicular skeleton:

- **Axial skeleton**

The axial skeleton (80 bones) is formed by the vertebral column (26), the rib cage (12 pairs of ribs and the sternum), and the skull (22 bones and 7 associated bones).

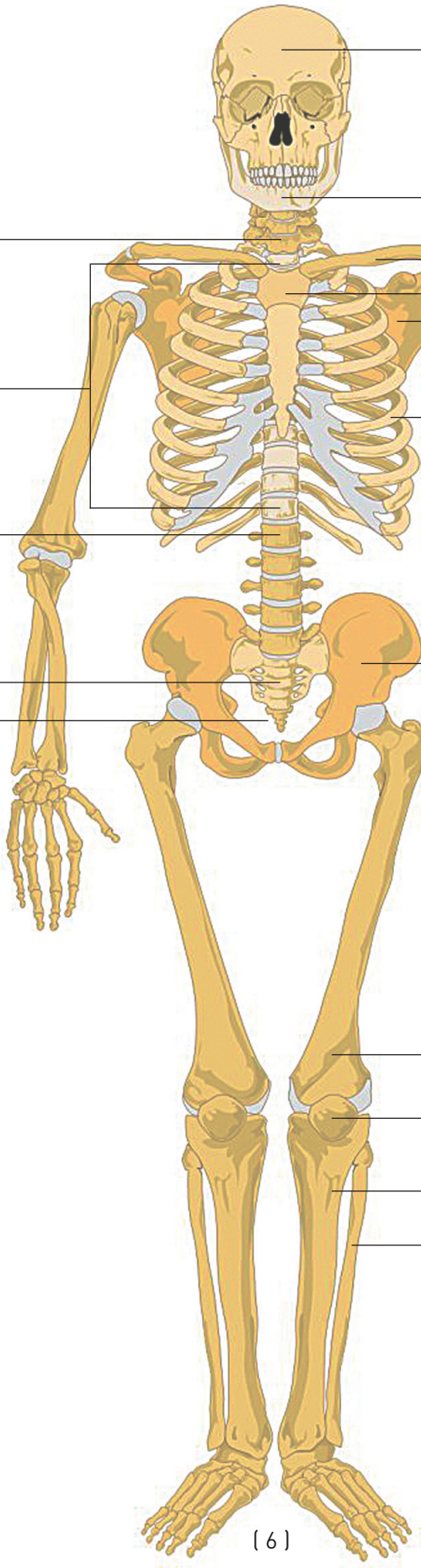
The upright posture of humans is maintained by the tensegrity of the balance between the bones of the axial skeleton and the myofascial system (muscles and associated fascia) – rather like the guy wires of a tent keeping the poles in balance.

The axial skeleton transmits the weight from the head, the trunk, and the upper extremities down to the lower extremities at the hip joints.

- **Appendicular skeleton**

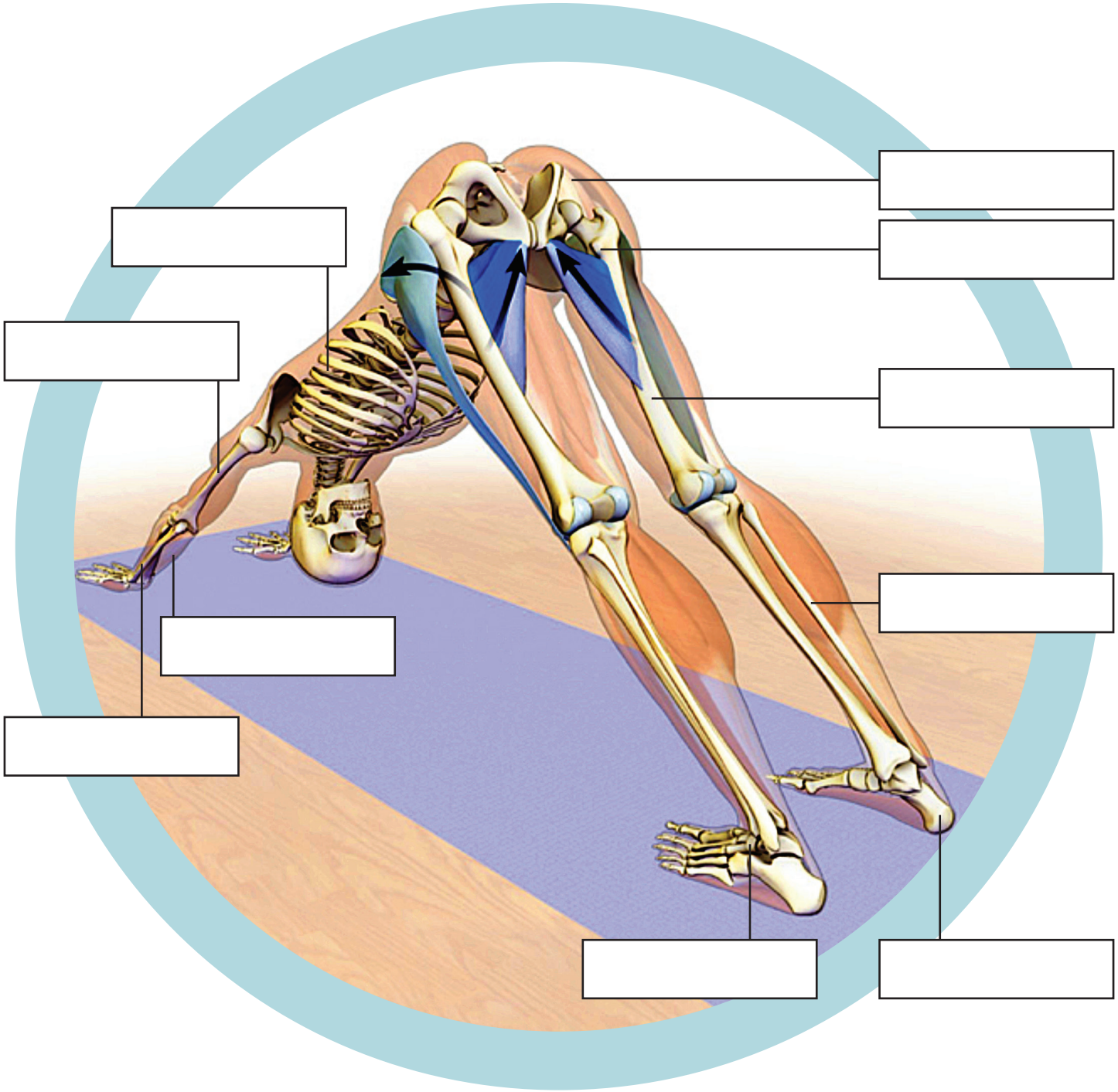
The appendicular skeleton (126 bones) is formed by the pectoral girdles (4), the upper limbs (60), the pelvic girdle (2), and the lower limbs (60).

SKELETAL SYSTEM



Cranium
Mandible
Cervical vertebrae
Clavicle
Manubrium
Scapula
Thoracic vertebrae
Ribs
Lumbar vertebrae
Humerus
Ulna
Radius
Sacrum
Pelvic Girdle
Coccyx
Carpals
Metacarpals
Phalanges
Femur
Patella
Tibia
Fibula

LABEL THE MAJOR BONES



JOINTS

Joints are quite simply where 2 ends of a bone come together and make contact.

- **Naming joints**

Although the names of joints can sound quite complicated, naming them is really quite logical and simple. Name the two bones involved in the joint and add "o" to the first one.

– Bone + O + Bone = name of joint ie: femoro-patella joint; humero-ulnar joint.

– On some occasions you may also need to add distal and proximal ie: proximal radio-ulnar joint; distal radio-ulnar joint.

- **Types of joint in the body**

There are 3 types of joint in the body, classified according to both structure (how they are made) and function (how much they can move):

- **Fixed joints**

– Also known as fibrous.
– 'Technically' do not move.
– Example = sutures in skull, allegedly immoveable, cranio–sacral therapists beg to differ.

- **Semi-moveable joints**

– Also known as cartilaginous.
– E.g. Intervertebral discs or where ribs meet sternum; also the pubic symphisis.

- **Synovial joints**

– Where articulating bones are separated by a fluid containing joint cavity.
– This allows substantial freedom of movement.
– All joints of the limbs (and most joints in the body) are synovial.

TYPES OF SYNOVIAL JOINTS

- **Ball and socket**

– Spherical head of one bone articulates with the cuplike socket of another.
– The most freely moving of all synovial joints.
– E.g. shoulder and hip.

- **Hinge**

– Cylindrical projection of one bone fits into the trough shaped surface on another.
– Movement along a single plane.
– E.g. elbow and interphalangeal joints.

- **Gliding**

– Articulated surfaces are flat.
– Allows short sliding movement.
– E.g. Intercarpal and intertarsal joints.

- **Pivot**

– Rounded end of 1 bone protrudes into a 'sleeve' or ring composed of the bone (and possibly ligaments) of another.
– Allows rotation of one bone around its own axis.
– E.g. atlanto-axial joint.

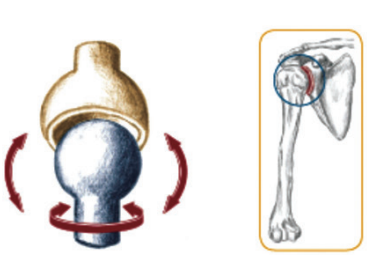
- **Saddle**

– Each articulated surface has both concave and convex areas like saddles.
– Allows flexion, extension, abduction, adduction, circumduction and opposition.
– E.g. thumb joint.

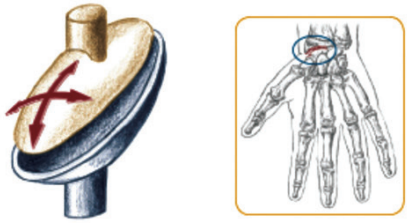
- **Ellipsoid or Condyloid**

– Oval articular surface of one bone fits into the complementary depression in another.
– Allows similar movement to saddle.
– E.g. radiocarpal and knuckle joints.

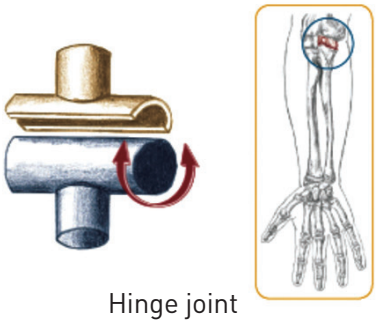
TYPES OF JOINTS



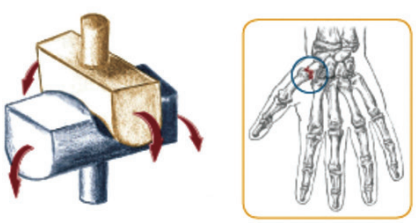
Ball-and-socket joint



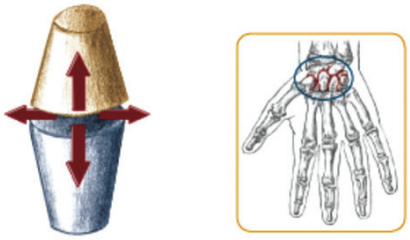
Ellipsoid joint



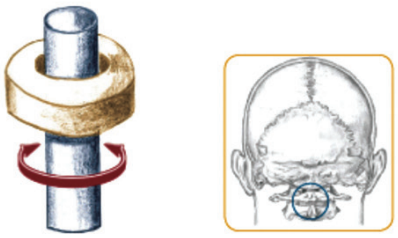
Hinge joint



Saddle joint

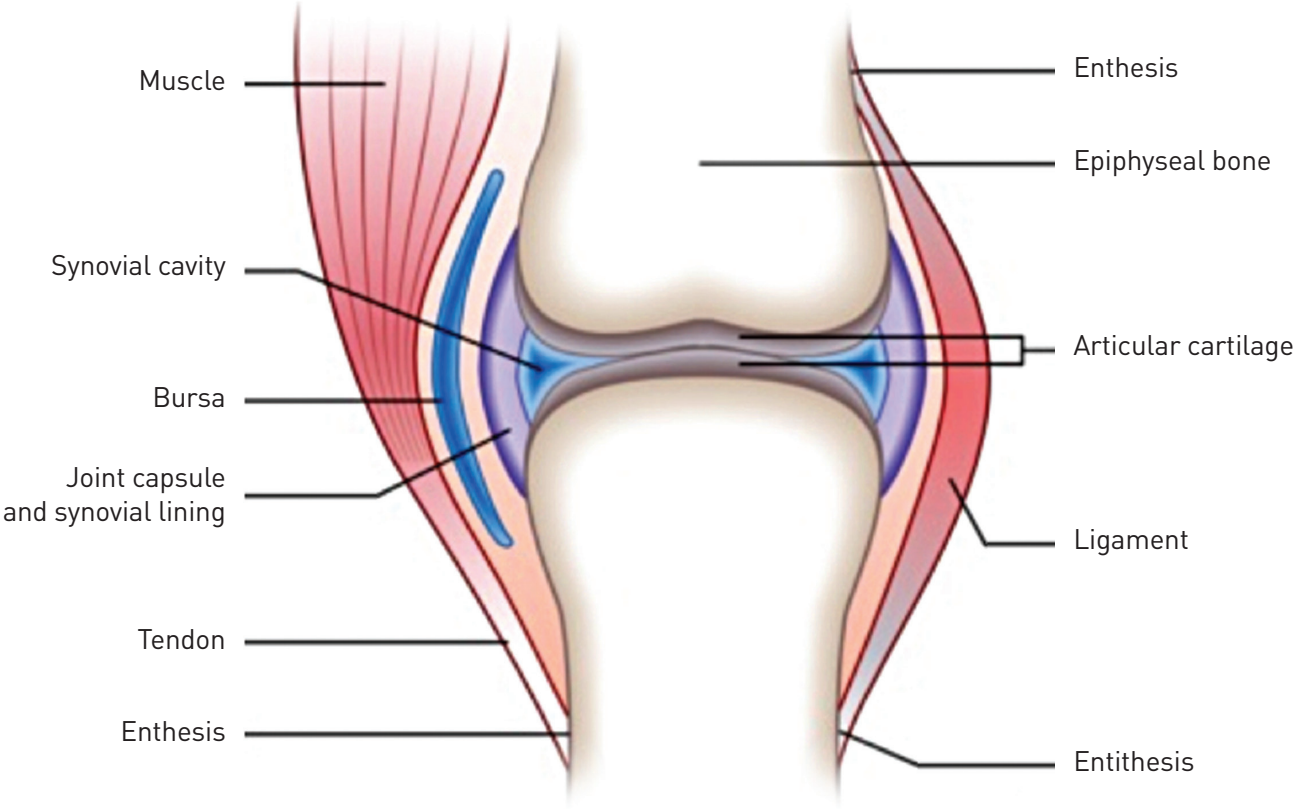


Gliding joint



Pivot joint

TYPICAL SYNOVIAL JOINT



GENERAL CHARACTERISTICS OF SYNOVIAL JOINTS

- **Articular cartilage**

– Very thin layer of glassy smooth hyaline cartilage covering the bone surfaces.
– Provides spongy cushion when joints are compressed, prevents ends of bones from damage.

- **Joint (Synovial) cavity**

– Contains synovial fluid.

- **Articular capsule**

– Joint cavity enclosed by two-layered articular or joint capsule.
– Outer layer of tough fibrous irregular connective tissue.
– Inner layer of synovial membrane.

- **Synovial fluid**

– Occupies all free spaces within joint capsule and also contained within articular cartilages.
– Viscous egg-white consistency which thins as it warms during joint activity.
– Provides slippery weight-bearing film which reduces friction between cartilages.

- **Reinforcing ligaments**

– Bands which reinforce and strengthen the joint
– Most ligaments are capsular or intrinsic – they are thickened parts of the fibrous capsule.
– Other ligaments are distinct from the capsule and are either extracapsular (outside) or intracapsular (deep inside).
– The articular capsule and ligaments are richly supplied with sensory nerve endings (proprioceptors) which monitor joint position and help maintain muscle tone.
– Synovial joints are also richly supplied with blood vessels, most of which supply the synovial membrane.

OTHER STRUCTURAL FEATURES FOR SYNOVIAL JOINTS

- **Fatty pads**

– Provide cushioning.
– Found especially in the knee and hip.

- **Articular discs or Menisci**

– Improve the fit between the articulating bone ends, making the joint more stable and minimizing wear and tear on the joint surfaces.
– Especially found in the knee and jaw.

- **Bursae**

– Flattened fibrous sacs lined with synovial membrane and containing a thin film of synovial fluid.
– Reduce friction.
– Found where ligaments, muscles, skin, tendons or bones rub together

- **Three factors affecting the stability of synovial joints**

– Shape of the articular surfaces.
– Ligaments (which can only stretch by 6% of their length before they snap).
– Muscle tone (which is the most important factor).

MUSCULAR SYSTEM

Understanding muscle contraction and stretching

- **Agonist**

This is the muscle that is CARRYING OUT the movement i.e. for hip flexion the psoas is the agonist. The muscle is working (contracting) to carry out the desired movement.

- **Antagonist**

This is the OPPOSITE muscle that is lengthening ie: in hip flexion the psoas is contracting and the opposite muscle -the hamstrings -have to lengthen and stretch to allow this movement. It is often restrictions in the antagonist muscles that may cause inability to achieve full length in a pose.

Types of muscle contraction

Muscles can contract in different ways - distinguishing between the different types of muscle contraction can help us understand what is happening in different movements.

- **Isometric**

Muscle contracts without getting shorter or longer. For example, when you are holding a yoga pose, the muscles are engaged in an isometric contraction – the muscles are working but no movement is happening.

- **Concentric**

Muscle gets shorter during contraction i.e. biceps curl with a weight; or in seated forward bend the psoas is contracting to bring the trunk towards the legs.

- **Eccentric**

Muscle is working but actually gets longer during contraction e.g. lowering a weight; standing forward bend - hamstrings and erector spinae are lengthening slowly during movement forward.

ORIGIN AND INSERTIONS

Traditionally, anatomy talks about the ends of muscle in terms of origins and insertions i.e.

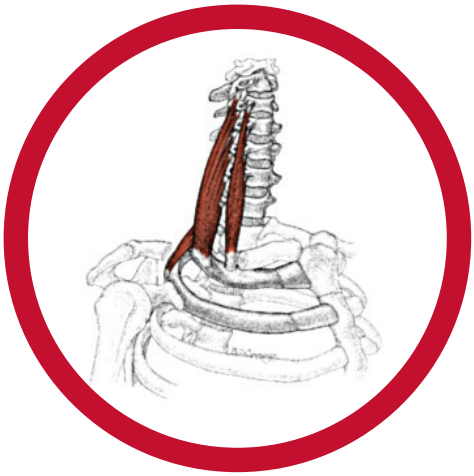
- **Origin** - end that stays fixed (stable bone).

- **Insertion** - end that is moving (moveable bone).

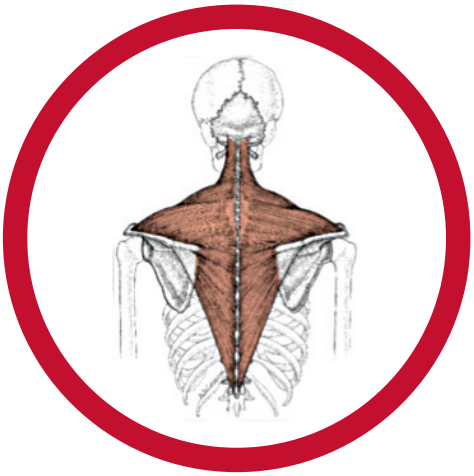
Although these terms have value, a more sophisticated way of talking about muscles is through the word 'attachments' as clearly origin and insertion can change i.e. psoas can flex the hip in a leg lift – here the origin (stable bone) is the attachments on the lumbar spine.

However in the action of a forward bend the origin is the attachment on the femur as this is the end that stays fixed.

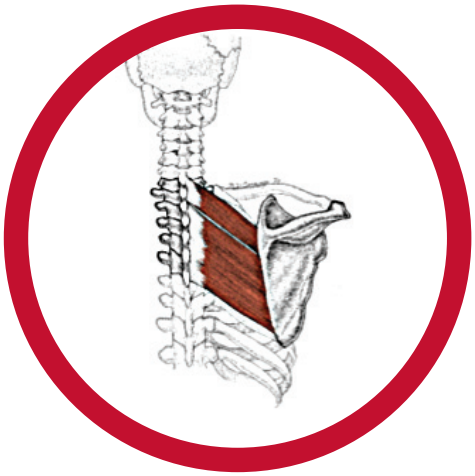
UPPER BODY MUSCLES



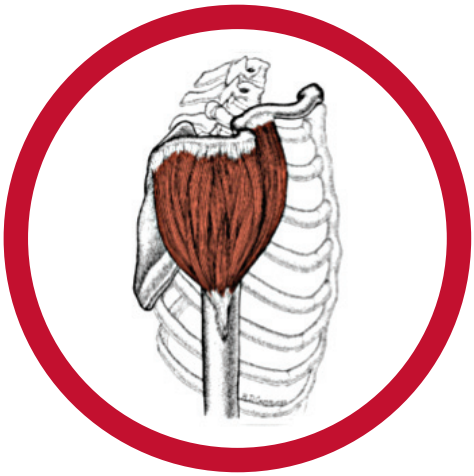
Scalenes



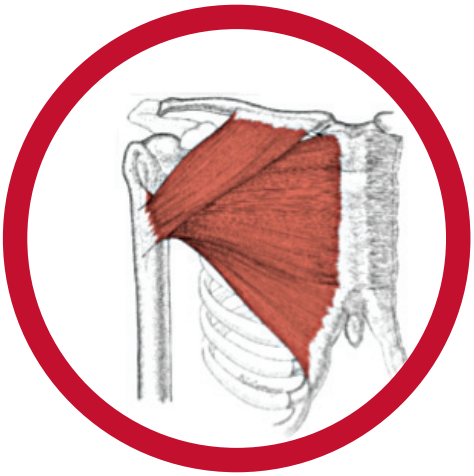
Trapezius



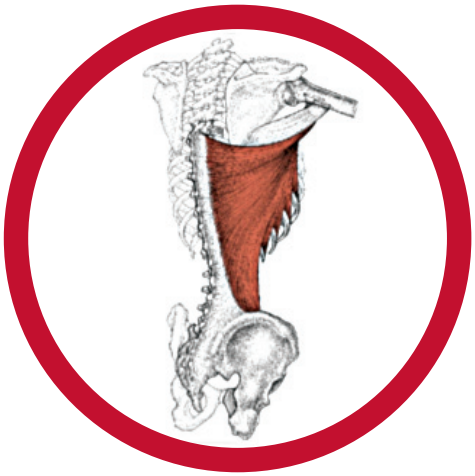
Rhomboids



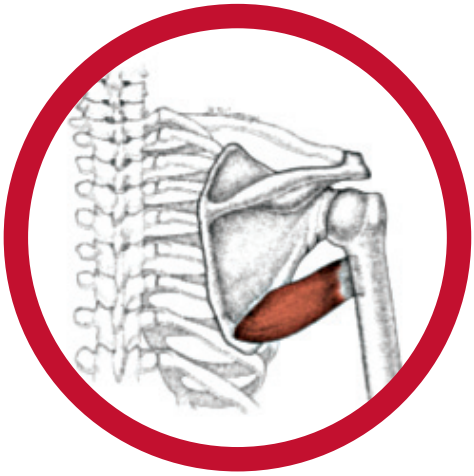
Deltoids



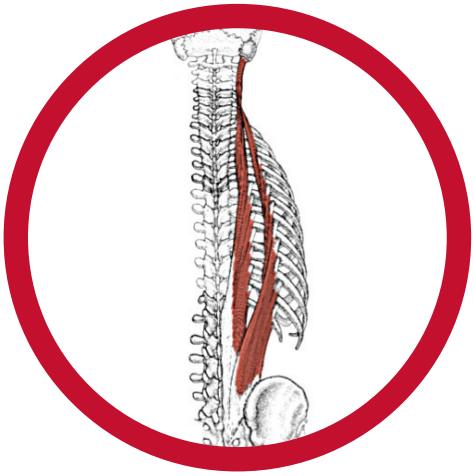
Pectoralis Major



Latissimus Dorsi

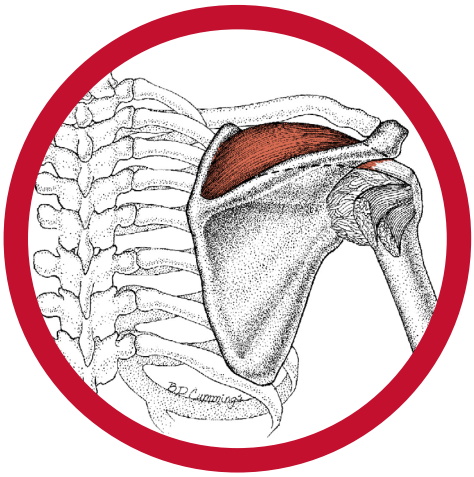


Teres Major

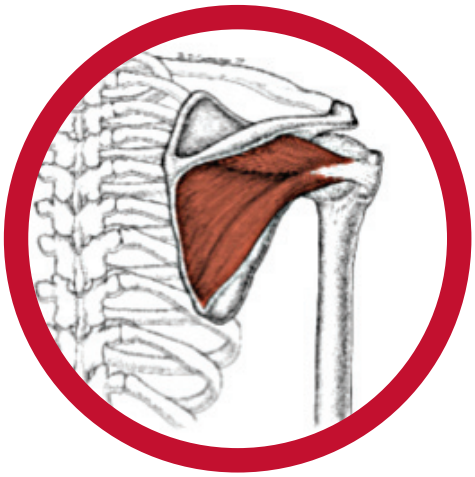


Erector Spinae

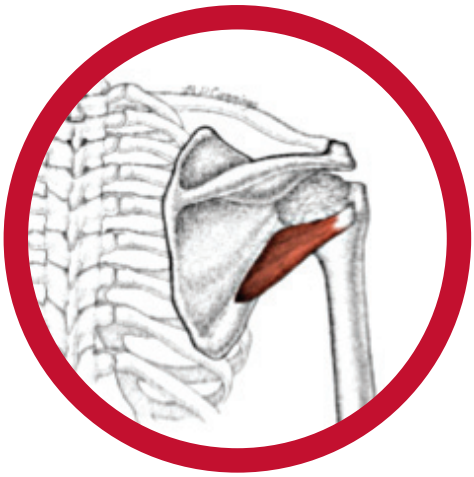
ROTATOR CUFF MUSCLES



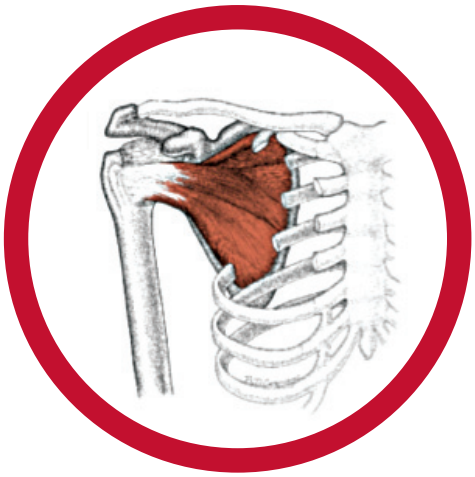
Supraspinatus



Infraspinatus

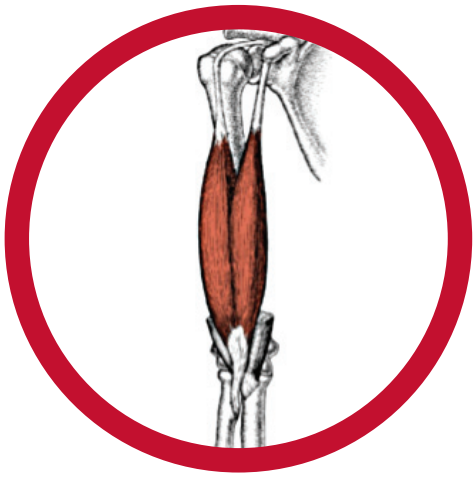


Teres Minor

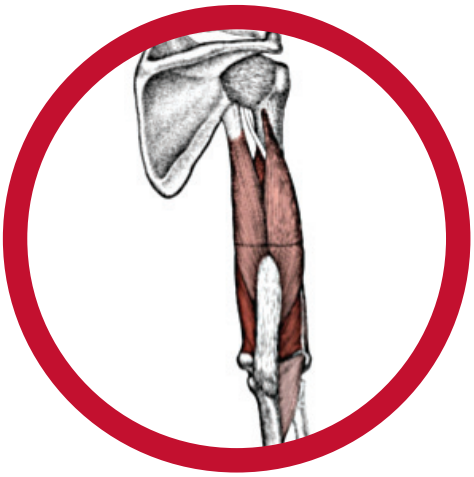


Subscapularis

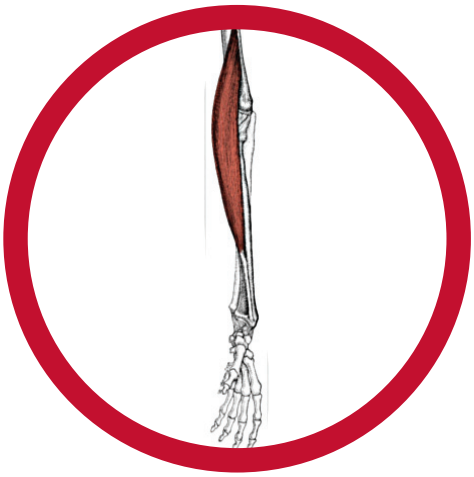
MUSCLES OF THE ARM



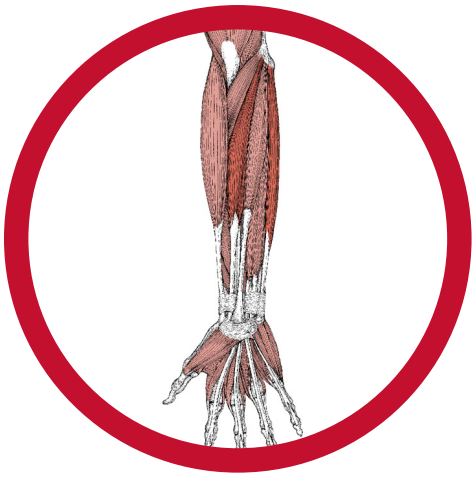
Biceps



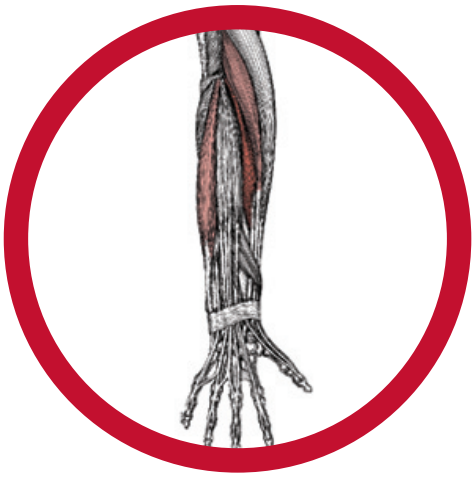
Triceps



Brachioradialis

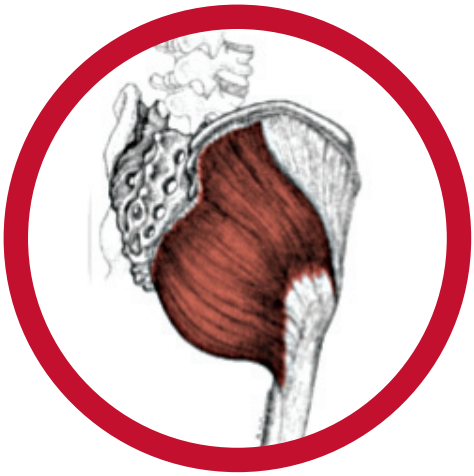


Wrist Flexors

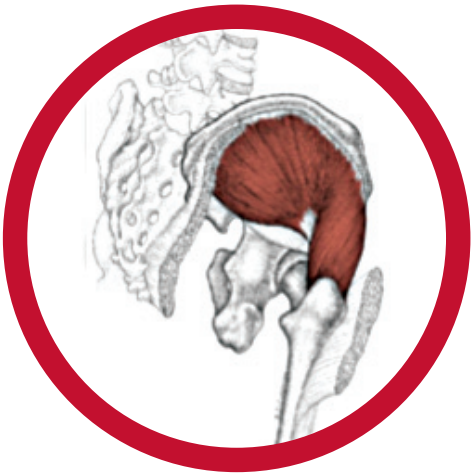


Wrist Extensors

LOWER BODY

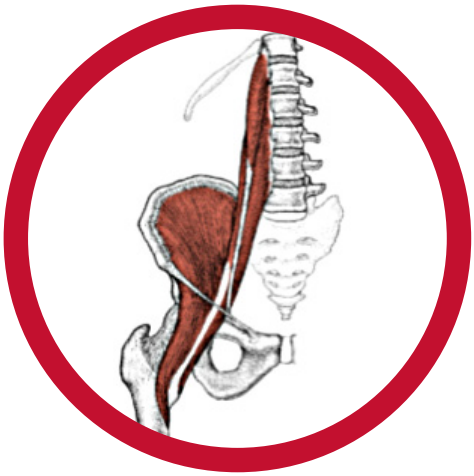


Gluteus Maximus

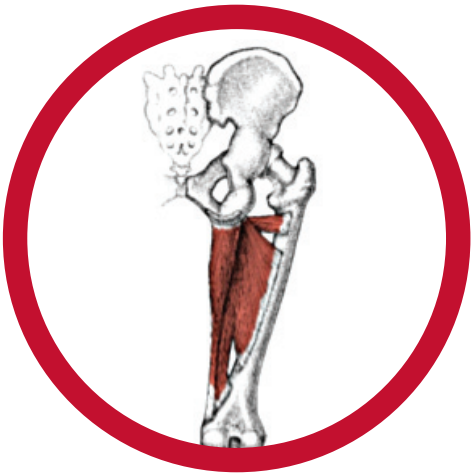


Gluteus Medius

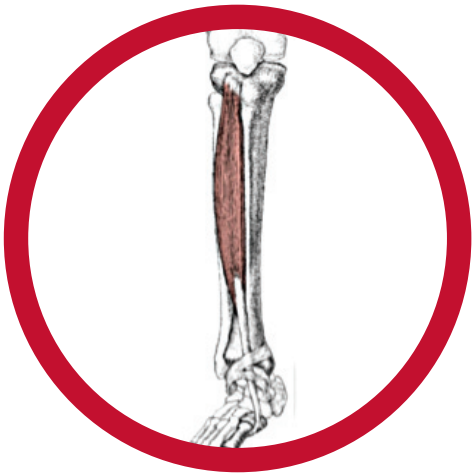
Piriformis



Iliopsoas

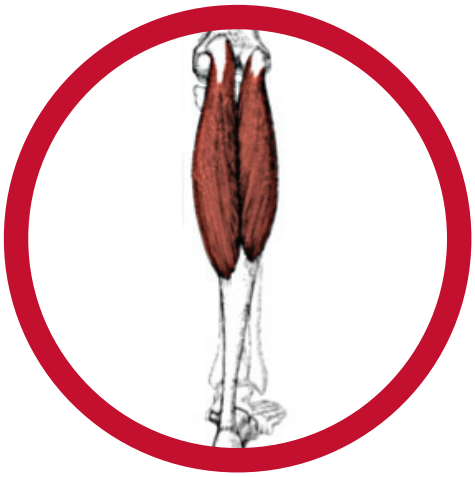


Adductor Group

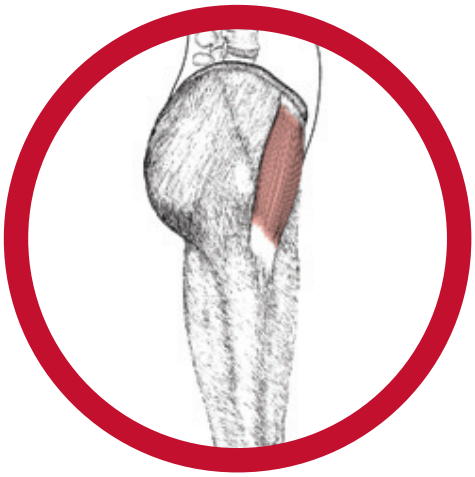


Tibialis Anterior

Hamstrings



Gastrocnemius



Tensor Fasciae Latae

SHEET 1 Prompt questions for client consultation

Use the following questions as prompts to gain more information about your client's emotional and physical issues. The questions are to be used creatively as a basis for starting an informed conversation with your client, so pick and choose the ones that work best in different situations. For more information on the assessment process and listening skills refer to Chapter 5.

Current complaint

- Why are you here? What is it you need from me today?
- Use the OPQRS mnemonic to draw out more information about the pain condition:
  - **O** (origin): When did it happen? Over time or a sudden event? Was there anything going on for you at that time?
  - **P** (provocation): What makes it better or worse?
  - **Q** (quality): What does the pain feel like? Dull and achy? Tingling? Electrical?
  - **R** (does it radiate): Does the pain radiate or refer anywhere?
  - **S** (where is it exactly): Can you point to the exact place of pain?

Benchmarking

Where do you put the pain today on a scale of 1–10? And what number would you give to the pain during a bad patch?

Medical history

- Have you had any previous accidents or operations? (For example, falling off a horse, car accident or skiing accident.)
- Have you had any previous musculoskeletal problems, e.g. a bad back, headaches or neck pains?
- Have you had any major illnesses? Are you prone to anything? What is your weak spot? For example, chest infections or sinusitis?
- Do you ever get headaches?
- How's your digestion? Any issues with constipation or diarrhoea?
- How are your periods? Any pain?
- Do you sleep OK? Do you wake up feeling refreshed?
- Where would you put your energy levels on a scale of 1–10?
- How was your health when you were growing up?
- How was your parents' health?

Yellow flags

Use the ABCDEF and W mnemonic to ask about psychosocial factors that may be contributing to the pain condition:

- **Attitudes to pain:**
  - Have you had any previous diagnoses about what is going on for you?

- How do you feel about what the doctor/chiropractor/physiotherapist has said? Does that make sense to you? Do you understand what they have told you?
- What is your general attitude towards your health? Do you feel that you can have a positive affect on your pain condition?
- What do you think is at the root of what is going on for you?

- **Beliefs:**
  - Do you understand about the cause of your pain? What have you been told? Who told you that?
- **Compensation:**
  - Are you involved in any compensation claims about the accident?
  - How long has the claim been going on?
  - How are you feeling about it?
- **Diagnosis:**
  - Have you been given any diagnosis? Who by? How do you feel about that? Does it make sense to you?
- **Emotions and stress levels:**
  - How are your stress levels at the moment?
  - Where would you put your current stress levels on a scale of 1–10?
  - Are the stresses more to do with home or work life?
  - How long do you remember feeling like this?
  - Is there anything that helps you to feel less stressed?
  - Are there any particular triggers to you feeling stressed?
  - Have you had any support around how you feel? Counselling? Is there a close friend or family member you feel able to talk to?
- **Family:**
  - Are you getting any support around your pain?
  - How does your partner feel? Are they supportive?
  - Are you able to talk to anyone, e.g. friends or family, about how you feel?
- **Work:**
  - How do you spend your days?
  - Are you in any regular paid or voluntary work?
  - How many hours do you do a week?
  - Has the pain affected your ability to work?
  - Is the pain better or worse when you are at work? Do you enjoy your job?
  - Do you have time to relax and recharge?
  - How long is your commute?
  - Do you feel supported at work by your boss/colleagues?

Activity and exercise

- How do you spend your days?
- Do you get much chance to move around or do you get stuck at a desk?
- Do you drive or use public transport to get to work or do you walk or cycle?
- Do you have any physical activities you enjoy doing? How often are you able to do them?

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TREATMENT TIPS AND GUIDELINES

Initial contact with client

- Whatever booking system you have, we recommend that you always aim to have a brief phone call with your client before the treatment. This enables you to get an initial 'feel' of what is going on – for example, is the massage for relaxation, stress relief or a pain condition? Ask a few open questions such as:

  - How did you hear about me?
  - What are you looking for from the session?
  - Have you had a massage before?

- Jot down some brief notes; this will help you think about a potential treatment plan.

- On the initial phone call also ask for contact details including home landline, mobile and email. Requesting the landline helps screen out unwanted clients who may be looking for massage for sexual purposes. It is rare but it happens occasionally.

- Clues that the client may be looking for massage for sexual purposes:

  - Client asking if they can take all their clothes off during the session.
  - Client asking if you do "release".
  - Client who has come via an unknown referral route.
  - Client asking for work on their groin.
  - Client unwilling to give home landline.

- If you have any concerns that the reasons for massage are not legitimate – don't book them in! Also don't take it personally.

- Ensure that the client knows:

  - How to get to you.
  - Check that they are able to access the venue i.e. tell them you have steps.
  - How much the treatment will cost and how they can pay for it. If you are cash only you need to tell them beforehand.
  - How long the treatment will take.

Assessment

- Generally a first treatment will take about 1 and a half hours: up to 30 minutes for assessment; 50 minutes for treatment (known as a "clinical hour"); 10 minutes for getting dressed, feedback, payment and REBOOKING!

- Make sure you take written notes that are legible. This is important if you need to share information with other professionals or on the rare occasion of any legal issues.

- Always ensure you have the written and verbal consent of the client to treatment and that you inform their GP in writing.

Treatment

- Leave the room and give your client adeauate time to get undressed comfortably, time will depend on age and mobility.

- Have blankets, cushions, pillows, heaters all handy and listen for clues that client is cold/uncomfortable etc.

- Although we don't 'diagnose' formally, treatment is assessment and assessment is treatment. Your treatment, whatever techniques you are doing , is an opportunity to gather more information about the clients condition through your palpation skills.

- Examine your box of tools, your repertoire, and decide what may be the best approaches for this client, this session.

- If you are going to change your mind about what you stated you are going to do first, let the client know and why, i.e. you've seen a more effective way to do what you wanted to do.

- ALWAYS use professional draping, whatever the client says they prefer.

- Always respect your client's wishes - NO means NO.

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BODYWORK BEGINNINGS THE JING WAY

TREATMENT TIPS AND GUIDELINES

- Use your hands to listen listen listen! The more precise and focussed you are with your touch the more likely you will be able to achieve an effective result. In the words of John Pierre Barrall " the more precise you are, the more 'lastable' the results"

- Aim to achieve an appropriate "therapeutic distance" with your client; not so far emotionally far away that you cannot gain a connection but not so close that you are pulled into every tiny energetic flutter. Keep youir ground.

- If you get stressed, uptight, unsure of yourself, take a few deep breaths, return to your sense of grounding and "remind yourself that you are good enough". Do your best. In your career you will have more than a few miracles, some clients will get better quickly, others will take a while, others you will never be able to help despite your best efforts. That's just the way it is.

- Remember: give it your best shot with the tools you have at this time. Complex problems do not always need complex solutions. Don't assume it's the things you don't know that will help this person get better.

- You only learn by doing. That's why a practice is called a practice!

After the treatment

- Leave time for recovery whilst you go and get them a drink of water/whatever you do. 'Take your time' 'You're done/cooked for today', 'Thank you... take your time and move very gently when you get dressed. I'll get you a drink of water'.

- Let them (get them to) speak first when you come back in. You want immediate feedback. They may be zoned out, but get them to move the arm/neck/etc. to make them aware that something has changed, wherever their urgent issue is. 'How does that feel now?'. They usually answer 'yes', so don't let them get away with that.

- Re-evaluate the body ie: how does the neck feel now compared to before the treatment; is there more movement if you have tested ROM.

- Tell them what you have done and what you have noticed about their body (ie: your neck felt really tight which is likely to be one of the causes of your headaches).

- Make after care suggestions as appropriate.

End of session and rebooking

- Tell the client what you would ideally like to do, when you want them back, what you will do when they come back, what still needs work, give them the immediate (urgent issue) picture and the larger picture (underlying issues). The decision is still theirs.

- Book them in!! (the golden rule for a successful practice)

Note taking

- SOAP: Use the SOAP format to take notes on your intake, the session and your treatment plan:

  - **Subjective:** what client told you.
  - **Objective:** what you observed, palpated etc.
  - **Assessment:** what you assess to be the presenting issues.
  - **Plan:** how you are going to treat the presenting issues.

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CONTRAINDICATIONS

A contraindication is a reason not to treat – either locally (around the area of the problem) or generally i.e. don't massage at all. In our experience, the contraindications commonly taught for massage are confusing, contradictory and poorly taught.

For example here is a list of commonly taught contraindications. The list is taken from the syllabus of one of the UK's current awarding bodies for level 3 qualification in body massage.

The following are given as conditions that require permission from a GP or specialist. In circumstances where written medical permission cannot be obtained, the client must sign an informed consent stating that the treatment and it's effects have been fully explained to them and confirm that they are willing to proceed without permission from their GP or Specialist

Pregnancy • Cardio vascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) • Haemophilia • Any condition already being treated by a GP or another complementary practitioner • Medical oedema • Osteoporosis • Arthritis • Nervous/Psychotic conditions • Epilepsy • Recent operations • Diabetes • Asthma • Any dysfunction of the nervous system (e.g., Multiple Sclerosis, Parkinson's disease, Motor Neurone disease) • Bell's palsy • Trapped/Pinched nerve (e.g., sciatica) • Inflamed nerve • Cancer • Postural deformities • Cervical spondylitis • Spastic conditions • Kidney infections • Whiplash • Slipped disc • Undiagnosed pain • When taking prescribed medication • Acute rheumatism

The following are given as contraindications that might restrict treatment:

Fever • Contagious or infectious diseases • Under the influence of recreational drugs or alcohol • Diarrhoea and vomiting • Skin diseases • Undiagnosed lumps and bumps • Localised swelling • Inflammation • Varicose veins • Pregnancy (abdomen) • Cuts • Bruises • Abrasions • Scar tissue (2 years for major operation and 6 months for a small scar) • Sunburn • Hormonal implants • Menstruation (abdomen - first few days) • Haematoma • Hernia • Recent fractures (minimum 3 months) • Gastric ulcers • After a heavy meal • Conditions affecting the neck

Problems with this approach

As outlined in our "Massage Fusion" book, these blanket lists are usually poorly informed, not up to date and leave the massage therapist in a state of fear. Most importantly, GPs do not usually have the time to liaise extensively with therapists about their patient's condition. Also many clients have a non –existent or poor relationship with their GP (a disillusionment with orthodox medicine may well be the reason they turned to complementary therapy in the first place)

At Jing we believe that a more informed approach is as follows:

- Deciding whether or how to treat is more a process of informed critical thinking than relying on a blanket list of contraindications. As Tracey Walton (2011) advocates with her eminently sensible 'Decision Tree' approach to working with complex client conditions, the informed massage therapist should ask themselves two simple questions:

What is it about the medical condition that contraindicates massage and what is it about massage that is contraindicated?

- Both of these questions must be explored and answering them will enable you to draw up a safe treatment plan for your client. In many cases, several factors such as pressure, technique, positioning, or avoiding local areas can be modified to allow you to treat safely even if someone is on the dreaded contra indication list.

- In practice, we can treat any condition, so long as we have the consent of the client and/or their GP (and are making an informed decision that it is safe to treat)

- In practice this means getting consent from the client (eg they sign your intake form) and then writing to inform their GP that you are treating them.

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BODYWORK BEGINNINGS THE JING WAY

CONTRAINDICATIONS

What the professional bodies say about it

That we must:

- be professional, moral and ethical
- be insured
- only work within the boundaries of our training and the law
- keep accurate and secure records (data protection)
- commit to ongoing training

That we must not:

- diagnose
- claim to cure
- recommend changes to medication
- advise a course of medical treatment
- treat animals

A practical and common sense approach to treating

- Carry out a professional assessment that takes into account physical. psychological and social factors. Take at least 20 minutes to do this.

- Explain to your client what you are going to do and what it involves

- Gain their written consent, i.e. signing your intake form

- Enquire if they have seen their doctor about their condition (or any other primary care physician). Most people in chronic pain will have done so. If not, advise them to check the condition out with their GP and make a note that you have done this in your own records.

- Drop an email to their doctor informing that you are treating their patient and to please let you know if there are any medical concerns around treatment. This is only appropriate if you are seeing the client on an ongoing basis for a pain condition

- Always use professional draping! Never work under a drape or expose breasts, gluteal crease or genitals - whatever the client's preference!

- If someone is in pain, work with them to see what is the most comfortable position for treatment (might be sitting or sidelying rather than prone). Always use a small bolster under the belly for clients with low back pain. Never keep anyone in the same position for a length of time.

- If the client is seeing other practitioners (ie: chiropractor, osteopath) get their names and permission from your client to liaise with them. Call or email explaining that you are also treating client X and would appreciate a discussion about how you can best work together.

- Use your common sense. For example, someone with raised purple varicose veins would obviously not appreciate deep work around the area but you can avoid the area and still treat.

- Never treat anyone under 18 without parent or carer present and with a reord of their informed consent in writing.

Make sure that you have:

- Up to date insurance

- Up to date first aid certificate

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BODYWORK BEGINNINGS THE JING WAY

CONTRAINDICATIONS

Red flags

Remember that as a massage therapist you are not trained to diagnose. This is the job of the primary care physician to rule out any other potential causes of the problem

The red flags below should have been screened out if a client in pain has gone to their GP. However it is always worthwhile to know about these "red flags" which would suggest referral back to GP as they may indicate something more serious is afoot.

Red Flags is the term given to the identification of dangerous or potentially dangerous findings in the history or examination. Alternative practitioners should be aware of these warning signs and know where to send the patients next. While it is impossible to spot all serious conditions in clients, going through the list of red flags systematically greatly reduces the risk of missing anything which could be important.

There is no substitute for going through a checklist as it is very easy to forget something even if you are familiar with the process.

- **Bodyweight loss:** The reasons for losing weight should always be explored as this can have a serious underlying condition. A red flag should be suspected if the reason for the weight loss is not clear.
- **Losing one's appetite:** This can have many causes but if the patient has these signs it is useful to refer to the weight loss remarks above.
- **Feeling unwell:** Anyone who complains of persistently feeling unwell, especially with loss of appetite and weight loss, should be encouraged to visit their GP if they haven't already.
- **Pain on rest and at night:** Clients often report they have trouble sleeping with their pains but if the pain is particularly bad lying down or at night it should be seen as a red flag.
- **Previous medical history of a tumour or cancer:** The examiner should enquire about this as a recurrence could be the presenting cause of the patient's problems.
- **Bladder and bowel function:** Sudden or drastic changes in bladder or bowel habits.
- **Perineal numbness or change in sensation:** The perineal area is between the legs and includes the skin round the genitals and the anus. Certain important medical conditions can change this area, leading to loss of feeling or pins and needles.
- **Age:** Most musculoskeletal conditions such as low back pain or neck pain come on between the ages of 20 and 55 years. Anything which comes on earlier or later than these ages may be perfectly straightforward but there is a higher risk of a serious underlying cause.
- **Thoracic Pain:** Most musculoskeletal spinal pains occur in the lumbar, sacral or cervical areas and are benign. Thoracic pain is associated with a higher risk of serious conditions such as tumours and this should be taken into account.

Further investigation and referral are indicated if one or more red flags are present.

Sample letter/email to GP

Dear xxx

I have recently carried out a consultation with xxx, who I believe to be a patient of yours.

Having conducted a short consultation with your client, we have agreed a course of treatment over the following 6 weeks with the aim of increasing relaxation and helping to manage stress. The techniques I will be using are based on Swedish massage and Shiatsu.

I am writing to inform you of my involvement. Please do let me know if you have any concerns about the treatments or you would like more information.

I have also included an information sheet outlining my approach and background.

Yours sincerely,

Fantastic Jinger