

12

Low back pain protocol

Introduction

The following protocol, based on the Jing HFMAST approach (see Chapter 1), can be used to good effect with many types of back pain including:

- Non-specific low back pain
- Acute or chronic herniated disc
- Spondylosis
- Spondylolisthesis
- Facet joint irritation syndrome.

Heat application and preparatory work

- **Positioning and draping:** start with your client in a prone position. As always, it is of primary importance that your client is comfortable and as pain free as possible when lying on the table. While prone the client should be supported under the belly with a pillow. It's a good idea to have different sizes of pillow in your treatment room as you may need to experiment with what works best for the client. If your client is uncomfortable when prone you can adapt the protocol to involve the same techniques but with your client side lying. Most importantly DO NOT leave your client too long in the prone position (generally 20–25 minutes is a good rule of thumb but this may be less for people in severe pain). This is a common reason for clients leaving the treatment room in more pain than when they came in.
- **Heat:** prior to working on the affected area, apply moist heat in the form of a heating pad over the low back and buttocks. Heat can also be applied using large hot stones; use two stones on either side of the back and a large one on the sacrum.
- As with all treatments, start by grounding yourself and with introductory still work where you are

simply connecting with your client without feeling the need to 'do'. Have one hand on the sacrum and the other between the shoulder blades. Take time to tune into what you feel, following the rhythm of your client's breath with your hands and allowing your client to connect with your touch. This is the beginning of the relaxation response that is important to healing and you should feel your client's breath slowing down and deepening.

See Figure 12.1

- **Rocking and mobilisation:** when you feel that your client has started to sink into the experience, you can set in motion a gentle rocking movement of the



Figure 12.1
Grounding and still work

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 that 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 your forearms to work up and down the sides of the body. Passive mobilisation in this way is a great method for helping your client to let go and is wonderfully healing for sore and damaged soft tissues. **See Figure 12.2**

- **Palming the erector spinae (Bladder channel):** slowly palm down the erector spinae muscle group 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 you can do this stroke:
 - Standing by the side of the table in forward t'ai chi stance, leaning in with your body weight. **See Figure 12.3**
 - Kneeling on the side of the table on all fours, in a 'table top' position, and using 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



Figure 12.2
Rocking and mobilisation



Figure 12.3
Palming the erector spinae (standing)



Figure 12.4
Palming the erector spinae (kneeling)

needed, simply move your pelvis back a bit.
See Figure 12.4

- **Double palming:** you can also work the complete erector spinae muscle group at the same time by using a double palming technique while kneeling on the table in proposal stance (**Figure 12.5**). An alternative is to use soft fists which is a good option if the palming does not feel good for your wrists. **See Figure 12.6, p. 204**
- When reaching the glutes you can use a 'paddy pawing' motion, rocking from one side to the other.
- Remember the dictum 'Assessment is treatment and treatment is assessment.' As you are working, notice areas of tightness and spend longer on these areas, sinking into the tissues to start to release the muscles.



Figure 12.5
Double palming of erector spinae

Fascial techniques

- **Next, undrape the back:** remember not to apply oil or lotion at this stage as it will render the following fascial techniques ineffective. Any or all of the following fascial techniques could be used (in any order) with the purpose of freeing areas of fascial adhesions and starting to release trigger points.
- **Direct fascial work with double fists down onto the erector spinae:** stand at the head of the table in forward t'ai chi stance with fists on the back at either side of the spine. Make sure your outside leg is alongside the side of the table so that you can take a small step forward as you work, and don't make the mistake of getting stuck behind the face cradle and having to bend your back. Your fist should be in a soft and loose grip, e.g. imagine you are holding an egg in your hand that you don't want to break. Keep your wrist, elbow and shoulder aligned and use the power of your breath to draw a feeling of

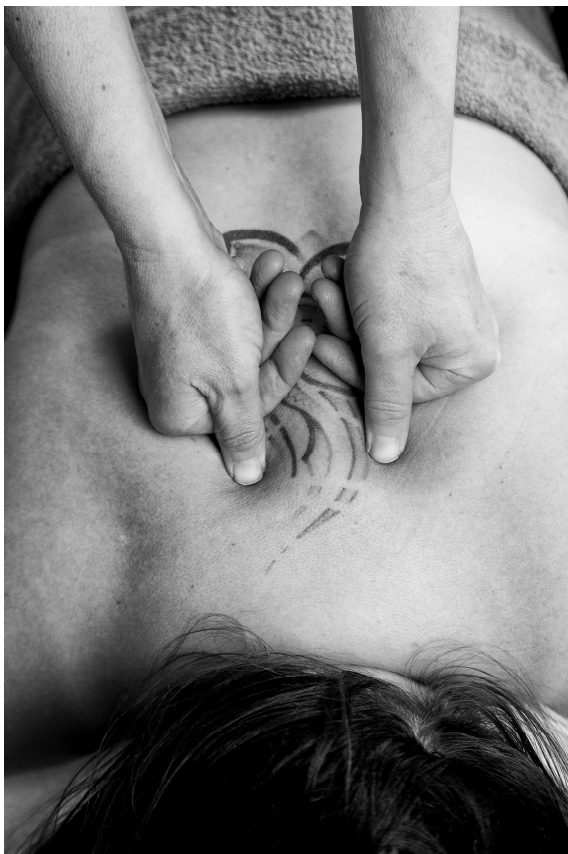


Figure 12.6

Soft fists are an alternative to palms

energy and qi up from your belly on your in breath. On the out breath visualise this qi shooting up your spine and down your arm like a stream of water flowing through a hosepipe. This visual will help you work 'deeper not harder'.

Use your breath and body weight to gradually sink into your client's tissues; wait until the tissues soften and give way before you SLOWLY start to slide down the back, wait for the tissues to give way in front of you in a wave-like motion. Do not force or try to work too quickly. You are looking for that wonderful gooey sensation of tissue release as you glide through the tissues – like a hot knife slicing through butter. Keep checking back to your body, arms and shoulders to make sure you are not forcing or tensing.

Work down to the sacrum and then repeat two or three times until you feel you have achieved a good release of the tissues. **See Figure 12.7**



Figure 12.7

Direct fascial work with double fists

- **Fascial finger work over the sacrum:** working the superficial fascia, ligamentous tissue and multifidi muscles located over the sacrum can feel amazing. In t'ai chi stance, stand to one side of the table, facing the sacrum, and work from the midline out to the lateral edge of the bone. Sink down into the tissue with relaxed fingers and oblique pressure to work the whole area with slow, thoughtful strokes. Clients love this one – it just feels great! **See Figure 12.8**
- **Cross hand stretches:** these can be performed on many areas of the low back, for example, with one hand on the sacrum and one over the spine, or over the quadratus lumborum area on both sides. Place your crossed hands adjacent to one another in the area to be released: they should be a few inches apart at this point. Sink down until you have a sense of being on the deep fascial layers that run around and through the muscles. Then put a stretch on this tissue so you have a sense of tension between your two hands – like a piece of material being stretched to a barrier. If you tune



Figure 12.8
Fascial finger work over the sacrum

in with your sense of listening touch, after a while you will start to feel the sensation of the tissue starting to move beneath your hands. Make sure you maintain the stretch and ‘follow’ the tissues

until you feel the sense of tissue release described in the fascial chapter (see Chapter 7). This whole process takes around 3–5 minutes so you will need to be patient. Repeat cross hand stretches anywhere as required. **See Figure 12.9**

- **Skin rolling:** this technique can be used on any area of the body to work on the superficial fascia. Here the skin is gently picked up and pulled away from underlying structures. Make sure your thumbs are flat on the body (this helps protect joints from injury) and pick up a ‘sausage’ of skin and superficial fascia between your thumbs and fingers. Once the skin is pulled away start to slowly push your thumbs forward, lifting the tissues in a smooth continuous motion while the 2nd and 3rd digits feed into this motion causing a rolling effect. The technique can be used over the sacrum and spine. Remember to work slowly allowing time for any restrictions to the release. **See Figure 12.10, p. 206**
- Now you are ready for some broad integration work to relax and prepare the tissues before moving into more specific trigger point work. Apply lubrication such as oil, wax or massage cream at this point. It is better to put this on your hands and forearms first rather than directly on your client. Take care not to apply too much lubrication as this will mean you will be unable to affect the tissues effectively. **See Figure 12.11, p. 206**



Figure 12.9
Cross hand stretch



Figure 12.10
Skin rolling over the spine



Figure 12.11
Applying lubrication

Muscle techniques and treatment of trigger points

In this section we are treating all the muscles around the joint for trigger points as outlined in Chapter 8.

Broad work to the low back

- **Power effleurage to the low back area:** ‘power effleurage’ is a term used to describe how effleurage can be a deep and powerful stroke when carried out with optimal body mechanics and a sense of ‘listening touch’. Here are a couple of suggested strokes – and again you could use some or all of them.
- **Power effleurage from the head of the table:** in t’ai chi stance, work from the head of the table and glide down either side of the spine using your body weight to work into the erector spinae muscles with your hands. The focus will be on your palms but the whole hand is in contact with the body,

moulding to the contours of the musculature.

Glide down to the low back with the stroke, working slowly and deeply, then come back up with a light return stroke and repeat. Breathe out as you work down the body and imagine qi flowing down your arms. **See Figure 12.12**

- **Single forearm massage:** working with the forearms is a great way to save your hands and provides a wonderful sensation for your client. Stand in horse position at the side of the table, knees bent, spine relaxed but straight. Shift your weight onto the leg nearest the client’s low back area. Use the soft medial part of your forearm to work into your client’s low back, making sure your wrist is floppy and not tense. Shift weight onto your other leg for a light return stroke.

Continue gradually working deeper into the musculature, layer by layer. Cross to the opposite

side of the table to work the other side of the low back. See Figure 12.13

- **Deep forearm work from the head of the table:** this is a deeper technique, so make sure you start



Figure 12.12

Power effleurage from the head of the table

with the other strokes first to soften the area. From the head of table, in t'ai chi stance, start with the ulnar edge of your forearm next to the spine (do NOT use your elbow but make contact using a more broad surface area). Keeping your wrist floppy, lean in and work slowly down the erectors. See Figure 12.14, p. 208

- This is also a great time to apply more heat with some dynamic hot stone work. Use any hot stone techniques you know to work into the low back tissues. See Figure 12.15, p. 208
- Now you are ready to find and release relevant trigger points: remember the objective in this section is to find and release the key trigger points that are the primary cause of the client's pain pattern. Work with client communication as outlined in the trigger point chapter (read Chapter 8 first if you haven't already done so). Key trigger points should be treated 2–3 times within each session. You will be treating all the muscles around the joint for trigger points.

Treating the erector spinae

- Stand in t'ai chi stance at the head of the table. Starting from the upper back, muscle strip the entire muscle using your thumbs or supported fingers. You are feeling for taut bands and trigger points as you do this work and listening



Figure 12.13

Single forearm massage



Figure 12.14

Deep forearm work from the head of the table



Figure 12.15

Apply more heat with dynamic stone work

to any communication from your client as to whether you have hit a relevant trigger point. Treat any trigger points you find with static pressure for 8–12 seconds until the pain releases (you will need to communicate with your client to assess this). You should go back and treat any key trigger points relevant to the client's pain pattern for 2–3 times per session. Start next to the spine and work from the head to the sacrum in strips (as if methodically 'mowing the lawn'). You will need at least three strips to cover the whole width of the erector spine group. See **Figures 12.16 and 12.17**

- **Power effleurage and integration:** following the specific trigger point work it is great to add some integrating broad work using power effleurage strokes. Be creative and have fun, taking time to dance and enjoy the moving meditation of your work.

- **Fingertip friction to the medial border of erectors and deeper spinal muscles:** this stroke works best with minimal or no lubrication. You may find it helpful to replace the drape and do some palming to absorb excess lubricant before you start.

Stand at the opposite side of the table to where you were working and place your hands side by side so that the fingers are lined up (this technique has earned the nickname in Jing of 'rabbit paws'). Find the spinous processes of the vertebrae and then move slightly laterally so that you slip into the lamina groove of the spine on the opposite side from where you are standing. Sink your fingers down and, starting near the shoulders, move the tissues in a one-directional friction stroke. Take care to not just glide over the surface of the skin; you should be sinking down and affecting the soft tissue found in the



Figure 12.16

Stripping erector spinae for trigger points

lamina groove. Work your way down to the low back. Make sure your friction stroke uses pressure in one direction only, and that the return stroke is light. Do not use pressure in both directions as this can be traumatising to sensitive tissues. If you find tight areas, treat them as trigger points, i.e. wait and hold for a release. **See Figure 12.18, p. 210**

- **Next, carry out fingertip friction to the lateral aspect of the erectors on YOUR SIDE:** place your fingertips on the lateral edge of the erectors and push into the underside of the muscle. Start at the low back area where the muscles are easiest to feel and work up towards the shoulders. The muscles at the top are thinner and it may be more difficult to find the lateral border here. **See Figure 12.19, p. 210**



Figure 12.17

Stripping erector spinae for trigger points

- Repeat at the opposite side of the table so that you have covered both lateral and medial borders of the erectors.
- **Forearm or other power effleurage:** to finish use deep forearm effleurage or other power effleurage strokes, really focussing on opening up the low back and quadratus lumborum region.

Treating the quadratus lumborum (QL)

- There are several steps to treating trigger points in this muscle effectively:
 - **Treat the transverse process attachments of the QL:** to do this your focus needs to be underneath the erector spinae group that lies superficial to this muscle. To treat the transverse process attachments, stand face on at the side of the table and apply pressure at a 45 degree angle between the iliac crest and the 12th rib. Hold static pressure and treat any



Figure 12.18
Fingertip friction to the medial border of the erectors



Figure 12.19
Fingertip friction to the lateral border of the erectors



Figure 12.20

Treat the transverse process attachments of QL



Figure 12.21

Treat the 12th rib attachments of QL

trigger points you find for 8–12 seconds. Explore this small space by orientating your fingers slightly towards the 12th rib or iliac crest. Your focus is underneath the bulk of the erector spinae muscles and towards the midline.

Always use static pressure first. If the muscle is not too tender you can add some slight cross fibre friction, working in one direction only.

See Figure 12.20

- **Treat the 12th rib attachment:** turn your body so you are in t'ai chi stance and facing the head. Use thumbs to hook underneath and treat the insertion point of the QL on the 12th rib. Use static pressure first, treating any trigger points, then use cross fibre friction if appropriate. **See Figure 12.21**

- **Muscle strip the entire QL:** turn your body so that you are in t'ai chi stance and facing the client's feet. Muscle strip the side of the QL using thumbs or supported fingers, working towards the iliac crest.

See Figure 12.22, p. 212

- **Treat the inferior attachment point on the iliac crest:** now treat the lower portion of the QL that attaches under the iliac crest. Make sure you push your thumbs under the bone and work from lateral to medial with static pressure and cross fibre friction. **See Figure 12.23, p. 212**

- **Deep effleurage to the QL with the palm of your hand and moving from superior to inferior:** in forward t'ai chi stance work down

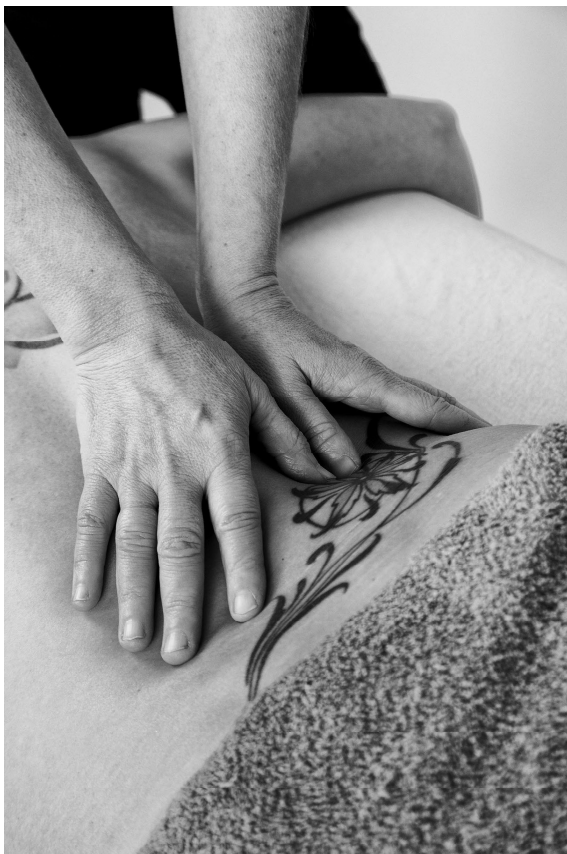


Figure 12.22
Muscle strip the entire QL



Figure 12.23
Inferior attachment point of QL

the side of the QL with the heel of your hand, gently pushing into the iliac crest at the end to stretch out the muscle.

- **Iliac scissors:** this is a gentle twisting stretch so make sure you always work with client communication. Stand at the side of the table in horse stance. You are working on the opposite side to the QL. Place your upper hand in the low back area between the 12th rib and the iliac crest so that you anchor down the QL. Your lower hand hooks around the iliac crest (hip bone). Take a deep breath and sit back pulling the iliac crest towards you so that you give the low back a gentle twist. Let the hand over the QL slide towards the table with the twist. **See Figure 12.24**

- **Work over the sacrum:** finish the whole sequence with further forearm or palmar effleurage of the entire back and work over the sacral area with the heel of your hand or supported thumbs/fingers.
- **QL stretch:** re-drape the body. This stroke is similar to the iliac scissors except this time you hold the stretch rather than letting the upper hand glide. Use horse stance and the same hand placement as for the iliac scissors technique. Take a deep breath and sit back pulling the iliac crest towards you so you give the low back a gentle twist. Make sure you keep the upper hand anchored down into the QL area. The sensation should feel like a push with one hand and a pull with the other. Work with client communication to find the edge of the stretch



Figure 12.24
Iliac scissors



Figure 12.25
QL stretch

sensation and then wait and hold for a release. See **Figure 12.25**

Treating the gluteal muscles and lateral rotators

- **Opening up the gluteal muscles and the lateral rotators:** over the drape, in horse or forward t'ai chi stance, lean the soft part of your forearm into the glutes. Make sure you have a broad contact area with the whole of the forearm, i.e. you are not digging into the tissues with your elbow. Wait and hold in this place for the muscles to release. Your pressure should be straight down towards the table. Repeat so that the whole gluteal area is covered. See **Figure 12.26, p. 214**
- **Deep forearm effleurage to the gluteal area:** undrape the area and use a diagonal drape. Tuck the drape securely under your client's hip and make sure you are not exposing the gluteal crease. In t'ai chi stance and facing the feet, anchor down the drape with your hand or the inside of your forearm. With the outside arm, work deeply into the area with deep forearm effleurage using the soft medial part of the forearm. See **Figure 12.27, p. 214**
- **Deep stripping with the knuckles:** make a soft fist and, in t'ai chi stance, use the backs of your knuckles to carry out deep stripping of the area, working from the sacrum down to the table (see **Figure 12.28, p. 214**). A second option is to kneel on the opposite side of the table and strip down with your fist (see **Figure 12.29, p. 215**). Take care not to trap your client's skin against the table at the end of each stroke.
- **Fingertip friction to the edge of the sacrum:** re-drape the body. Using supported thumbs or



Figure 12.26
Opening up the gluteals and the lateral rotators



Figure 12.27
Deep forearm effleurage to the gluteals



Figure 12.28
Deep stripping with the knuckles from same side



Figure 12.29

Deep stripping with the knuckles from opposite side



Figure 12.30

Fingertip friction to the edge of the sacrum

fingers, work the edge of the sacrum with cross fibre friction in one direction only. This addresses any trigger points that may be found near the attachments of the gluteus maximus. Cross to the other side of the table to work the opposite side of the sacrum. **See Figure 12.30**

- **Treating trigger points in the gluteal region:** now search for and treat the trigger points over the entire gluteal region. As the glutes are very thick, use a 'listening forearm' to explore the region first. Start about an inch down from the iliac crest, sinking into the glutes with your forearm and identifying any tight areas. When you find these, treat as trigger points and wait for a release. Work outwards and towards the side of the hip, then place your forearm on the next line down and work outwards in a similar manner. Repeat until the entire gluteal region is covered. Make sure you address the inferior aspect near the ischial

tuberosity where trigger points are likely to lurk. **See Figure 12.31, p. 216**

- **For more specific trigger point work:** go back to any tight areas and use a supported thumb or fingers to treat trigger points. You can also do very small friction strokes: apply pressure in one direction only with a light return stroke. Work with the fibres then across the fibres (like a mini 'sign of the cross'). **See Figure 12.32, p. 216**

Treating the piriformis

- **Static friction to the piriformis and lateral rotators:** flex the client's knee so that it is at a right angle and hold gently near the ankle with one hand. Use a t'ai chi stance: the leg nearest to the client's leg should be the one that is back. With your other hand, sink your soft fist into the middle of the gluteal area and drop down with your body weight

**Figure 12.31**

Treating trigger points in the gluteals

**Figure 12.32**

More specific trigger point work using supported thumbs

and intent to contact the piriformis and other lateral rotators. Move the client's leg back and forth slightly so that you incorporate internal and external rotation of the femur head.

- **Soft tissue release (STR) of the piriformis:** extend this manoeuvre into a STR stretch of the piriformis. Use the heel of your hand or a soft fist into the piriformis area and lock into the muscle while stretching the leg away from the midline (pulling a pint). Hold for 2 seconds then release the stretch and repeat, treating the entire region with this 'lock and stretch' technique. If you need to do more specific work you can use a supported thumb and 'lock and stretch' in the same way. Always do broad work first before specific work.

Practise this stroke in rhythm (see Figure 12.33):

- Lock
- Stretch: 1, 2

- Release
- Replace
- Repeat.

- **Treating trigger points in the piriformis:** to treat these trigger points use t'ai chi stance and face the feet. Sink down through the gluteal muscles with supported fingers until you feel a 'speed bump'; this is the piriformis. 'Strum' across the muscle to help release. If you feel trigger points sink down with supported fingers until you feel a release. You can also work with supported thumbs, making sure you keep your hands flat on the body to protect your joints. See Figure 12.34
- **Static stretch of the piriformis – 'pulling a pint':** use the same hand positions as for STR (see earlier description). One fist locks down into the



Figure 12.33
STR of the piriformis



Figure 12.34
Treating trigger points in the piriformis

piriformis and your other hand holds the leg around the ankle (Figure 12.33). Working with client communication, ask your client to breathe in. On their exhale take the leg toward you as if pulling a pint of beer. Ask your client to tell you when they can feel the stretch – this is very important as it may be more or less than you think. Hold the stretch for between 10 and 30 seconds, encouraging the client to breathe naturally during the stretch. For clients with knee problems, you can use the alternative hand position demonstrated with one hand around the client's thigh. **See Figure 12.35**

- Finish with deep forearm effleurage to the gluteal region or broad release work over the drape.



Figure 12.35
Alternative hand position for piriformis stretch

Treating the gluteus medius, minimus and tensor fasciae latae (TFL)

- Turn your client onto their side so that their hip is uppermost.
- **Palming:** these muscles are all found on the side of the hip. Kneel on the side of the table and lean into the area with your palms, focussing on any tight areas. You can also work the area with a soft forearm while standing in t'ai chi stance. See Figure 12.36.
- **Side-lying stretch for hip abductors:** the client lies on their side at the edge of the table; top leg hangs over the side of the table and the bottom leg is bent. The client's hips are stacked vertically, one on top of the other. If the client experiences any low back pain in this position, they can bend forward to round their low back area.



Figure 12.36

Palming gluteus medius, minimus and TFL

Stand behind the client for support and stabilise their hip with one hand. With the other hand press their thigh towards the floor so that their leg hangs off the side of the table. Make sure you work with client communication and their breath as you take them into the stretch. See Figure 12.37

Treating the psoas and iliacus

CAUTION

Psoas work is contraindicated during pregnancy

Be very clear to educate your client before you do this work. The abdominal region is a very sensitive area and the importance of this procedure should be explained before the work is done. Be aware that releasing the psoas can be uncomfortable and can also be a site for potential emotional release (as can any muscle in the body).

- Turn your client to be in a supine position.
- Drape the breasts and undrape the abdomen using the draping guidelines in the back to basics chapter (see Chapter 2). The following techniques can also be carried out over the drape if you are clear about where you are on the body.
- **Releasing the iliacus:** the client should flex their knee on the side where you are working. This position shortens and relaxes the iliacus and the psoas so that initial work in this area will not be too intense. With soft fingers, work along the inside rim of the pelvic bowl, waiting for the muscle to soften. Repeat on the other side. See Figure 12.38, p. 220.
- **Releasing the psoas:** have your fingers as soft as possible and slowly sink through the superficial tissue. Approaching lateral to the rectus abdominis and at an oblique angle is usually the easiest way of contacting the psoas (if you are not sure where this is get your client to do a small sit up and see the 'six pack' pop up).

CAUTION

If you feel a pulse you are too close to the aorta. Move your fingers slightly laterally. Remember never press on anything that presses back at you!



Figure 12.37

Hold static fingertip pressure on the psoas to release the trigger points. Work with the client's breath and be sure to always keep an eye on their face as the psoas is a common site for causing emotional release. **See Figure 12.39, p. 220.**

- **Psoas pin and stretch:** when you have felt some measure of release in the psoas you can finish the technique with a pin and stretch. With the knee still flexed in the triangle position and while keeping your fingertip pressure on the psoas, ask the client to breathe in and then on the exhale to slide their leg along the table until it is straight. Repeat this stroke up to three times to obtain maximum release.
- **Alternative psoas release methods:** although massage students have traditionally been taught to release trigger points in the psoas through palpating directly through the abdomen in this way, there have been recent suggestions in the

bodywork community that this may be overly invasive and unnecessary. Here are some alternative methods for releasing the psoas:

- **Cross hand stretch:** the psoas can be released by a cross hand stretch over this area. Have one hand on the upper thigh and the other below the belly button, slightly lateral to the rectus abdominis. Tune into the tissues and follow the release through several barriers. **See Figure 12.40, p.220**
- **Psoas positional release:** place one hand as a listening hand over the psoas area to monitor the tissues. With the other hand, bring the client's hips into flexion and move them around slightly until you notice the place where the tissues start to soften (as felt by the monitoring hand on their belly). Fine-tune the position to find the point of maximal softening. When you have this 'sweet spot', just wait and hold until you feel a full release in the tissues. **See Figure 12.41, p. 221**

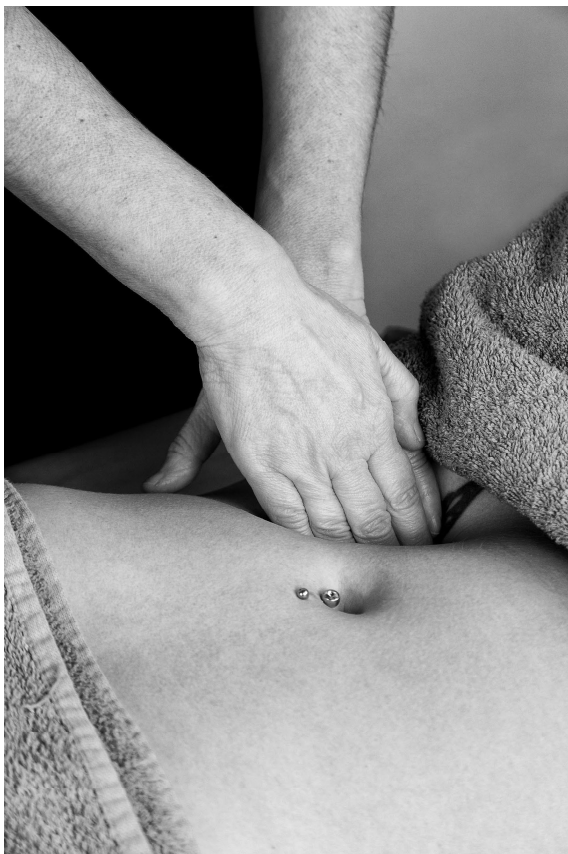


Figure 12.38
Releasing the iliopsoas

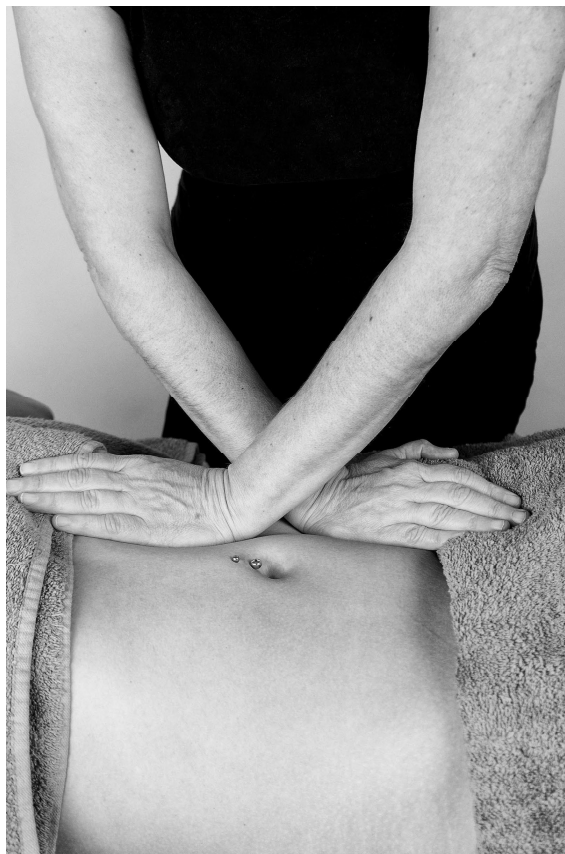


Figure 12.40
Cross hand stretch over psoas

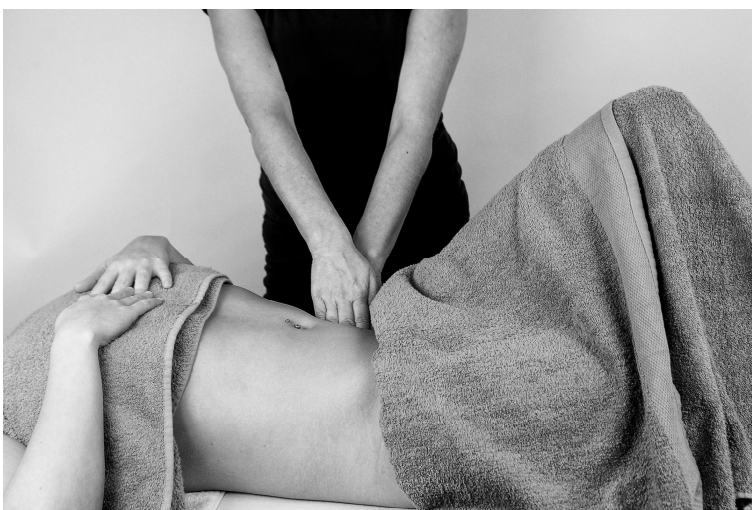


Figure 12.39
Releasing the psoas



Figure 12.41
Psoas positional release

Acupressure points

Bladder 31–34 (BL 31–34): Upper Bone Hole, Second Bone Hole, Central Bone Hole and Lower Bone Hole

- Use your thumbs to treat local acupressure points BL 31–34 that are located in the sacral foramina (holes in the sacrum). Use static pressure and hold for several seconds. BL 31, 32, 33 and 34 together form the ‘Eight Liao’ points in Chinese medicine are all useful for local low back and sacrum problems. **See Figure 12.42**

Bladder 36 (BL 36): Support

- This is located in the middle of the transverse gluteal fold approximately where the hamstring insertion is found. This point is used for low back pain and sciatica where the pain runs down the back of the leg. Use supported fingers to apply pressure into the point in a direction towards the client’s head. You can also use a soft elbow to work the point. **See Figures 12.43 and 12.44, p. 222**

Bladder 60 (BL 60): Kunlun Mountains

- While the client is supine you can treat acupressure point BL 60, which is found midway between the tip of the lateral malleolus and the Achilles tendon. Manipulate bilaterally with your thumb pressing in towards the midline. **See Figure 12.45, p. 223**



Figure 12.42

**Figure 12.43**

Acupressure point: Bladder 36 with supported fingers

**Figure 12.44**

Bladder 36 with soft 'listening' elbow

Always finish with still work, holding your client's feet or head, grounding yourself and tuning in. This allows your client to absorb the changes in their body from the session – like saving your work on the computer.

Supine stretches and mobilisations

Gluteal stretch

- Take the corner of the drape and pull it under the thigh so that the client can hold the end of the drape for security. Get into kneeling t'ai chi stance on the table with your outside leg up at right angles and your foot flat on the table. Flex the client's leg at the knee and hip and place it into the fold of your thigh with your outside hand on their knee. Use the inside hand to hold down the other leg and press the client's flexed leg towards their belly by leaning

forward with the pelvis into a lunge. As always work with client communication and breath. See **Figure 12.46, p. 223**

Piriformis stretch

- Experiment with the starting point of the stretch as everyone will feel the muscle stretch in a different position. Flex the client's right hip and knee in a 'triangle position'. Place your client's left foot onto their right thigh in a 'figure-of-four' position. Now get into kneeling t'ai chi stance on the table and place the client's right foot into the fold of your thigh. Take both legs towards their head to stretch the left piriformis. Make sure your client keeps their sacrum on the table. This anchors one end of the piriformis to maximise the stretch. See **Figure 12.47, p. 224**



Figure 12.45

Acupressure point: Bladder 60

Mobilisations

- Either kneeling on the table or in standing t'ai chi stance, fold your client's knees to their chest and gently rock their low back with small rocking movements towards and away from their head. Your hands rest lightly on their knees. Use a rate of about one rock per second. If the client has a very sore low back do about 5–10 mobilisations then check in with them about comfort levels before continuing.

See Figure 12.48, p. 224



Figure 12.46

Gluteal stretch



Figure 12.47
Piriformis stretch



Figure 12.48
Mobilisations for low back

Teaching self-care suggestions for low back pain

Self-care suggestions for low back pain can be found in the Self-Care Resources (available at <http://www.handspringpublishing.com/resources/self-care-resources-for-massage-clients/>).