



HOLISTIC MASSAGE

LEVEL 3 DIPLOMA



Brighton School of Massage

Introduction & Overview

Welcome to the Holistic Massage Diploma with Brighton School of Massage. To pass this course, you will need to complete each of the following sections:

Unit	Study Method	Assessment
Holistic body massage (Theory & Practical)	Online study and practical lessons	Total of 36 case study treatments: Pass / Refer Multiple choice question exam (60 mins) Practical massage exam (60 mins)
Anatomy & Physiology	Online study	Pathology Assignment: Pass / Refer Multiple choice question papers after each body system
Complementary therapies	Online study	Assignment: Pass / Refer
Business practice	Online study	Assignment: Pass / Refer

Guidance Notes:

Lessons

Whilst every effort has been made to balance the content across lessons, some lessons may require more time to complete than others.

Workbook

You can download a supplementary workbook to use while you review the content of this course. It is by no means compulsory but may help you to organise your learning and use for revision and review.

Tasks

Throughout this unit there are optional, unassessed learning activities to consolidate your learning. These are purely for your own benefit and are not submitted. Mostly, you will find supporting resources for completing the tasks in the printable handbook.

Test

Most lessons have a compulsory test to complete to assess your learning and support your revision.

Assessment

An assessment is a compulsory assignment which needs to be submitted for grading. Assessments will be graded 'pass' or 'refer'. Assessments are detailed in separate Assessment Guidance documents.

Exam

Exams are assessments that are graded as a percentage mark and will be arranged with your lecturer. For this unit, you will have a practical exam and a multiple-choice question (MCQ) exam made up of 50 questions. The theory exam is **online**. The practical exam is in **class**.

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Lesson 1: Introduction to Massage

OBJECTIVES OF THIS LESSON

- Describe the history, philosophy and role of body massage and its relationship to other massage traditions.
- Describe the objectives and possible benefits of body massage treatment.

What is massage?

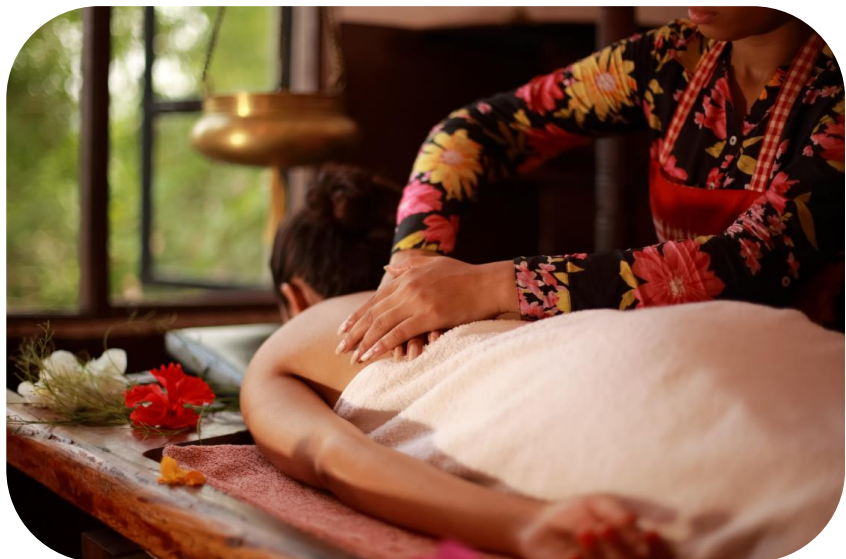
Body massage is a form of manipulation of the soft tissues of the body, which has been developed over thousands of years. From ancient China to present-day Europe, it has been used around the world, across the ages for the promotion and restoration of health.

Massage can be used for relaxation, stimulation or rehabilitation of the whole body or part of it. It promotes suppleness of the muscles, improves circulation and reduces stress.

Holistic massage that we know today has developed over thousands of years and includes influence from many different cultures.

How massage can complement other therapies and treatments

Massage can be used alongside a number of other therapies and treatments as a complementary therapy. When included as part of a client's treatment and recovery plan it can assist and support the healing process.



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Massage can be used alongside:

<i>Medical therapies</i>	Including physiotherapy, osteopathy, occupational therapy and chiropractic treatments to assist healing of soft tissue structures and chronic and acute injuries.
<i>Physical therapies</i>	For example yoga therapy, Pilates, exercise therapy, personal training, strength training and conditioning to assist relaxation, recovery and healing.
<i>Talking and psychological therapies</i>	Including counselling, drama therapy and dance movement therapy to promote relaxation and connection with the physical body and reduce tension in the body created by general anxiety-related conditions.
<i>Other alternative therapies</i>	For example, Somatics, Reiki, energy medicine, aromatherapy, crystal healing, hypnotherapy, Pilates, herbalism, yoga therapy, reflexology, to aid with holistic healing.

Task: History of Massage

Review the attached history of massage timelines. Highlight three things that you did not previously know about massage. Write a summary of the background of massage in no more than two paragraphs.

Origins and History of Massage Timeline

ANCIENT HISTORY OF MASSAGE



Origins of the word 'massage'
/ˈmɑːsɑːʒ, mɑːsɑːʒ/

Arabic - 'massa' means 'to touch/feel/handle'
French - 'masser' means 'to rub'
Greek - 'massein' means 'to knead'
Latin - 'massa' means 'that which forms a lump'
Portuguese - 'amassar' means 'to knead'

Massage is the oldest known healing art. It predates orthodox medicine and other complementary therapies.

2700 BCE

Massage is recorded in **China and South East Asia** where Huang-Ti writes '**Nei Ching**'. This text is considered the bible of traditional Chinese medicine. The Ancient Chinese called their technique '**anmo**' which was used to promote and restore health, as well as relax. It focuses on the **balance and movement of energy (Qi)** using the hands.

1000 BCE

Monks studying Buddhism in China observed Chinese medicinal practices, including massage, and returned this knowledge to **Japan**. The Chinese anmo was refined and developed to form Japanese '**anma**' which became a **foundation for Shiatsu**. This technique involved pressure to pressure points called tsubo to improve circulation and general health and wellbeing.

400 BCE

'Father of medicine' **Hippocrates** wrote that "the physician must be experienced in [...] rubbing" as he **prescribed friction** to treat injuries. He promoted a holistic approach to health.

3000 BCE

In **India**, massage is used as part of traditional **Ayurvedic medicine** (ayur meaning life, veda meaning knowledge). Massage was said to re-balance the body and open blocked channels which were thought to cause disease.

Ayurvedic medicine incorporates meditation, relaxation and aromatherapy and remains commonplace today.

2500 BCE

Tomb paintings in **Egypt** exhibit massage practice. The use of applied pressure to the hands and feet led to Ancient Egyptians being credited with the creation of **reflexology**.

Massage derived from Eastern philosophies progressed into Western civilization.

800 - 700 BCE

For the **Ancient Greeks**, massage was part of daily **exercise and fitness** and one of the chief means of relieving pain. Athletes used massage therapy to condition their bodies prior to competitions.

200 - 0 BCE

Prompted by physician Galen, the **Romans** used massage therapy to **treat injury and illness**. Roman Baths offered spa treatments for the public.

The popularity of massage appeared to decline in western countries until around the 17th Century. Medicinal practices were changing with breakthroughs in science and medicine.



MODERN HISTORY OF MASSAGE



1700s

Whilst massage therapy was not so popular in the west, in the 1700s "**rubbers**" were employed by surgeons to give **friction therapy** to orthopedic patients.

1813

The **Royal Gymnastics Central Institute** was **established** for teaching a system of gymnastics for medical benefits. **Ling** was the founder and principal of this centre. He was later given medical credit for his practices.

1894

By the late 1800s massage therapy was common. However, there had become a **connotation with sex work**. To protect the profession falling into disrepute, 8 women set up the **Society of Trained Masseuses (STM)**.

1920

The STM had acquired legal status of a **professional organisation** and in 1920 was granted a **Royal Charter** and became the Chartered Society of Massage and Remedial Gymnastics.

1962

Rapid growth in **electrotherapy** led to **massage** being **withdrawn from physiotherapy** training. In 1962 the **Federation of Holistic Therapists** was founded by Wallace S Sharps.

1984

The **Summer Olympics** in L.A. highlighted how **massage was used for athletes**, shown on TV.

2008

The **Complementary and Natural Healthcare Council (CNHC)** was **founded**.



1800s

Swedish doctor, and gymnast, **Per Henrik Ling** developed '**medical gymnastics**' to relieve pain. Ling's work in physical therapy is regarded as the foundation of modern massage.

1860s

Johan Georg Mezger developed this method and **refined** the set of **movements** used today as the basis of **Swedish Massage** including effleurage, petrissage, tapotement and friction.

1914 - 1918

Massage was popular during and following **World War I** to treat and **rehabilitate injuries**.

1944

With a strong focus on **high standards and medical practice**, this became the Chartered Society of Physiotherapy (CSP).

1968

City & Guilds offer the **first professional qualification** including massage therapy.

2000

House of Lords Select committee decree **complementary therapies** need a voluntary **self-regulatory body**.

2020

Research into massage therapy **continues** to increase and reports benefits for **health and well-being**.

Effects and Benefits of Massage

At a glance

Massage aids circulation, mobilizes joints and muscles, improves digestion and, through increasing relaxation, can improve and maintain general good health and well-being.



Even though we look at the effects of massage on the separate body systems and life forces, it must be recognized that they work together as a whole. They are interdependent of each other.

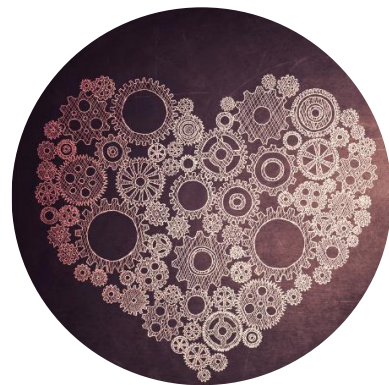
Massage is said to be soothing, stimulating, instinctive, comforting, universal and safe. Most people can benefit from massage treatment, and it is a non-invasive natural therapy with increasingly documented benefits. It is thought to be instinctive as when we injure ourselves, it is common to rub and manipulate the area using our own hands to soothe our achy muscles.

The effects and benefits of massage can be split into physiological effects and psychological benefits.

Physiological benefits of massage

Massage stimulates the systems of the body. It promotes better circulation, aids digestion, encourages waste removal and supports neural communication (Tucker, 2016).

Massage uses touch to relax the body. Extended periods of stress can lead to illness. Studies suggest that stress is the “common risk factor of 75%-90% of diseases” (Liu, Wang and Jiang, 2017), so we should certainly aim to reduce stress in our lives. The comforting touch of massage can help reduce stress and promote well-being.



Massage stimulates blood circulation and assists the lymphatic system. This aids the elimination of waste throughout the body.

When soothing movements such as effleurage are used, the touch receptors close to the epidermis may signal the brain that there is no danger which may cause the body to relax.

Deeper into the soft tissue, tension may be eased, adhesions broken down and muscles may be free to contract more efficiently. Massage can relieve accumulated tension, restore flexibility to tight, sore muscles and improve muscle tone. It also aids stretching of connective tissue and increases tissue metabolism.

Massage can relieve cramps and muscle spasms and reduces pain and swellings by stimulating the release of endorphins (the body's natural painkiller) into the brain and nervous system. Fosters faster healing of strained muscles and sprained ligaments by preventing and reducing excessive scar tissue.

Through relaxation, massage can slow and regulate respiration, promoting deeper and easier breathing. In turn, this increases the flow of oxygen and nutrients to cells and tissue. It can also lower blood pressure and reduce the heart rate.

Massage relieves tired and aching muscles and decreases muscular deterioration. Through active movements, massage also increases joint mobility and range of movement. Massage also improves skin tone by causing desquamation of the skin.

Massage may stimulate the immune system and strengthen resistance to disease. A study (Shor-Posner et al., 2006) found that massage boosted the number of white blood cells in patients with HIV, which typically causes a reduction of white blood cells. A study by the BBC tested the effect of massage on people with no serious immune condition and found that participants showed a 70% boost in their white blood cells after a one-hour massage (D'Acquisto, 2017). Studies, at least as far back as the 1890s, have also shown increased red blood cell count after massage.

Remember

Therapists must not diagnose or claim to treat, heal, or cure medical conditions, unless medically qualified to do so.



Psychological benefits of massage



The psychological benefits of massage can be as much caused by the physiological effects of massage, as they do contribute to them. For example, the decreased heart rate and lower blood pressure can reduce levels of anxiety, but also reduced levels of anxiety can help lower resting heart rate and decrease blood pressure. This is known as a positive feedback loop.

As much as the reduction of stress have physiological benefits, there are psychological benefits from a massage treatment which lowers stress levels. Reduced stress levels can lead to better sleep patterns, which in turn boost physical wellbeing. Lower stress and better sleep can aid concentration and focus, often leading to greater sense of achievement and productivity.

A massage treatment can provide an opportunity for mindfulness and grounding exercises, possibly enhancing capacity for calm thinking and creativity. It can offer a chance to prioritize time to reflect on one's own emotions and general wellbeing.

The use of touch can be comforting for people of all ages, and massage can offer a treatment which can either stimulate or calm the nervous system, depending on what is needed. It can either be relaxing and reassuring, providing a sense of comfort and destress through touch, or it can be refreshing and rejuvenating, boosting energy through invigoration of the body systems.

Massage provides a soothing and comforting alternative or addition to verbal therapeutic techniques, such as coaching or counselling. It can boost confidence, self-esteem, and a general feeling of well-being. Due to the physical nature of body massage, it can increase body awareness in the client, and may even mean early identification of health conditions.

Spiritual and energetic benefits of massage.

For some, massage provides an increased awareness of the mind-body-spirit connection. The emotional and spiritual part of a person can be understood in many ways, all of which are personal and individual. Our spirit finds its regeneration in positive touch and can be renewed through touch. A giver's touch reflects their spirit as does the receiver's ability and openness to receive it.



Whilst it is uncommon for massage to evoke negative effects, occasionally contra-actions are experienced. This will be explored later in the course.



Task: Benefits of Massage

In your own words, summarise three physiological and three psychological benefits of massage.

The link between Holistic / Therapeutic massage and Traditional Swedish massage

The term holistic is generally interpreted as a treatment related to the whole person. Typically, holistic treatments include a broader consultation that engages with various elements of the client's lifestyle and ensure that various aspects of, and approaches to, massage are incorporated to meet the needs of the client. Holistic or therapeutic massage has a practical application based primarily on the principles of Swedish massage but may include elements of sports/deep tissue massage, lymphatic drainage techniques, or other elements from different therapies, provided the therapist is adequately trained in these approaches.

The psychological application of holistic/therapeutic massage is based on holistic concepts of the universe. These may come from insights of Daoism which offers a set of practises

designed to cure illness and maintain health and well-being. So, a holistic treatment aims to connect body mind and spirit using an incorporated approach from different schools of thought.

Practically, holistic/therapeutic massage includes movements that are performed slowly, with light-medium pressure and normally incorporate the use of an oil-based massage medium. Music and candlelight are often used as a background aid to support a calming atmosphere. Active movements such as joint manipulation, stretches and myofascial bodywork are usually not included in a holistic massage treatment.

Conversely, Swedish massage does include active exercise and is traditionally performed with talcum powder to allow the therapist to perform these movements without slipping.

A combination of effleurage, petrissage, percussion, and friction movements are used together with joint manipulation, passive and active exercises, stretches and deep tissue work to relax, stimulate, and tone the body, whilst promoting positive physiological and psychological effects.

Essentially, Swedish massage is an approach to body massage whose passive movements are typically incorporated in holistic massage. Some therapists offer treatments called holistic Swedish treatments.

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Lesson 2: Professional Practise in Massage

OBJECTIVES OF THIS LESSON

- Understand how to produce, maintain and store client records
- Understand the principles of professional practice in massage
- Understand the legislation required in massage
- Understand the standards relevant to the massage profession
- Understand the scope of practice in massage

Legal Obligations

As a professional Massage Therapist we are governed by various legislations which outline the duty of care and attention to be provided by all employers and employees providing professional services.

Duty of care means that to the best of one's knowledge and ability all appropriate safeguards are in place and relevant precautions have been taken to minimise risk or harm to a client or their property.

The massage therapist must be aware of the legislation and how it applies to their role in different environments, which may include working as an employed or self-employed therapist in a salon, sports facility, at a sporting event, from their own home or as a mobile service provider. They must also ensure that their practice complies with legislation.

Failure to comply with legislation may result in:

- Loss of professional memberships
- Loss of right to practise
- Prosecution and penalties
- Personal injury or other liability claims
- Invalid insurance
- Loss of livelihood
- Loss of reputation
- A criminal record
- Damage to the reputation of the whole sector and profession

Relevant Acts of Parliament

The Management of Health and Safety at Work Regulations (1999) generally makes more explicit what employers are required to do to manage health and safety under the Health and Safety at Work Act. Employers should make formal arrangements for maintaining and improving safe working conditions and practices. This includes competency training and risk assessments.

COSHH - Control of Substances Hazardous to Health (2002) is the law that requires employers to control substances that are hazardous to health.

A substance is considered to be hazardous if it can cause harm to the body. It poses a risk if it is inhaled, ingested, in contact with the skin, absorbed through the skin, injected into the body or introduced to the body through cuts.

Ensuring the following are in place:

- COSHH storage area which is fire proof and lockable
- Risk assessment carried out for each product which falls under COSHH {cleaning products, bleach etc.}
- Protective clothing necessary when using products, e.g. gloves, goggles, apron etc
- Training for staff using products
- Antidotes for any products, if there are any and where appropriate
- Store all substances safely and securely
- Use labels to identify substances {including allergens that may be present in different oils or lotions}

RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)

puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

Not all injuries need to be reported: only those where an accident is work-related (not simply 'at work') and results in a specific type of injury or lead to incapacitation for greater than seven days. Accidents must be recorded (but are not required to be reported) where they result in a worker being incapacitated for more than 3 consecutive days.

Accidents to members of the public must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. This includes carpal tunnel syndrome and tendonitis of the hand or forearm amongst

others. Certain 'near-miss' incidents even though they did not result in injury, need to be reported under RIDDOR.

Key guidelines :

- Have a policy and procedure for dealing with occupational accidents or incidents
- Maintain an accident and incident report book
- Report any occupational diseases
- Report any contagious diseases or accidents at work, death, non-fatal accidents, near misses or dangerous occurrences
- Report all incidents to HSE within ten days. This can be completed online

Manual Handling Operations Regulations (1992).

Key guidelines include:

- Provide a policy and procedure for manual handling
- Conduct regular risk assessments relating to manual handling
- Display safe handling information (posters), where appropriate
- Use a trolley to move portable couches
- Use hydraulic couches to protect posture where possible
- Provide manual handling training for staff, e.g. if using a stretcher pitch side or at sporting events.
- Use appropriate techniques to move clients, e.g. help may be required and care taken when moving disabled or elderly on and off couch
- When lifting and carrying equipment (e.g. mobile service or to sporting events) use correct technique and use multiple journeys, rather than carrying too much in one go

Electricity at Work Regulations (1989) apply to almost all places of work. Essentially electrical equipment

- must be properly installed and maintained so that it does not present a risk of electric shock, burns, fire or explosion when properly used. This includes the commissioning of external services.

The Health and Safety (First-Aid) Regulations (1981) require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. These Regulations apply to all workplaces including those with less than five employees and to the self-employed.



Ensuring that the following are in place:

- Qualified and named first aider (to check and maintain first aid box)
- First aid room {depending on number of employees}
- Emergency contact numbers for all staff and service users
- First aid box accessible and fully stocked, appropriate for number of employees and specific requirements

Minimum contents, where there are no special risks should include:

- Guidance leaflet
- 1 pair of disposable gloves
- 2 sterile eye pads
- 4 individually wrapped triangular bandages
- 6 safety pins
- 6 medium sized and 2 large individually wrapped, sterile wound dressings
- 20 individually wrapped sterile adhesive dressings of various sizes

Noise at Work Regulations 1989**Key guidelines include:**

- Protection is offered to minimise any potential hearing damage in noisy environments, e.g. use of ear covering at noisy events, such as motor racing

The Equality Act 2010

This is the overarching legislation for equality and diversity, it encompasses all previous legislation, e.g. Race Relations Act and Disability Discrimination Act, etc.

Key guidelines:

- Treat people with respect and dignity, regardless of difference
- Do not discriminate against any person because of specific characteristics, e.g. age, gender, race, religious beliefs, sexual orientation, disability
- Treat people fairly and with equal importance, including the provision of reasonable adjustments, where possible and practicable
- Follow appropriate procedures to report any discriminatory behaviour in the workplace

The Local Government Act 1992 Any person carrying out invasive treatments should be registered with the local authority.

Key guidelines:

- All services should be conducted at the registered premises
- All professionals should adhere to Health and Safety Executive (HSE) legislation
- Appropriate standards of personal and clinical hygiene should be maintained
- A first aider should be available when providing services
- All professionals should adhere to procedures for handling data and personal information
- Appropriate insurances should be held by those offering services, e.g. public liability

Employers' Liability (Compulsory Insurance) Act 1969

Key guidelines:

- Hold current insurance appropriate for the number of staff employed
- Display the insurance policy

Provision and Use of Work Equipment Regulations 1998

Key guidelines include ensuring:

- All equipment is regularly maintained and operational
- Appropriate testing of electrical equipment, e.g. PAT testing

The Regulatory Reform (Fire Safety) Order 2005

Key guidelines include ensuring:

- Exit routes are clearly signposted and illuminated
- There is a fire alarm raising point
- There is adequate firefighting equipment
- Extinguishers are serviced regularly
- Evacuation routes and assembly points are clearly visible in each room
- Fire drills are carried out regularly

Personal Protective Equipment at Work Regulations 1992

Key guidelines:

- Appropriate protective clothing and equipment should be provided and worn.
- All clothing should be well-fitted.

Workplace (Health, Safety and Welfare) Regulations 1992**Key guidelines include ensuring:**

- Work stations are at correct height (e.g. couch)
- Adequate breaks when using equipment, e.g. computer screens
- Appropriate lighting, ventilation and heating

Data Protection Act 2018 –the UK implementation of the General Data Protection Regulation (GDPR)

This protects the client's right to confidentiality.

Key guidelines include:

- Information should not be disclosed to any third party
- Information sharing is only allowed for legal reasons or for client protection (e.g. referral)
- Gain consent prior to disclosing information
- Store all records securely
- Dispose of records appropriately
- Maintain records for appropriate time frame
- All data and records should be:
- Used fairly and lawfully
- Used for limited, specifically stated purposes
- Used in a way that is adequate, relevant and not excessive
- Accurate
- Kept for no longer than is absolutely necessary
- Handled according to people's data protection rights
- Kept safe and secure
- Not transferred outside the UK without adequate protection

Management of Health and Safety at Work Regulations 1999**Key guidelines:**

- Appoint an appropriate person to conduct risk assessment of all working areas
- Risk assess all areas to identify potential hazards
- Manage risks - eliminate where possible and if risks cannot be eliminated, they must be reduced, isolated, controlled and/or protective clothing worn
- Provide staff training on risk assessment

Health and Safety at work Act 1974

The Health and Safety at Work Act (1974) was the main piece of legislation offering directives to maintain health and safety in England, Scotland and Wales.

Key guidelines:

- All employers and employees are responsible for the health and safety of self, colleagues, clients and anyone else who uses a specific environment, including external visitors
- Employers should register with HSE and display a health and safety poster, naming the responsible person for health and safety
- There should be policies and procedures for dealing with health and safety and all staff should be inducted to these
- There should be an appointed first aider
- All staff should be appropriately qualified and hold relevant insurances
- There should be hygienic toilets and washing facilities, clean drinking water and appropriate rest and eating facilities.
- The work area should have appropriate lighting and ventilation
- Appropriate training should be provided for staff in all aspects of relevant health and safety including: fire drills, manual handling, handling chemicals, purpose of fire extinguishers and emergency exits
- All health and safety policies should be reviewed and updated regularly

Health & Safety

It is important to be aware of current health and safety legislation as there are legal requirements you must follow; you have a duty of care to your clients and a responsibility to manage you own and your client's health and safety. There will be different levels of responsibility depending on whether you are working in the capacity of an employee or as an employer or self-employed worker.

Employer's responsibilities:

- Provide policies and procedures.
- Provide induction and training.
- Provide protective equipment.
- Risk assessment.
- Insurance.

Employee's responsibilities:

- Take responsibility for own health and safety.
- Follow organisation procedures.
- Dynamic assessment of risk to self and others.

Main influences on health & safety.

- Environmental factors – the conditions in which people work, e.g., the working temperature, ventilation and noise.
- Occupational factors – people may be at risk from certain illnesses due to the services or treatments they offer, e.g., allergies to products used.
- Human factors – people contributing to accidents due to poor behaviour, carelessness, error or haste, e.g., forgetting to clear a spillage of oil from the floor.



Health and safety procedures should not be seen as box check exercises and should instead form part of day-to-day practice to ensure the smooth running of a safe practice for all involved.

The most important part of health and safety is being aware of, and minimising and/or managing risks.

Particularly if you are self-employed or an employer, it is important to be aware of the following legislations relating to health, well-being & safety. The Health and Safety at Work etc. Act (1974) is the primary legislation which enables a series of regulations surrounding practices to maintain health and safety in the workplace. The Act sets out the general duties

which employers have towards employees and members of the public, and employees have to themselves and to each other. The regulations are essentially rules to which employers need to adhere by maintaining good working practices and following approved codes of practice.

What the law requires is what good management and common sense would lead employers to do anyway: that is, to look at what the risks are and take sensible measures to tackle them.

Health & Safety in Practice

The Institute of Occupational Safety and Health (IOSH) offers some straightforward guidance for complementary therapists around health and safety. In summary:

In the UK, the law applies to all businesses, large or small. If you're self-employed or an employer then you are responsible for the health and safety of your business. The law is there to make sure you have a safe working environment and cut down the risk of you, your staff (if you have any) or clients getting ill or injured.

So, by law you must...

...get some help with your health and safety duties

As an employer you must appoint someone who knows about health and safety. This may need to be an external advisor.

...write and regularly review a health and safety policy for your business

Your policy doesn't have to take you long to write, or be lengthy or complicated. The policy should describe how you'll manage health and safety and should clearly state who does what, when and how. It is only required to be written down if you have 5 or more staff.

...manage the risk in your business

You must consider (assess) and manage any risks where you work or connected with what you do. This is a straightforward process. This is simply thinking about what you do in your business that could harm people and what you're going to do to try to stop it happening.

...talk to your employees

If you employ anyone, you need to consult them on health and safety.

...give training and information

If you have staff, they need to know how to work safely and without risking their health. You must give clear instructions, information and training. Don't forget to include temporary workers.

...have the right facilities

You need to provide: - toilet and washing facilities - drinking water - somewhere to store clothing and to change if your staff wear a uniform - somewhere to rest and eat meals. If you're a mobile therapist, you might need to consider alternatives.

You need to make sure that where you work is healthy, and that you have: - good ventilation – fresh, clean air drawn from outside or a ventilation system - a comfortable working temperature – usually at least 16 degrees C - lighting suitable for the work being carried out - enough space, seating and so on - a clean environment with bins appropriate for the type/s of waste.

...plan for first aid, accidents and ill health

You have to organise first aid arrangements where you work. If you're self-employed, with no staff, you need to have a first aid kit. By law, you must report and keep a record of certain accidents, incidents and illness.

...display the health and safety law poster

If you employ anyone, you must either display the HSE's law poster, or give each member of staff the pocket card version. The poster outlines UK health and safety law and includes a simple list that tells employers what they and their employees need to do.

...get insurance for your business

If you have employees you'll probably need employers' liability insurance. There may be other types of insurance you need, such as public liability, or 'driving for business' cover if you're a mobile therapist.

...keep your business up to date

Keeping up with news and developments in your sector will help you keep your health and safety policy and risk assessments up to date.

Some examples of things to consider:

- How you use and store essential or carrier oils
- How you minimize likelihood of allergic reactions
- How you manage risk of infections being passed between you and your clients
- How you can minimize the impact of giving regular manual therapies on your body
- Procedures for lifting or moving heavy equipment
- How you keep yourself safe when lone working
- How you manage risk of fire where you work

There are many other areas of your practice that you will need to consider but they certainly do not need to be complicated processes.

Risk Assessment

Risk management is a step-by-step process for controlling health and safety risks caused by hazards in the workplace.

You can do it yourself or appoint a competent person to help you.

The law does not expect you to remove all risks, but it does expect you to control them.

In your line of work, depending on the type of therapy you offer, you will probably look at things like using and storing essential oils or beauty products, contact with the body and skin, aches and pains, lifting and carrying heavy equipment.

When thinking about your risk assessment, remember:

- a hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc;
- the risk is the chance, high or low, that somebody could be harmed by these hazards, together with an indication of how serious the harm could be.



Risk Assessments

- 1 Identify the hazards**
- 2 Assess the risks**
- 3 Decide how to control the risks**
- 4 Record findings and implement them**
- 5 Review assessment & update if necessary**

Advice from the Health & Safety Executive (HSE) suggests the following when assessing risk.

1. Identify hazards

Look around your workplace and think about what may cause harm (these are called hazards). Think about:

- how people work and how equipment is used
- what chemicals and substances are used
- what safe or unsafe work practices exist
- the general state of your premises

Think about hazards to health, such as manual handling, use of chemicals and causes of work-related stress.

2. Assess the risks

Once you have identified the hazards, decide how likely it is that someone could be harmed and how serious it could be. This is assessing the level of risk.

Decide:

- who might be harmed and how
- what you're already doing to control the risks

- what further action you need to take to control the risks
- who needs to carry out the action
- when the action is needed by

For each hazard, think about how employees, contractors, visitors or members of the public might be harmed.

3. Decide on precautions

Look at what you're already doing, and the controls you already have in place.

Ask yourself:

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

If you need further controls, consider:

- redesigning the task/s
- replacing the materials, equipment or process
- organising your work to reduce exposure to the hazard
- identifying and implementing practical measures needed to work safely
- providing personal protective equipment and making sure it is worn

Put the controls you have identified in place. You're not expected to eliminate all risks but you need to do everything 'reasonably practicable' to protect people from harm. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble.

4. Record findings and implement them

If you employ 5 or more people, you must record your significant findings, including.

- the hazards (things that may cause harm)
- who might be harmed and how
- what you are doing to control the risks

Do not rely purely on paperwork as your main priority should be to control the risks in practice – there is no use having a risk assessment on file if the measures are not being implemented!.

It could be good practice to record risk assessments even if you do not have 5 employees.

5. Review assessment and update if necessary

You must review the controls you have put in place to make sure they are working. You should also review them if:

- they may no longer be effective
- there are changes in the workplace that could lead to new risks such as changes to:
 - staff
 - a process
 - the substances or equipment used

Also consider a review if your workers have spotted any problems or there have been any accidents or near misses.

Update your risk assessment record with any changes you make.

For example:

The likelihood of a client with a contra-indication experiencing a negative reaction during or after massage may receive a score of 3-5. The severity of the reaction may score 4-5. The total risk rating would be between 12 and 25 making treatment **HIGH RISK**. The action would be to eliminate the risk and signpost them to their GP.

If risks are identified apply ERIC.



Areas to consider

Electrical safety

Electricity can kill or severely injure people and cause damage to property. However, you can take simple precautions when working with or near electricity and electrical equipment to significantly reduce the risk of injury to you, your workers and others around you. This section provides a summary of those precautions.

Fire safety

Most fires are preventable, and those responsible for workplaces and other buildings to which the public have access can avoid them by taking responsibility for and adopting the right behaviours and procedures. This section covers general advice on fire safety and also provides guidance on substances that cause fire and explosion.

Harmful substances

Many materials or substances used or created at work could harm your health. These substances could be dusts, gases or fumes that you breathe in, or liquids, gels or powders that come into contact with your eyes or skin.

Manual handling

Manual handling causes over a third of all workplace injuries. These include work-related musculoskeletal disorders (MSDs) such as pain and injuries to arms, legs and joints, and repetitive strain injuries of various sorts.

Personal protective equipment.

Employers have duties concerning the provision and use of personal protective equipment (PPE) at work. PPE is equipment that will protect the user against health or safety risks at work.

Slips and trips

Most slips occur when floors become wet or contaminated and many trips are due to poor housekeeping. The solutions are often simple and cost-effective and a basic assessment of the risks should help to identify any slip or trip hazards in your workplace.

Did you know?



Tumble drying towels has the potential to be a fire hazard.

Oil stains on towels that are not successfully cleaned can spontaneously combust following tumble drying as the heat can cause the oils to set alight. This is a rare occurrence.

To minimise the risk, wash towels on a high temperature wash using biological detergent (these contain enzymes which are more successful at breaking down fatty acids). Allow the drying cycle to finish completely then remove towels from the tumble drier promptly. Shake out towels and fold. Avoid stoving in big piles or bundles.

Chemical Hazard Symbols

Some products have hazard symbols on their package. Be aware of what they mean.

Environmental Hazard

Indicates substances that are toxic to aquatic organisms, or may cause long lasting environmental effects. They should be disposed of responsibly.



ENVIRONMENTAL HAZARD



Acutely Toxic

Indicates life-threatening effects, in some cases even after limited exposure. Any form of ingestion and skin contact should be avoided.

ACUTELY TOXIC

Corrosive

May cause burns to skin and damage to eyes. May also corrode metals. Avoid skin & eye contact and do not breathe vapours.



CORROSIVE



Flammable

Flammable when exposed to heat, fire or sparks, or give off flammable gases when reacting with water. Ignition sources should be avoided.

FLAMMABLE

Moderate Hazard

May irritate the skin, or exhibit minor toxicity. The chemical should be kept away from the skin and the eyes as a precaution.



MODERATE HAZARD



Health Hazard

Short or long term exposure could cause serious long term health effects. Skin contact and ingestion of this chemical should be avoided.

HEALTH HAZARD

Hygiene

Sterilization and Disinfecting

Massage typically does not have tools which would be disinfected in a steriliser. However, it is important to know good practice around keeping your equipment clean and disinfecting between clients.

Sterilization: This is the complete destruction or removal of living organisms on an object. Micro-organisms may be destroyed by heat, chemical disinfectants and ultraviolet radiation. All tools must, however, be cleaned to remove grease before disinfection is to take place.

Disinfection: This is the destruction of micro-organisms, but not usually bacterial spores, reducing the number of microorganisms to a level, which will not be harmful to health. In most salons, 'barbicide' is a recognized name as a germicide and disinfectant liquid in which tools can be stored. Surgical spirit can also be used.

Tools for cleaning

Antiseptic: Is a substance that inhibits the growth of bacteria but not kill the bacteria.

Autoclave: This is like a pressure cooker, with the water contained inside it reaches temperatures of 121 – 134 C. This is the most effective method for the sterilization of tools.

Glass bead sterilizer: Small glass beads are retained in a beaker and heated to a temperature of 190C. Tools are placed in these beads for 10 minutes. A disadvantage of glass bead sterilizer is that it cannot hold large items.

UV Sterilizer: UV light will only be effective on surfaces that are exposed to the UV light. Tools will therefore need turning during the process to ensure that all surfaces are thoroughly sterilized. UV sterilization is not suitable for brushes.

Pathogens

A pathogen is any organism that can produce disease. A pathogen may also be referred to as an infectious agent, or simply a germ. Pathogens can make us sick, but when healthy, our bodies are able to defend against pathogens and the illnesses they cause.

Bacteria: A single cell organism without a nucleus, which produces a toxin.

Fungus: This is a low form of vegetable life, which includes mushrooms and moulds. Some varieties cause disease, such as ringworm. A fungi stat will inhibit growth of any fungus while a fungicide will kill fungus outright.

Virus: A virus is a sub microscopic infectious agent that replicates only inside the living cells of an organism. Viruses can be classed as pathogenic or non-pathogenic.

Parasites: Organisms which live in or on a host and feed from them.

The best way to protect against pathogens is to wash hands often and keep areas clean



For a health and safety for business overview visit: <https://www.hse.gov.uk/simple-health-safety/index.htm>

For the IOSH guide to Health & Safety as a Complementary and Beauty Therapist visit:
https://www.iosh.co.uk/~/_media/Documents/Books%20and%20resources/Safe%20start%20up/safe_start_up-therapists.ashx

Lesson 3: Looking after yourself

OBJECTIVES OF THIS LESSON

- Describe how you can keep yourself safe and healthy as a therapist including posture, working positions, attitude and exercise;
- Understand what lone working means and how to manage working alone;
- Safeguarding Legislation

How can massage therapists protect and take care of themselves?

Massage is a very physical treatment. It can take a lot out of the therapist giving it.

The effects of the treatment depend on the physical energy of the therapist performing it. If the energy is depleted by health problems or limited by incorrect posture, then the treatment will be less effective.

Any therapist continuing to work without paying attention to correct posture will cause damage to their own body, both in the short and long term.

To protect themselves, massage therapists should pay attention to the following 4 areas:

- Posture
- Working positions
- Attitude
- Exercise



Each one of these factors contributes to the positive effects of treatments and prevents the therapist from harming themselves.

Posture

Good posture is necessary both for your own health and well-being and to maintain a quality and sustainable practice.

When consulting and working on the client the therapist should avoid:

- Tension in arms, neck, and shoulders
- Stiff, rigid legs and locked knees
- Stiff, inflexible wrists and hands
- Uneven distribution of weight in the legs
- Slouching or crossing the legs
- Repeating the same movements too often: varying the routines helps prevent repetitive strain injuries.

All the above can cause neck and back problems, muscle strain and repetitive strain injuries. Not only are they damaging, but they also affect the therapist's attitude, give a poor impression, and prevent the most effective treatment.

A balanced upright posture has many advantages:

- Enables the body to withstand fatigue,
- Eases nervous tension and increases mental alertness,
- Increases physical stress tolerance,
- Body becomes less susceptible to infections and illness and less prone to injury,
- Increases physical confidence and emotional balance.

Receiving body massage can help improve posture as it:

- Helps lengthen compressed joints,
- Helps to improve nutrients to soft tissues and joints,
- Helps loosen stiff joints and encourages movement where it is lacking,
- Helps maintain full joint mobility and good muscle tone.

Maintain correct posture during massage treatments:

- Keep the back straight but not rigid,
- Keep wrists and forearms as straight as possible without locking them,
- Keep legs slightly bent,
- Keep shoulders relaxed,
- It is common tendency to tense the shoulders, holding them close to the ears – practice rolling your shoulders forward and backward before each treatment,
- Move around the client instead of overreaching and risking muscle damage,
- Distribute the weight of the body evenly between both legs - many of us tend to rest on one leg, overworking it and weakening the other,
- Take regular breaks between (not during!) treatments,
- Invest in a height adjustable chair or couch for clients,
- Be aware of your own body, where tension is held and what causes strain. Awareness of one's body limits will help prevent overstretching it.

Remember – it is often the tiniest movements which cause the most damage.

Good posture enables the therapist to concentrate on the massage without worrying whether they will be able to perform the movements and limits the likelihood of acute or chronic injury.



Working Positions

Working positions are designed to protect the working therapist from muscle or joint strain as well as allowing maximum mobility and pressure for the treatment

The positions below are the recommended main positions for a full body massage.

Striding position

Stand with your body at an angle to the table, feet positioned as if striding forward in a lunge position. Maintain flexible knees and shift your body weight from the back leg into the front leg to get momentum to your stroke.

This position is used for long strokes, such as effleurage, along the length of the body, particularly across the back and the legs.

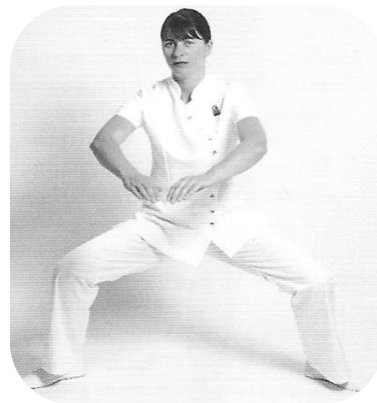


Striding Position

Side standing position

Feet should be wide apart and positioned at 45 degrees from the body. Keep knees soft and hips forward, with your rear tucked under. Forearms should be at right angles to the body and wrists flexible. Keep the neck straight and glance down at your client without bending your neck.

This position is used for short strokes such as kneading, wringing and percussion, rather than effleurage, when work is across the muscles or in a local area.



Side Standing Position

Attitude

Have you ever noticed that when you are in a good mood and you meet someone in a bad or negative mood, you often leave feeling less positive? This is because other people's moods and attitudes affect us. When giving a treatment a therapist's mood & attitude will affect their client.

**A tense therapist will make the client tense.
A rushed therapist will make the client feel rushed.**



For a massage to have the desired effect for the client, whether it's intended to be relaxing or energizing, the therapist will need to bring the right attitude to the treatment room.

In general, the therapist should feel centered and focused, secure and calm and able to concentrate on using their own physical or mental energy to work on and improve the physical or mental energy of the clients. Always begin a massage in a positive and caring frame of mind. Take time to relax and center yourself before you start the treatment. Once the treatment has started, encourage your client to relax by not engaging in too much conversation, merely reply to any questions and let them know you are listening.

To give a treatment you need to be quiet and calm. Put aside at least 10 minutes before each new client to free yourself from tension and mental preoccupation, so you can relax into the rhythm of the massage, which will enhance the treatment for your client and is less tiring for you.



Try these simple techniques to focus and prepare yourself:

Close your eyes and sit quietly for a few minutes.

Let go of any thoughts that may be worrying you or are cluttering your mind.

Concentrate on your breathing. Imagine all unnecessary tension flowing out of you each time you exhale.

Exercise and breathing

A massage therapist will need to take regular exercise to have the physical fitness and stamina to carry out the treatments. Exercise is one of the best ways to relax after work, to prevent the build-up of tension and stiffness from working in similar standing positions all day. Hands and wrist should also be exercised on a regular basis to keep them supple and flexible.

Breathing exercise can help with relaxation both during and between treatments. Throughout the massage the therapist should be aware of their breathing and that of the client. The therapist should encourage the clients to breathe deeply and evenly and should make sure their own breathing is calm, regular and matches the client's pace. This will enable both parties to relax and concentrate on the treatment. Yoga, meditation and t'ai chi are all exercises which include breathing techniques, while at the same time strengthening the body and mind. (Tucker, 2016)



Good news!

Therapists should try to receive regular massage treatment themselves.



Lone Working

Lone working is defined by the HSE (Health & Safety Executive) as “those who work by themselves without close or direct supervision”. It includes working outside of normal office hours, working from home, working in other people’s homes and those who travel as part of their job. As a massage therapist you are likely to be lone working most of your working day.

As an employee you should ask your employer for a copy of their Lone Working Policy. As a self-employed individual you should establish a lone working policy and share your process with someone close to you – e.g., someone you live with or have regular contact with.

If you are concerned about your safety due to lone working, perhaps if you also live alone, you could consider utilising a lone worker safety monitoring service. You can use such apps on your phone to check in and out before and after each client visit, for example.

Chaperones

A chaperone is someone who accompanies someone else to an appointment. Guidelines for best practice when working with children and vulnerable adults indicate not to be alone at any point. The Safeguarding Vulnerable Groups Act (2006) protects the welfare of children and vulnerable adults.

It aims to ensure their safety, protect them against maltreatment, remove any risk of harm, neglect or abuse. Sometimes, harm can be experienced by a vulnerable person simply through misunderstandings. Having a chaperone to help with communication can be a useful tool to protect the person against harm. When working with a child or vulnerable adult it is equally important to protect yourself in case of any allegations. A chaperone can be useful to protect against this.

Definitions:	
Child	Most protection agencies in the UK refer to children as any person under 18 years old.
Vulnerable adult	Any person “aged 18 years or over, in receipt of or in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.” (Dof Health, 2000)

Chaperones can:

- Provide support to child or vulnerable person.
- Assist with explanation of
- providing a medical background for the consultation
- the proposed treatment
- informed consent (or in some cases providing it on behalf of the vulnerable person)
- Offer protection for all parties, e.g., allegations.
- Provide reassurance to client.
- Alleviate anxiety the client may feel, e.g., if the therapist is not known to them.

Key guidelines :

- Protect the interests of clients who are minors or clients who are unable to give voluntary and informed consent by
- securing permission from an appropriate third party or guardian
- Never work with children or adults without a chaperone
- Provide a safeguarding policy and procedures
- Ensure staff are trained to identify and deal with issues relating to safeguarding, including suspected abuse or
- allegations of abuse and how to contact the statutory agencies
- Maintain appropriate Disclosure Barring Service (DBS) records for all staff working with children or vulnerable adults
- Appoint a named person responsible for managing safeguarding
- Manage records and information sharing appropriately

Children are defined by most protection agencies in the UK as:

'Any person under the age 18' (NSPCC. 2014)

In comparison to adults, all children are vulnerable. Some children are more critically vulnerable than others. This would include children who:

- Have been orphaned by the death of one or both parents.
- Have been abandoned by parents
- Are living in extreme poverty.
- Are living with a disability.
- Are, or have been affected by armed conflicts.
- Have been abused by parents or their carers.
- Are malnourished due to extreme poverty.
- HIV-positive

The standards relevant to the massage profession

Professional standards and organisations

There are currently a number of professional bodies that provide massage therapists with information regarding standards, codes of practice and regulatory requirements for the sector.

The purpose of regulation.

The main roles of these regulatory bodies is to:

- Help maintain high standards of practice, safety and protection
- Maintain a national register of professional members
- Ensure continued professional development of practitioners

The main organisations and the service they provide to the massage therapy industry is provided in the table.

Organization	Roles and responsibilities
Complementary and Natural Healthcare Council (CNHC)	<p>CHNC is a voluntary regulator for complementary therapists including sports massage.</p> <p>It is a government supported organisation, which ensures standards of practitioners is safe and industry standards are met. It manages a national register of therapists who can use its quality mark when promoting their services. This quality mark potentially increases public confidence in selecting a therapist. The therapist can promote the services it offers on the CHNC web site. CHNC have links with employers, who often request evidence of membership as a form of quality assurance. Some healthcare insurance plans will work with members of the CNHC. The cost of membership is currently in the region of £100 per year.</p>
Federation of Holistic Therapists (FHT)	<p>FHT is a non-profit making organisation.</p> <p>It is a professional association representing many holistic therapies. It offers professional status and recognition and is useful for providing insurance for therapists. It has a register of therapists but this is not government recognised. FHT provides CPD courses and also offers a support network for therapists, which is useful for self-employed therapists who work independently. It has a shop from which it supplies discounted products and can also supply marketing material, which is also useful for self-employed therapists. One disadvantage is that sports massage may not be seen as a holistic therapy, so prospective clients may not search this website.</p>
General Council for Massage Therapies (GCMT)	<p>GCMT is the governing body for massage and soft tissue therapies that form all bodyworks and soft tissue techniques in the UK. It is a non-profit making body.</p> <p>Council members include awarding organisations and professional organisations such as SMA, VTCT and other awarding organisations. GCMT brings together many stakeholders within the industry to help define and influence educational standards. It acts as a lobbying and pressure group in the areas of education, regulation, insurance and employment representing all members. It also initiates research into soft tissue therapy, keeping the industry current.</p>
Sports Massage Association (SMA)	<p>The SMA is a non-profit making organisation.</p> <p>It is a professional organisation specifically for soft tissue therapy. It offers professional status and recognition and is useful for providing insurance for therapists. It also has a register of therapists but this is not government recognised.</p>

	<p>The SMA maintains minimum standards for sports massage therapists, which keeps the quality of treatments high and prevents under-qualified people working in the industry. It has contacts with high level sports organisers such as the Olympic committee and the Commonwealth Games committee which ensure the representation of therapists at these events.</p>
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Lesson 4: Preparing for Massage

OBJECTIVES OF THIS LESSON

- Describe the requirements for preparing self, client, and work area for Indian head massage treatment, in accordance with working practice requirements;
- Identify key requirements to professionalism;
- Describe how a therapist should present for treatment.

In addition to the basic health and safety considerations, there are several other considerations to ensure that yourself, your work area and ultimately your client are prepared for massage. Many elements relating to this learning objective will be reiterated throughout the course and during the practical aspect of your training.

Different ways of working as a complementary therapist will have different requirements for preparing your practice. You may be employed at a clinic where nearly all considerations are managed for you and you simply ensure that you, personally, are prepared to deliver a treatment. You may rent a treatment room and need to ensure that you have a process in place to ensure that you take all the resources you require with you each time, making sure not to forget any essentials. You may be working from home and be considering converting a space in your house to a relaxing treatment room. Maybe you will work as a mobile therapist and have additional considerations around transportation and manual handling.

The next few lessons aim to get you thinking about your practice and consider both the legal and practical considerations.

COVID-19: Be sure to check local / national rules in your area to ensure that you are permitted to carry out massage.



Business Requirements in preparation for massage therapy.

Whilst the massage therapy industry is unregulated, there are certain requirements that you should adhere to in order to practice legally and to make sure that you are following best practice.

Insurance

You should have professional indemnity and/or public liability insurance in place when you start practicing massage. You may also wish to have stock/equipment cover and/or buildings and contents cover.

Regulatory Bodies

The industry is governed by voluntary regulation. This means you can choose to apply for membership to regulatory bodies. This helps you to be recognised as a professional therapist. The two main regulators for complementary therapy are CNHC and GRCCT.

Professional Association Membership

Massage therapists may be accredited by the Federation of Holistic Therapists (FHT), or the Complementary and Natural Healthcare Council (CNHC). Registering as an accredited therapist gives your clients added reassurance that they are in safe hands. They also provide resources to help you ensure you are delivering a best practice service, such as the [FHT Code of Conduct](#). Another benefit is that they typically provide insurance too.

Special Licence

Most local authorities in the UK require you to have a 'special licence' to provide massage services from a home location. Check the requirements with your local council.

The Equality Act 2010

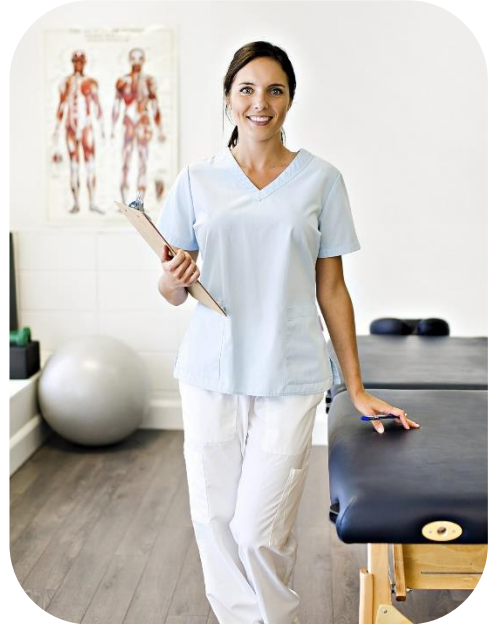
This legally protects people from discrimination in society. It is against the law to discriminate against anyone because of their age, gender identity, marriage status, being pregnant, disability, race, religion or belief, sex, sexual orientation. Members of the public are protected from discrimination as a consumer, which covers paying for goods or services. This means your clients are protected from discrimination, by this law, and you must act within and make reasonable adjustments to meet this law. An example of an exemption is that 'a massage service [can] be provided to women only by a female massage therapist with her own business operating in her clients' homes because she would feel uncomfortable massaging men in that environment'. Another example would be refusing treatment to someone who is pregnant as it is contraindicated in the first trimester.

Professionalism

Being professional includes:

- Preparing yourself and your surroundings
- Being punctual
- Providing a professional service
- Be aware of contra-indications and danger signals
- Following-the guidelines / ethical code of your professional body
- Keeping up to date with:
 - Legal legislations / By-laws / Parliamentary acts related to your profession
 - new developments within your profession / therapies
- Being a reflective and ethical therapist
- Protecting your client's confidentiality and modesty
- Maintaining a good working relationship with the medical profession and / or other therapists
- Obtaining written consent for treatment - where necessary:

- Medical - if client is under medical supervision
- Parental / guardian - when treating children under the age of 16 years
- Knowing when to refer a client - recognizing your limits
- Referring clients on to other professionals when necessary
- Recommending only relevant and appropriate treatments for the client
- Not offering advice or services outside your area in which you are qualified (certainly not attempting to diagnose any ailment)
- Not making false claims for the therapy you offer
- Not discussing other therapists or salons/clinics
- Communicating with clients:
 - Introduction / consultation methods
 - Listening skills
 - Body language
- Dealing with negative feedback positively
- Managing client's expectations



Preparing Yourself – Therapist Presentation

The previous lesson considered elements of preparing yourself for giving massage treatments in terms of your attitude and physical wellbeing, but it is important to also consider the presentation of you, the therapist, when preparing to offer body massage.

Therapists should wear appropriate attire including comfortable and covered footwear. Massage therapy uniforms are typically single coloured, normally white, grey, black or blue but can range in colour. Clothing for massage should be comfortable and breathable, not too tight, but not so loose that it risks being too revealing when bending over. You should have more than one uniform so that they can be washed regularly to maintain hygiene standards.

Therapists should wear no jewellery when giving treatments other than a simple band ring (such as a single wedding band) and simple stud earring/s. Fingernails should be short, clean, and unvarnished. Hair should be worn away from the face/collar.

Task: Preparing yourself



Make a list of anything you think you might need to research further. Perhaps you want to consider purchasing some branded uniforms. Do some research.

Personal and clinical standards

To provide a professional service to clients, the therapist must ensure that appropriate personal and clinical standards are maintained. The massage therapist should seek to improve continually and develop their practice and aim to achieve standards of excellence.

The baseline standards for personal and clinical practice are listed in the table.

Personal standards	Clinical standards
<ul style="list-style-type: none"> • Personal hygiene • Dress and appearance - clean and smart, e.g. uniform • Attitude • Personal conduct • Punctuality and reliability • Integrity • Respect • Core conditions - empathy, positive regard and congruence • Positive communication - verbal, non-verbal and written, including active listening, building rapport and trust • Maintain continuing professional development • Work within scope of practice • Respect personal and professional boundaries • Respect other professionals and colleagues • Respect the history and traditions of the sector 	<ul style="list-style-type: none"> • Provide treatments with professional competence • Gain client informed consent prior to any assessment or treatment • Treat all clients with respect and dignity, e.g. draping • Hygiene of all equipment and environment • Health and safety maintained • Risks assessed and managed • Referral of clients, when appropriate • Appropriate record keeping • Insurance • Adherence to guidance provided By professional organisations

References

<https://www.haringey.gov.uk/business/licensing-and-regulations/licensing/z-licences/massage-and-special-treatments/massage-and-special-treatment-standard-conditions>

<https://www.fht.org.uk/code-of-conduct-and-professional-practice>

<https://www.simplybusiness.co.uk/downloads/how-to-become-a-massage-therapist.pdf>

<https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3>

Lesson 5: Massage Equipment

OBJECTIVES OF THIS LESSON

- Consider equipment required for giving body massage treatments;
- Describe the environmental conditions suitable for body massage treatment.

Equipment for massage

Massage is practiced on a one-to-one basis; it is important to inspire trust, in your ability as a practitioner, in your client. Your professionalism will be reflected in the way you prepare your treatment.

The room should be clean, warm, welcoming, private, quiet, and well ventilated with subdued lighting.

All equipment should be clean, ready for use and in easy reach. A simple therapist's trolley can help keep those essentials to hand.

Equipment you may need:

- Massage couch
- Face hole ring and small head pillow (folded hand towels can be used instead)
- Fabric couch cover
- Towels (2 extra-large bath sheets, 2 large bath towels & 4 hand towels) which ideally should be dark, matching colours
- Stool for giving face treatments
- Light blanket
- Plastic oil bottles with lids
- Oil bottle holster
- Therapist trolley
- Waste bin
- Small bowl for client's jewelry
- Bottled water and glass
- Dressing gown and slippers for client (multiple to accommodate one per client between laundry)
- Relaxing and soft music - Can be a great contribution to a treatment for both giver and receiver, enhancing the atmosphere and supporting your client's relaxation
- Screen - For client to undress if practitioner *cannot* leave the room
- Chair for client consultation
- Washing machine

Consumables:

- Couch paper roll (if used) – look out for the correct width!
- Massage medium
- Box of facial tissues
- Antiseptic or anti-bacterial wipes
- First Aid Box
- A candle or essential oil burner
- Cleaning products
- Face / make-up wipes for client use
- Sanitary products / toiletries available in the bathroom for client use
- Laundry detergent

Consider our planet!

You might want to think about how you could opt for environmentally friendly, sustainable options when purchasing equipment.

Can you buy second-hand? Are there reusable options to replace disposable ones without compromising hygiene? How could you identify ethical suppliers?

**Creating a professional massage environment.**

It is important to prepare the massage environment that you provide for your clients to ensure that the experience and treatment is not only as relaxing and comforting and professional for them as possible, but also safe. This is essential, not only for the well-being and outcome for the client but, equally, for your business so that clients are more likely to return and to refer others to your practice.

You need to have sufficient space in which to provide your massage treatment. A typical treatment room ranges from 8m² – 16m². You should have at least 1m each side of your table for you to be able to practice from. Small rooms can feel cramped, but large rooms will cost more to heat and clean etc.

Environmental aspects that you should consider include the heating and lighting and ventilation, privacy, noise levels both



externally and of any music that you provide. You will want to consider the general decor and quality and appearance of your equipment. It is important to consider the ease of maintaining the general hygiene of the area and management of waste.

These considerations need to be balanced with one another. For example, you may wish to include ornaments or decorations, such as anatomy models, in your treatment room to add to the ambience or demonstrate your ethos, but it is worth recognising that these items may add to the frequency and duration of your cleaning practice. On the other hand, a practice room without any décor additions may appear sterile and uninviting and not put the client at ease.

COVID-19: Remember that in current times with the national coronavirus pandemic, additional precautions should be incorporated into your practice. For example, you should make efforts to increase the ventilation in your treatment area, which may lead to a need to have additional heating options.

Be sure to keep up to date with guidelines for working safely and make necessary adjustments.



The space you use may be a multipurpose space, such as your living room or home-office space. Consider how you might be able to minimise the impact of having additional, unrelated equipment or furniture in the space to create a treatment room which is not too overloaded.

Some of the following considerations will be covered in requirements by a special licence. Be sure to cover all conditions of your licence as a minimum.

Considerations	
Access and privacy	<p>How will your clients find you? Is the approach clean, tidy and well-lit? How accessible is your treatment room? Is there step-free access? This is not a requirement but is worth considering and making clear to clients.</p> <p>How and where will you greet clients? Is there a reception space? Is the treatment room private? Will clients have a separate space to get undressed, or will you leave the room? If treating from your home, what elements of your private life will be accessible to the client if you need to walk through other spaces?</p>
Décor	<p>Consider warm but neutral décor in your massage space to not overload senses and provide an inviting space. Plants can be a great addition to your space – consider low maintenance, air-purifying indoor plants. Depending on your marketing approach you may include decorations that complement your approach, for example anatomy models or diagrams. For some inspiration, visit this blog post.</p>

Equipment & Furniture	As well as a massage couch, you may need a seat for your client for removing their shoes, or during your consultation. You might want a stool for delivering facial massage, and a trolley to store supplies required during treatment. Massage equipment is covered in the next lesson.
Facilities	Are there bathroom facilities nearby for your client to access? Is there a sink space for you to wash your hands? What laundry facilities available for cleaning your linens? Where will you get drinking water from?
Heating	Your treatment space (and changing area / bathroom) should be neither too hot nor too cold. How will you cool or heat the area at different times during the year? Fan heaters/coolers can be effective but can be noisy. Storage heaters take a while to heat up but heat efficiently. Air conditioning can be expensive to install and run. Could you warm your towels in preparation for your client's use? You could invest in a massage table heating pad – like an electric blanket for your massage couch – to keep clients cosy during their massage.
Lighting	Does your treatment room have natural light? You should be able to control the light in the room so that, even on a bright day, you can darken the room sufficiently for your client's comfort and relaxation. Use soft lighting that is not directly over the massage table. Dimmer switches are great to be able to control the ambience of the lighting and indicate the beginning and end of the treatment time. Think about using energy efficient bulbs to reduce your energy bills!
Scent	Be mindful of the smells in your treatment space. Any noticeable scents may add to or detract from the experience. Candles, incense, or oil burners/diffusers can be used, but should be subtle and not overbearing. Remember to consider safety aspects when using candles or electrical equipment. Consider asking your client in an initial consultation if they have a preference. Be conscious, too, of your own scent. Avoid overpowering perfumes, body odor and bad breath.
Sound	Try to minimize any external noise during the consultation and treatment. Also consider the tone and level of your own voice to aid the relaxing environment whilst still being clear and easily understood by your client. Background music should be at a level that adds to the atmosphere rather than distracts from the overall experience. A suggestion is that background music should be approximately 40 decibels – but you're not expected to have the means to measure that! Be aware that you may need a license to play music for your treatments. What would you do if there are scheduled, noisy, road works right outside your treatment room?
Storage	What storage do you have available for your client's belongings? Do you have somewhere to hang outdoor coats? What about wet umbrellas? Where will clients put their clothes and valuables when they change? A laundry basket with an additional container for small items such as

	<p>jewellery is a great option that can be stored under the massage couch during treatment.</p> <p>What storage do you require for your own equipment and massage resources? Do you want storage that is open, such as shelves, or closed behind cupboard doors? How will you store items you need to be accessible during treatments?</p>
Ventilation	There must be suitable and sufficient means of natural or mechanical ventilation in the treatment room, and wherever practicable this should be direct to the external air. How will you ensure your space is well-ventilated?
Waste & hygiene	<p>You will need access to cleaning supplies to keep your massage space hygienic for the protection of both you and your client. Anti-bacterial surface sprays are great but remember anti-bacterial products may not be effective against viruses, such as coronaviruses. Additional cleaning with bleach or alcohol-based products may be required. Be sure to provide hot running water and soap.</p> <p>Consider how you will remove waste from your treatment room. You will likely have clinical waste, i.e., that which has come into contact with bodily fluids such as sweat (e.g., couch roll/body wipes), general waste (e.g., non-recyclable packaging) and dry recyclable waste. Sanitary bins are required for washrooms.</p>

Task: Consider your equipment

Consider the location you are likely to carry out your massage treatments. Are there any alterations you might need to make to ensure it's the best environment possible? Consider if you might need to purchase any equipment.

Tip: Save this task to use in your business assignment.

Reminder: You are not expected to have all the answers at this stage. A lot of ideas and best working practices will become apparent as you continue throughout this course.

Revisit this lesson towards the end of your course and see if there are any additional considerations that you now have.



Your massage couch

As discussed in Lesson 3, working positions are designed to protect the working therapist from muscle or joint strain as well as to allow maximum mobility and pressure for the treatment. It is essential that you work with a couch that is suitable for the purpose and is the correct height to maintain your posture whilst performing the variety of massage strokes required during your treatment.

You will need to choose your couch according to the type of therapies you intend to offer. Before making your decision, the following questions should be taken into consideration:

Do my clients need to be able to sit up? If yes, you will require a couch with an adjustable backrest. If no, then a flat table will probably serve better as they are generally lighter than the ones with the backrest option

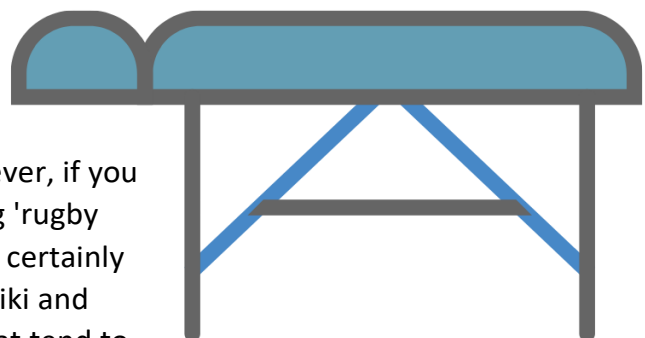
Do I intend using the couch for various therapies or intend to in the future? If you intend to use the couch for different therapies, then selecting a couch with an adjustable backrest and adjustable height offers greater versatility and may prove vital. It is important to look to the future and ask whether there are any other features you may require from your couch – it's a big investment.

Do I intend to be the only therapist using the couch or is it intended for various therapists of various heights? If the couch is going to be shared among students in a college or therapists in a salon/clinic then adjustable height is a MUST. Adjustable height couches are adjusted while the couch is on its side, typically with an easy-to-use spring clip mechanism that is fast, simple and effective. Adjustable height couches are still of great benefit to a single practitioner as it can be adjusted based on the size of the client – imagine that your hands will be much higher up on a muscley boxer physique compared with a very thin person. Adjusting the height of the bed allows you to maintain the appropriate working position.

What is the right height for me? The widely used general rule is that if you stand alongside your couch with your fist clenched, then the top of your knuckles should just brush the top of the couch. This is typically at your hip level.

What is the right width to choose?

Different therapies need different couches of different widths. The standard 610mm width suits most applications. However, if you know you are going to be working on the big 'rugby player' type then an extra width bed is most certainly recommended. Aromatherapy, Massage, Reiki and Acupuncture are among a few disciplines that tend to



require a wider couch. When choosing a wider couch, you need to bear 2 things in mind, firstly, it will add at least 1kgs to the overall weight of the couch and secondly, will you be able to reach across it.

The alternatives, to an extra wide couch, are the accessories. A face cradle will add extra length and armrests will add extra width without adding to the weight or size of the couch when folded.

Is it comfortable? Client comfort is an important factor. Couches come standard with double foam padding i.e. 40mm thick foam. Make sure the foam padding used is high density, foam which will not collapse over time.

Is it easy to clean? The vinyl covering should be hardwearing and easy to wipe clean. Just use a soft wet cloth and soapy water. Do not use any solvents.

What is the maximum weight the couch can take? On average 225 kg. Check with the manufacturer.

Is there a Warranty? Your couch should have a manufacturer's warranty, usually 2 years.

Safe Equipment

It is important to review the content around Health & Safety (**Lesson 2**) and consider how the regulations apply to your equipment and set up.

You should carry out a risk assessment on your equipment and environment.



Task: Consider your equipment

Consider the following questions. What equipment in your practice would require electrical testing, for example? Would any items require you to consider manual handling practices?

Useful Links:

<https://www.massagewarehouse.co.uk/blogs/blog/massage-treatment-room-design-inspiration-ideas>

<https://homeguides.sfgate.com/design-massage-room-52680.html>

<https://www.direct365.co.uk/blog/salon-waste-disposal/>

<https://www.medisort.co.uk/how-to-dispose-of-beauty-salon-waste/>

Lesson 6: Massage Mediums

OBJECTIVES OF THIS LESSON

- Describe why and how massage mediums are used in body massage;
- Identify different oils suitable for body massage and their benefits;
- Explain how oils should be safely stored.

Massage Mediums

A massage medium is a lubricant, which helps the therapist's hands to move freely and smoothly over the client's skin.

Reasons for using lubricants in massage:

- Reduces friction between therapist's hands and the area being massaged
- Improves the gliding movement of the therapist's hands over the area that is massaged
- Increases client's comfort
- Prevents dragging and pulling hairy skin
- Prevents stretching loose, fragile skin

Sensitive skin and allergies

Before using any medium, the therapist may wish to carry out a patch test, especially if the client has sensitive skin or allergies.

Wash the crook of the elbow with water, dry it and apply a small amount of the medium onto the skin. Leave for 24 hours and check for any reactions.



Note: Blended essential oils should not be used without appropriate aromatherapy training.

Massage mediums should be selected to suit your client's skin.

The massage mediums commonly used are oils, creams, powders. Massage waxes and balms are also popular. Massage mediums are also referred to as base oils, carrier oils or lubricants.

Medium	Notes	Advantages / Disadvantages
Oils	<p>Many carrier oils have specific beneficial effects on bodily health, as they contain vitamins and minerals in varying degrees</p> <p>Although we cannot absorb most of these vitamins and minerals through application, the benefits to the skin are numerous. Oil can be warmed gently prior to treatment.</p> <p>(See additional table comparing some common oils).</p>	A little oil goes a long way. A versatile product suitable for most clients. Some clients don't like the feel of oil left on their skin. Oils can stain towels and clothes. Expiry dates should be paid attention to as oils can go rancid.
Creams	<p>Tend to be heavier than oils. Use a good quality unscented cream and add a little oil to increase viscosity if needed</p> <p>As they are absorbed more quickly than oils, they may require more frequent application</p>	Good for small or delicate areas such as the face, or for hand and foot massages
Powder (unperfumed)	<p>Swedish massage is traditionally performed using powder because powder prevents the hands from sliding over the surface of the body and allows deeper pressure</p> <p>If used, apply to very dry hands and stroke off excess to avoid clogging up pores</p> <p>Never shake onto clients – the 'dust clouds' can be irritating for both the client and therapist</p>	Useful for oily skin, very hairy clients or on clients who dislike the residues of oils and creams.
Gels	<p>Gels are normally water-based substances, non-oily and usually leave no residue. Massage gels on the market may contain herbal extracts.</p>	Useful for clients who prefer to feel less oily or have naturally oily skin. Gels are often rapidly absorbed and may not be suitable for dry skin types.
Balms / Waxes	<p>Typically comprises a combination of carrier oils and beeswax (or vegan alternatives). Offers a firmer grip and is good for deeper tissue or remedial work.</p> <p>Normally packaged in a tub and will require spatula for hygiene.</p>	Offer good control, low glide, and good absorption. Can be tricky to use on hairy clients as balms are thick in consistency. Watch out for nut oil blends – avoid for allergies.

Methods of application

The oil, cream or powder may be cold and uncomfortable if not warmed up and evenly distributed. The therapist should dispense a small amount into the palm of one hand and then rub the hands together to warm the medium and spread it smoothly across palms and fingertips. Apply to the client's skin using effleurage strokes.

**Remember**

All massage mediums should be dispensed into the therapist's hands first, rather than directly onto the client's skin.

This is for the comfort of the client and an important part of providing a quality treatment.

***Storage and safety precautions of carrier oils***

A Material Safety Data Sheet (MSDS) should be available for the oils you purchase. This will provide health and safety information you need relating to the oil. You should read and retain this data sheet for your reference. Retain all original labelling if you transfer oils from their original bottle. Be sure to adequately label bottles of oils. All oils should be kept out of reach of children and animals.

Typically, oils should be stored in a cool dark place away from extremes of temperature. Once opened, thus exposed to the air, carrier oils will typically last up to 1 year, but do be sure to check expiry dates as oils can go rancid. Make sure that the bottles are always resealed tightly and stored upright. Always check carrier oils are 100% natural - and not blended with additives, preservatives, perfumes, paraffins or mould inhibitors (parabens).

You may purchase oils in larger bulk bottles, so prior to treatment, transfer some oil to a dispenser bottle. A typical full body massage will use 20-25ml oil, but more may be required on dry skin and/or larger bodies. Any leftover oil should be discarded and never poured back into the original bottle. Always use a clean dispenser bottle for each treatment. Clean any spillages promptly to avoid hazards.

Buy your carrier oils from a recognised oil supplier, chemist, or health store. A list of suppliers is included as an additional resource.

Top Three Recommended Oils

Sweet Almond oil: Recommended oil for dry skin, though suitable for all skin types

Grapeseed oil: Suitable for all skin types; a light silky feel and good for combination skin

Apricot kernel oil: Recommended oil for children and elderly but suitable for all skin types and sensitive skin

Mineral oils such as baby oil are not recommended for use – as they dry the skin.



Carrier Oil Properties

	Latin name	Extraction method	Description	Principal constituents	Main uses	Good for	Cautions	Cost
Sweet Almond Oil	<i>Prunus dulcis</i>	Cold pressed from the kernels	Pale-yellow oil with a slightly nutty aroma	Oleic acid (MFA), Linoleic acid (PFA); Vitamins A, B1, B2, B6, E	Excellent emollient as it softens, revitalises, protects and nourishes skin It is one of the most useful, versatile and multipurpose oils.	Relieving itching, dry, sensitive skin irritated skin Eases inflammation, helpful for rheumatic and arthritic conditions. Easing irritation caused by eczema and psoriasis	Avoid use on anyone with nut allergy. If client is unsure, include anyone with a family history of nut allergy	£
Apricot Kernel Oil	<i>Prunus armenica</i>	Cold pressed from the kernels	A pale-yellow oil, light textured, slowly absorbed oil	Oleic acid (MFA), Linoleic acid (PFA) Palmitic acid (SRA); Vitamins A, B1, B2, B6	Excellent for skin protection being both emollient and nourishing.	Beneficial for aged, prematurely aged, dry, sensitive and inflamed skin Helpful with eczema, dermatitis and acne.	No known contra-indications	£

Carrier Oil Properties

Grapeseed Oil	Vitis vinifera	Solvent extracted from the seeds	A pale green oil, light textured, odourless, easily absorbed oil	Oleic acid (MFA), Linoleic acid (PFA) Vitamins A, B6	Slightly astringent – tightens and tones skin Overall good emollient Leaves the skin with a smooth satin finish without feeling greasy	All skin types.	No known contra-indications	£
Avocado Oil	Persea Americana	Cold-pressed from the dried fruit flesh	The unrefined oil is dark green, viscous and rich with a distinctive green colour	Oleic acid (MFA), Palmitic acid (SFA) Vitamins A, B and D	All skin types, if using unrefined avocado oil It aids dermal regeneration and is highly nutritious	A recommended oil for dry, dehydrated, dull, ageing skin and eczema	The refined oil is pale yellow with little odour, but few nutrients (But does not stain your towels) The unrefined oil, due to its viscous texture for body massage, it is best blended with light carrier oil	££

Carrier Oil Properties

Evening Primrose Oil	Oenothera biennis	Cold pressed from the seeds	A golden yellow oil, fine textured	Gamma-linolenic acid (GLA, PFA), Linoleic acid (PFA)	Due to its high GLA content, the oil is valuable for a wide range of conditions. It is an excellent moisturiser.	Eczema, psoriasis, PMT and Menstrual problems. Recommended for dry, aging or chapped skin	No known contra-indications. As an expensive oil - may be used as a 50% blend with another carrier oil	££££
Jojoba Oil	Simmondsia sinensis	Cold pressed from the beans	A pale yellow liquid wax, light textured, and highly absorbent	Myristic acid (anti-inflammatory agent) Oleic acid (MFA)	Jojoba is one of the most versatile carrier 'oils'. It is suitable for all skin types, including blemished and oily skin, as it helps to nourish and balances the skin and unclog the pores.	Recommended for inflamed and irritated skin such as eczema, psoriasis, dandruff, and acts as a natural sunscreen	No known contra-indications. Due to its viscous texture for body massage, it is best blended with light carrier oil	££££

Key: SFA - Saturated fatty acids; MFA - Monosaturated fatty acids; PFA - Polyunsaturated fatty acids.

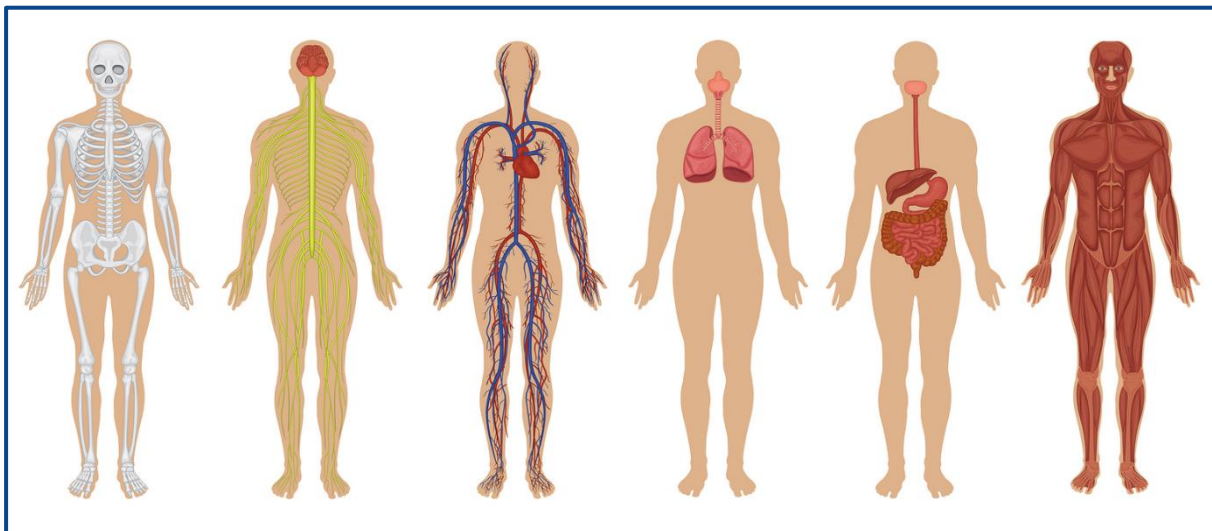
Lesson 7: Massage and the Body

OBJECTIVES OF THIS LESSON

- Apply anatomical understanding to massage to identify the effects of massage on each system, whether direct or indirect.

Massage has an immediate physiological effect on the local area of the body being worked on and it also affects the whole body through stimulation, and relaxation, of the muscles and the nerves.

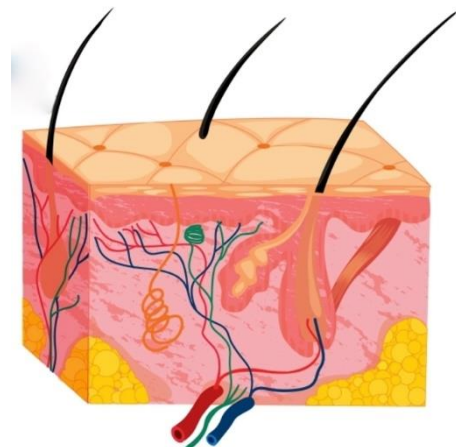
It has physiological and psychological benefits and can affect all the body systems in a positive way.



Systems directly affected by massage

Effects on the skin (integumentary system)

- Improved circulation to the skin, increased nutrition to the cells and encouraging cell regeneration.
- Stroking and rubbing of the skin helps speed up desquamation which encourages regeneration of skin cells leading to better skin tone.
- Increased production of sweat from the sweat glands, helping to excrete urea and waste products through the skin.
- Vaso-dilation of the surface capillaries helping to



improve the skin's colour.

- Improved elasticity of the skin
- Stimulates the sebaceous glands to increase sebum production, helping to improve the skin's suppleness and resistance to infection.

Remember

Massage removes dead skin cells. Pores are encouraged to stay open by allowing increased skin respiration, increasing its suppleness & elasticity – giving the skin a healthy and glowing appearance.

Effects on muscular system

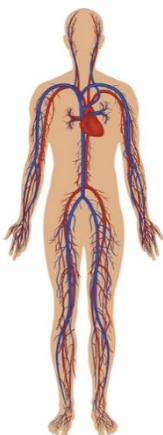
- Massage relieves muscular tightness, stiffness, spasms, and restrictions in the muscle tissue.
- It increases flexibility in the muscles due to muscular relaxation.
- It increases blood circulation bringing more oxygen and nutrients into the muscle. This reduces muscle fatigue and soreness.
- Massage movements such as kneading, wringing and friction help to separate congested muscle fibers – they break down fibrocystic nodules and adhesions, improving the elasticity, strength, and tone of muscles, and relieve muscular fatigue.



Remember

Massage relaxes, stretches & softens muscle tissue - reducing muscular tension and fatigue.

Effects on the cardiovascular system



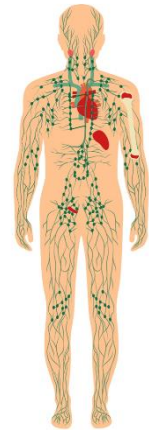
- Improve circulation by mechanically assisting the venous flow of blood back to the heart.
- Dilate blood vessels helping them to work more efficiently.
- Produce an enhanced blood flow; delivery of fresh oxygen and nutrients to the tissues is improved and the removal of waste products, toxins and carbon dioxide is hastened via the venous system.
- Help temporarily to decrease blood pressure, due to dilation of capillaries.

Remember

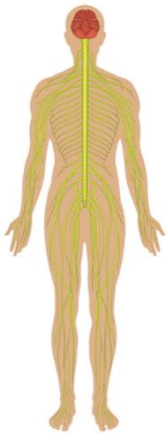
A slow relaxing massage strengthens the heart; the rate of the heartbeat decreases, and high blood pressure may be reduced.

Effects on lymphatic system

- Reduce oedema (excess fluid in the tissue) by increasing lymphatic drainage and the removal of waste from the system.
- Regular massage may help to strengthen the immune system, due to increase in white blood cells.

**Remember**

When we sustain injuries, there is often a great deal of edema (swelling), which should be dispersed into the lymphatic circulation. Massage can help empty the lymph vessels and allow the swelling to disperse.

**Effects on nervous system**

- Massage stimulates sensory receptors: this can either stimulate or soothe nerves depending on the techniques used.
- It also stimulates the parasympathetic nervous system, helping promote relaxation and the reduction of stress.
- Massage helps to reduce pain by the release of endorphins (endorphins are also known to elevate the mood).

Remember

A slow, light pressure massage will have a soothing & sedative affect and will provide relief from nervous irritability.

A vigorous & firm pressure massage will stimulate the nerves and promote an increase in the activity of the muscles, vessels and glands governed by them – invaluable in cases of lethargy & fatigue.

Systems indirectly affected.

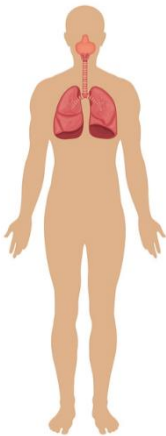
Effects on the skeletal system

- Massage can help increase joint mobility by reducing any thickening of the connective tissue and helping to release restrictions in the fascia.
- It helps to free adhesions, break down scar tissue and decrease inflammation. As a result, it can help to restore range of motion to stiff joints.
- Massage improves muscle tone and balance, reducing the physical stress placed on bones and joints.



Remember

Massage improves the blood and lymph flow in the muscles, which leads to better circulation in the underlying bones, benefiting their nutrition and growth.



Effects on respiratory system

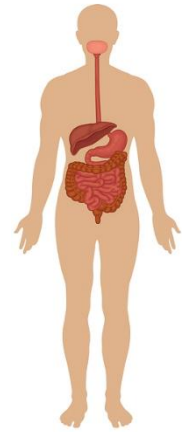
- Massage deepens respiration and improves lung capacity by relaxing any tightness in the respiratory muscles.
- It also slows down the rate of respiration due to the reduced stimulation of the sympathetic nervous system.
- Increases the blood flow to the lungs and produces a better interchange of gases.
- Helps loosen mucus and eases congestion, especially cupping & vibration movements.
- Increases lung activity – making them more resistant to infections.

Remember

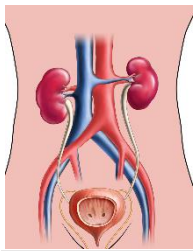
Massage helps to slow down & deepen the breath – helping the body to relax.

Effects on digestive system

- Increase peristalsis in the large intestine, helping to relieve constipation, colic, and gas.
- Promote the activity of the parasympathetic nervous system, which stimulates digestion.

**Remember**

As well as helping the digestion and elimination of food, massage also increases absorption of digested foods & nutrients.

**Effects on urinary system**

- Massage increases urinary output due to the increased circulation and lymph drainage from the tissues.

Remember

The use of abdominal and lower back massage promotes the activity of the kidneys which enhance the elimination of waste products.

Heavy percussion movements should not be performed over the area of the kidneys, as there is a risk of damage.

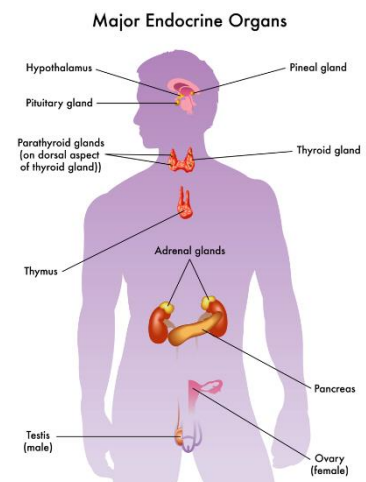
Effects on endocrine system

- Helps to carry hormones to the blood plasma.

Remember

The endocrine system and nervous system control & co-ordinate body functions and maintain the body's internal balanced state known as homeostasis.

Regular massage can help maintain this balance.



Effects on reproductive system

- The use of abdominal & back massage can help alleviate menstrual problems such as menstrual pains, irregular menstruation, PMS & the symptoms of the menopause.

Remember

Abdominal massage in the first couple of days of menstruation may cause discomfort as it increases blood flow.

Task: Stress on the body



For each of the systems of the body, research how stress can affect the system and using the above information, and wider research as appropriate, summarise how massage can help to relieve the impact of stress on the body system.

Lesson 8: Understanding Muscles

OBJECTIVES OF THIS LESSON

- Describe the structure and shape of muscles;
- Identify common soft tissue dysfunctions;
- Locate muscles of the head, face and upper body as well as describe their action.

The Muscular System

When a muscle is relaxed, there is a good flow of blood to the area, but during contraction, the flow of blood is reduced and therefore waste removal is limited. This is not a problem if this is occurring during exercise, as the constant contraction and relaxation allows the blood flow to remain. The problem can occur if we constantly contract the muscle without it actually moving, such as in sitting in a poor position, as the blood capillaries can become compressed and blood flow can be impeded, resulting in an accumulation of waste and a reduction in the delivery of nutrients and oxygen. Muscles can become fatigued and become weaker and can result in spasm, eventually creating pain. As the muscles become shorter, they will eventually pull on the tendons that attach them, which can result in loss of function and pain. As function gradually deteriorates, an imbalance can be caused in the muscle group and unless the action or activity that started the issue in the first place is not stopped, the problem will usually re- occur, even after treatment.

If a client is presenting with a sharp pain, this can mean inflammation in the area and massage should not commence until the pain has turned into a dull sensation.



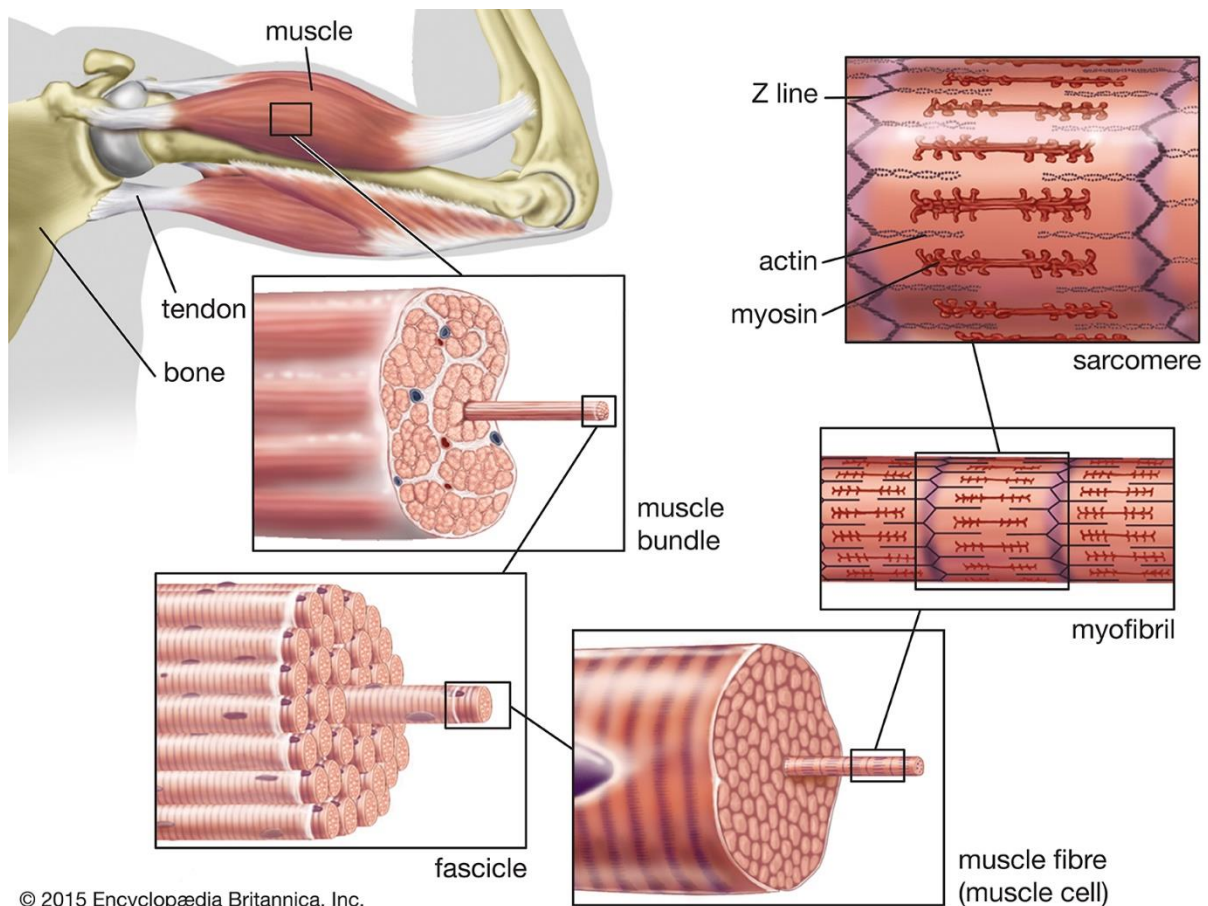
How muscles work

Muscle Structure

Muscles are classified into three different types, which are skeletal, smooth and cardiac.

For the purpose of this course, we are mainly going to concentrate on skeletal muscle, as smooth muscle is mainly found within hollow organs and cardiac muscle is found within the heart.

Skeletal muscles, also known as striated due to its appearance, or voluntary due to its action, are attached to bones and deal with movement. These muscles are made up of fine, thread like fibres of muscles, containing light and dark bands. Skeletal muscles can be made to contract and relax by voluntary will. They have striations due to the actin and myosin fibres and create movement when contracted. There are over 650 different types of muscles in the human body, making up nearly half of the body weight.



Muscles have the following properties:

Excitability – the muscle responds to stimuli

Contractibility – the muscle shortens due to a nerve impulse

Extensibility – the muscle can stretch and increase its length by half

Elasticity – the muscle will return to its normal length

Muscles consist mainly of muscle fibres which are held together by fibrous connective tissue, with numerous blood vessels and nerves penetrating through them. The muscle fibres are made up of muscle cells, which vary in length and are rod shaped. The fibres are called myofibrils and they get shorter (contract) in response to a nerve impulse. The protein strands then slide against each other when the muscle contracts.

Each muscle fibre has an individual wrapping of a fine connective tissue called endomysium, which are then wrapped into bundles called fascicle and are covered by the perimysium. This is what forms the muscle belly, and has its own covering called the fascia epimysium. The fascia acts as a “Clingfilm” around muscles, giving them support and also acts as a pathway for nerves, blood and lymph vessels.

When a muscle is damaged, fibres become torn and the connective tissue around the muscle is also damaged. Fluid seeps out of torn fibres, which can cause localised swelling. This fluid tends to stick the fibres together which causes pain as the muscle is irritated by

the slightest contraction. The fibres stop sliding as effectively and the fascia gets tighter and begins to constrict the muscle. The fascia can also become torn and the loss of elasticity can create tissue congestion. If the body is held in the same position for too long, such as sat at a computer, then the fascia can easily adapt to that shortened position, and any attempts to return it to its normal length can be painful. There is then a temptation to remain in that position, which in turn worsens it.

Muscle Shapes

The bundles of fibres within muscles will determine the shape of the muscle. The most common muscle fibre arrangements are:

Parallel fibres – these muscles have fibres that run parallel to each other in length and can sometimes be called strap muscles. These muscles have great endurance but may not be that strong due to their length. An example would be the Sternocleidomastoid (SCM).

Circular muscles – these muscles are usually circular in shape and an example would be the muscles surrounding the mouth and eye.

Convergent – this is where the muscle fibres converge to an attachment to a bone. The fibres are arranged to allow maximum force and can sometimes cross joints which have a large range of movement such as the Pectoralis Major.

Pennate – these are made up of short fibres, so the pull is short but also strong, though the muscle tires easily.

Fusiform – these are sometimes included within the parallel muscle group and are made up of spindle shaped fibres. A good example is the Biceps Brachii as the belly is wider than the origin and the insertion.

Muscle Movement

You need to know a little about how your muscles work in pairs, and all the terminology used to describe this.

Muscles are attached to two different bones with tendons.

To make a joint move one of these bones move whilst the other will not.

c. The insertion is the point where the muscle is attached to the moving bone.

An example of this is: - The origin of the bicep is attached to the shoulder and the insertion of the bicep is attached to the forearm/elbow joint.

Antagonistic Muscles Work in Pairs: Muscles can only do one thing and that is to pull (by contracting). To make a joint move in two directions, you need two muscles that pull in opposite directions.

- Antagonistic muscles are pairs of muscles that work each other.
- One muscle contracts (shortens) while the other relaxes (lengthens) and vice versa.

- The muscle that is doing the work (contracting) is the prime mover or agonist.
- The muscle that is relaxing is the antagonist.

Muscles called flexors and extensors occur opposite each other. Flexors make joints close (flexion) while extensors make joints open (extension). Adductors and abductors are another pair of opposite muscles that work together in joints.

There are Two Types of Muscle Contractions: There are two types of contraction that a muscle can undergo, these are isometric and isotonic.

- Isometric Contraction - the muscle stays the same length and so nothing moves. Like if you pull on a rope attached to a wall.
- Isotonic Contraction - the muscle changes length and so something moves. Like if you exercise with weights that are free to move.

Effects of Using Muscles and Muscle Contraction: If you use your muscles constantly or you under use them several things can happen.

- Muscle Fatigue - if you use your muscles a lot and they don't get enough oxygen they will feel tired or fatigued.
- Muscle Atrophy - if you don't use them, they will get smaller, this is called atrophy.
- Cramp - Cramp is a sudden contraction of a muscle that won't relax.

Muscles never relax completely, there is always some tension in them, and this is called muscle tone. Exercise improves muscle tone, which in turn improves posture, if you improve your posture you put less strain on your muscles, joints and bones and you won't get injured so easily.

Flexibility: Flexibility, suppleness and mobility are all basically the same thing; they are all to do with how far your joints move, the type of joints you have and the stretchiness of the muscles around it.

Flexibility has many benefits - It's often forgotten about but suppleness is very useful for any sport, the reason for this is:-

- Stretches get you ready to work
 - Stretching is a good way to warm up and get your body ready to work this means you are less likely to pull or strain a muscle.
- Better performance
 - You can't do some sports without being flexible like gymnastics and trampolining.
- Fewer injuries
 - If you are flexible you are less likely to over stretch and injure yourself.
- Better posture

- More flexibility means better posture, fewer aches and pains prior, during and after training. Flexibility in certain joints is especially important because they are used all the time in sports.

Active Stretching:

- You do the work of stretching your muscles without help from an external source.
- You take it slowly and gentle.
- If it hurts or your muscle starts to shake, ease up.
- Don't bounce into a stretch because this will tear your muscle fibres.

Passive Stretching:

- A partner does the hard work of stretching your muscles.
- Tell them straight away if you feel any pain.

Growth and Repair of the Muscles

Muscle hypertrophy is the term used for when a muscle cell grows in size, and the commonest reason for this is due to exercise, where there will be an increase in muscle fibre. When a muscle is damaged (torn), the body has to repair it and will do this by using satellite cells which fuse with the ends of the damaged fibre. If the damage is constant, then the process will repeat itself so that more satellite cells are used which will create growth of the muscle.

Muscle Tone

Muscle tone refers to the amount of tension or resistance to movement in a muscle. Muscle tone is what enables us to keep our bodies in a certain position or posture. A change in muscle tone is what enables us to move. For example, to bend your arm to brush your teeth, you must shorten (increase the tone of) the bicep brachii muscles on the front of your arm at the same time you are lengthening (reducing the tone of) the tricep brachii muscles on the back of your arm. To complete a movement smoothly, the tone in all muscle groups involved must be balanced. The brain must send messages to each muscle group to actively change its resistance.

Tendons and Ligaments

Tendons and ligaments are made up of collagenous tissue with ligaments attaching bone to bone and tendons attaching muscle to bone. The place where a muscle attaches to a bone but does not move, is known as the origin. To make movement occur, the muscles contract, which will pull on the tendons, this then pulls on the muscles.

Tendons are tough, yet flexible bands of fibrous tissue, which allows movement. Ligaments are stretchy connective tissue which helps to stabilise the joints. They control the range of movements of a joint to prevent them from bending the wrong way. Injuries to both

tendons and ligaments are very common, caused mainly by sporting injuries. It is fairly common for tendons to be stretched or torn which can be extremely painful. If ligaments are stretched, caused by injury or excess strain, the joint will become weaker, as the ligaments are unable to support it.

As discussed, the muscles within our body act when they receive impulses. The nervous system is the means by which the body co-ordinates bodily systems and informs the body about any changes in the environment.

The nerves carry brief electro-chemical messages that trigger appropriate responses in the various parts of the body. The messages (impulses) then react and will do certain tasks such as make the muscles contract, the glands secrete, and the blood vessels widen or narrow.

The nervous system is a very complex system in the body but is divided up into two main parts. The Central Nervous System (CNS) and the Peripheral Nervous System (PNS).

Musculo-Skeletal Problems

Very often, the problem will not be noticed for a long time and the symptoms can be very subtle at first. This can make it difficult to be able to determine the cause of the problem. However, below are some of the most common causes.

Stress – emotional stress will usually show itself in physical tension, causing tight muscles and poor posture.

Environment – by looking at the client's lifestyle and occupation, a pattern may form that could highlight a potential problem. Such activities as walking a dog which pulls on a lead or carrying heavy bags over the shoulder can often lead to problems.

Injury – any type of injury will cause the soft tissue to become swollen and may lead to increased muscle tension or spasm. This can lead to a lack of range of motion. If you suspect an injury, always refer your client to a professional such as osteopath, physiotherapist or GP.

Posture – postural problems may be due to bad habits, but they may also be due to postural faults, such as those below:

It is rare for a person to have ideal postural alignment where all the natural curvatures are present and aligned (plumb line).

More often they present with specific imbalances (tightness or weakness) that create increased or decreased curvatures of specific areas. Those most frequently observed include: hyperlordosis, hyperkyphosis, flat back, sway back and scoliosis. These are explained and movement recommendations are provided in the table- posture types.

Flat back



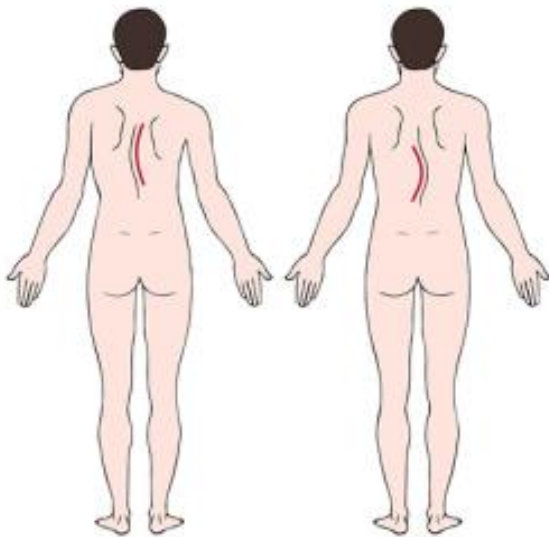
**Hyperkyphosis
Hyperlordosis**



Hyperlordosis

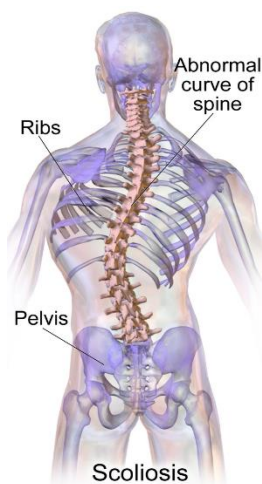


Hyperkyphosis



Scoliosis

Posture types				
Posture type	Observable features	Weak/long muscles	Short/strong muscles	Action
Hyperlordosis	Deep, hollow curve of lumbar spine	Hamstrings • Gluteals abdominals	Back extensors (possibly) Hip flexors	Stretch short muscles Strengthen weaker muscles
Hyperkyphosis	Hunched back	Lower and middle trapezius Rhomboids Neck flexors	• Neck extensors • Pectorals • Anterior deltoid • Upper trapezius	
Flat back	Flat lumbar spine and posterior pelvic tilt	Hip flexors Back may be long but not necessarily weak	Hamstrings	
Sway back	Hip forward of plumb line and backward leaning	• Hip flexor • External obliques Upper back extensors • Neck flexors	• Hamstrings Internal oblique • Lumbar extensors(may be strong, but not short)	
Scoliosis	• Asymmetrical differences • Lateral deviation more than 10°	• One side convexity	Other side concavity	



Scoliosis

As a massage therapist, this is where **caution** is needed. Focus on the massage being mindful of pressure close to the spine.

If scoliosis is severe, only a **relaxing** massage, with lots of effleurage, petrissage, and other relaxation techniques, is appropriate.



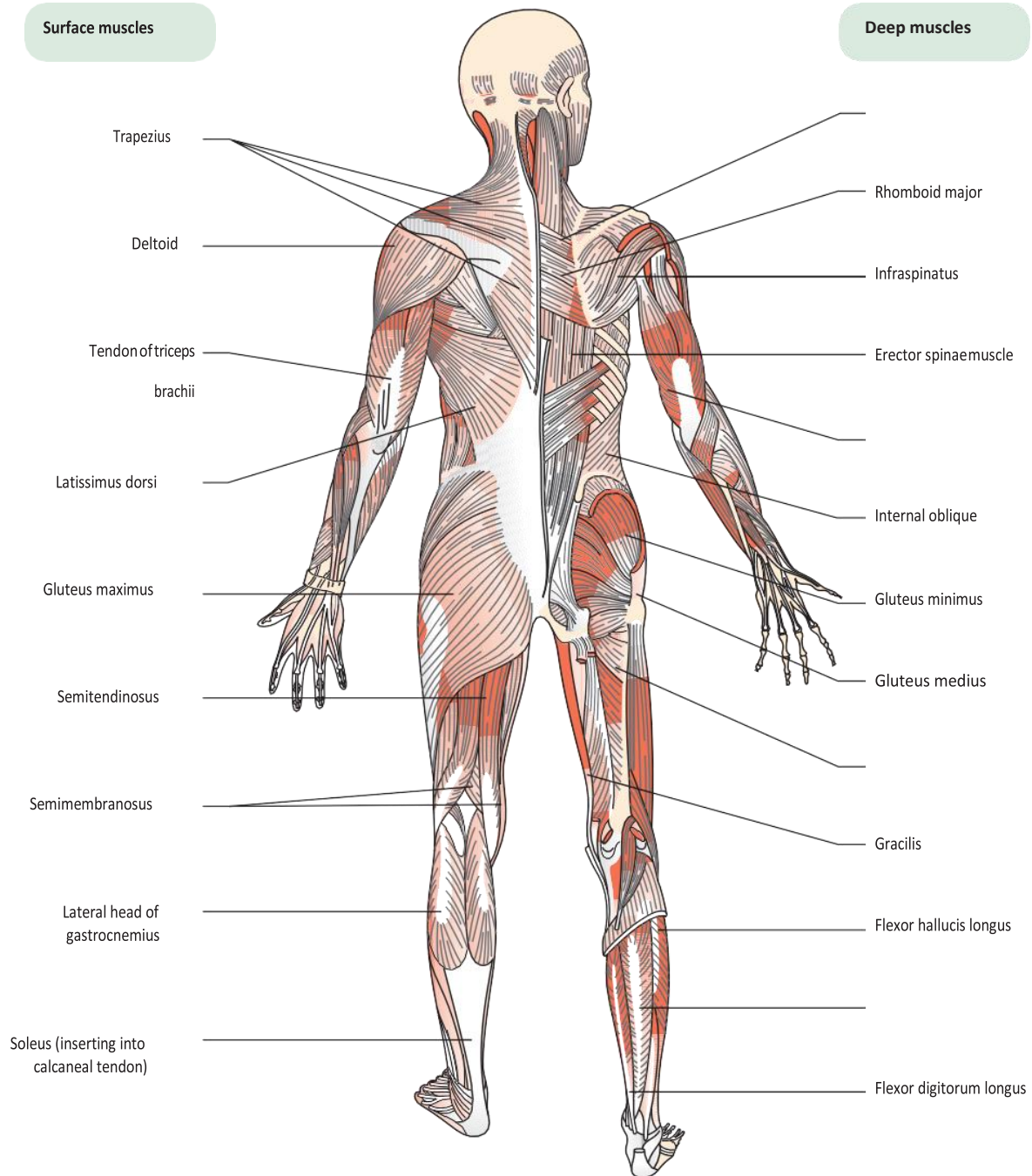
Soft Tissue Dysfunction

Before you start massage, you will need to be able to assess the condition of the muscles. Here are a few guidelines to help you.

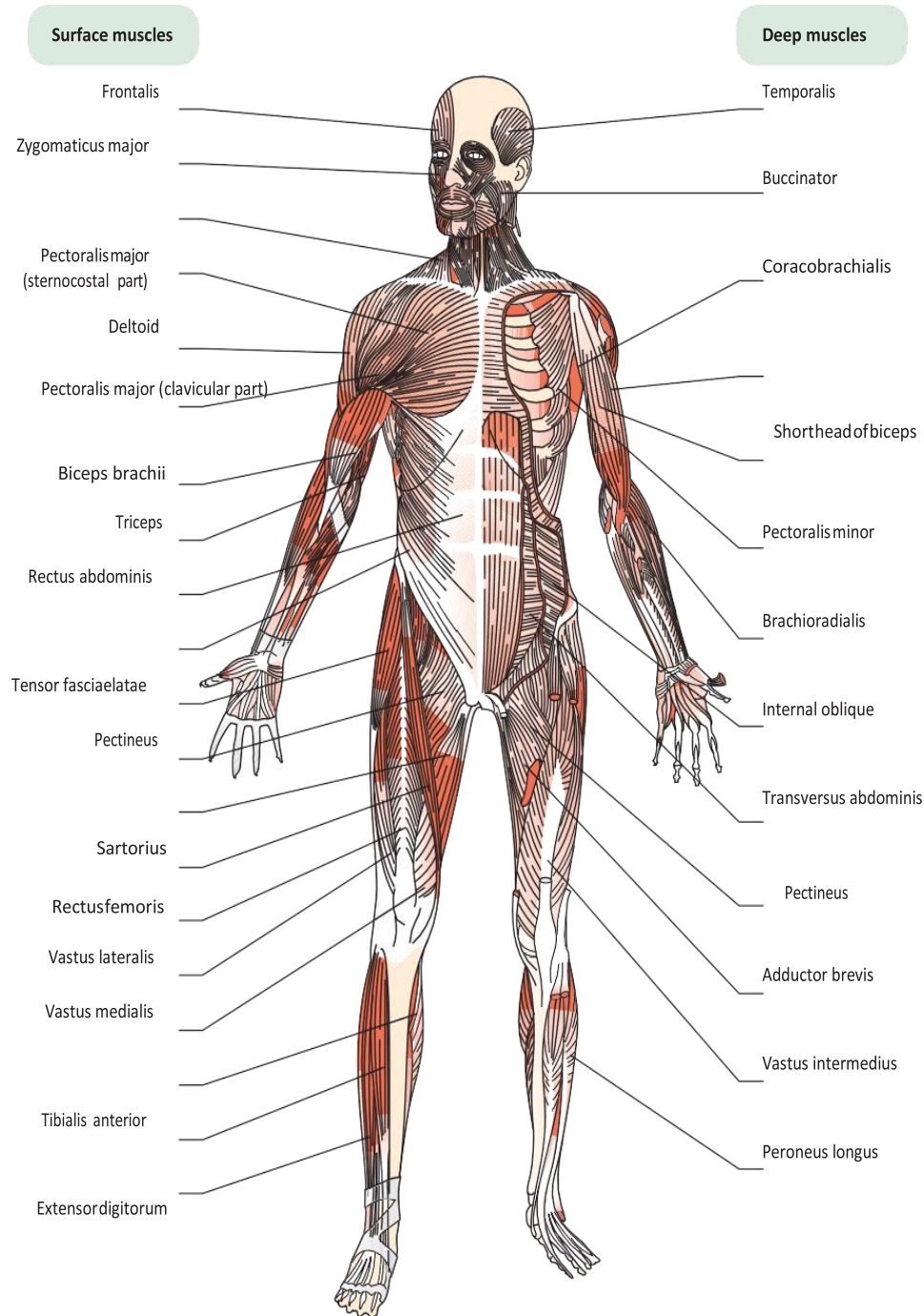
Acute pain	If client experiences acute pain that lingers, stop massaging the area and suggest they see a GP for diagnosis
Adhesions	Adhesions are fibrous bands that form around joints or within the fascia layers. The muscle fibers or the fascia stick together and eventually fibrous nodules develop – the area feels fibrous and less flexible. They are usually caused by inflammation or injury and the release of adhesive glycoprotein's which aid the repair process. They seldom cause acute pain when worked over but they can cause discomfort and sensitivity. You may know adhesions as "knots".
Crystal Deposits	Found on muscle fibers and around bone structures: e.g. around the edge of the scapular. Can feel gritty and 'crunchy' and can cause pain when worked over
Edema	Excess fluid in tissues. Test by applying pressure to the area, if the area stays white for longer than 10 seconds it is edema. Extremely swollen areas will be firm, even solid with little movement and pain due to excess fluid pressure on the sensory nerves. Avoid area and work softly above area to aid drainage
Fibrosis	Occurs when excess fibrous connective tissue forms usually due to tissue damage such as repetitive strain
Fibrous Nodules	Located close to the surface of the skin. They are moveable, often jumpy and the areas will feel lumpy. They seldom cause acute pain when worked over but they can cause severe discomfort and sensitivity
General tension	Muscle fibres will be hard and difficult to move. Unlike a toned muscle, which can feel hard but will be pliable and will move with you as you massage over it. With deep held tension the area will become sensitive to touch and often ticklish
Inflammation	Symptoms to look out for are: redness, heat, pain, swelling
Muscle spasms	A convulsive muscular contraction which can be a result of tissue damage as the natural response is to contract nearby muscles. They can also occur if a muscle is overworked or over stretched. The contraction of the muscle fibres can compress on blood vessels and with a build-up of toxins in the muscle, the nerves can become irritated, causing pain.
Scar tissue	The body's natural response to injury, and its aim is to bring two ends together, for example in a torn muscle. It is also made of elastic fibres but also collagen and can be sticky in its early stages, causing the fibres to adhere together, causing muscle fibres to clump together over time and preventing the fibres from gliding. Not as mobile or pliable as normal tissue. Old scar tissue will feel lumpy or solid with no flexibility. New scar tissue will feel firm with little flexibility. The muscles affected will feel stiff and inflexible.
Tearing	There will be a dip or a hole in the muscle contour and acute pain. Advise client to see a GP. Do not massage

Muscles of the body

Muscles of the posterior body



Muscles of the anterior body



Muscles of the Chest and Upper Arm

Name	Position	Action
Pectoralis major	Across upper chest	Used in throwing and climbing; adducts arms
Pectoralis minor	Underneath pectoralis major	Draws shoulders downwards and forwards
Deltoids	Surrounds shoulders	Lifts arms sideways, forwards and backwards
Biceps	Front of upper arm	Flexes elbow; supinates the forearm and hand
Triceps	Back of upper arm	Extends the elbow
Brachialis	Under the biceps	Flexes the elbow

Muscles of the Hand and Forearm

Name	Position	Action
Brachio radialis	On the thumb-side of the forearm	Flexes the elbow
Flexors	Middle of the forearm	Flexes and bends the wrist drawing it towards the forearm
Extensors	Little finger side of the forearm	Extends and straightens the wrist and hand
Thenar muscle	Palm of the hand below the thumb	Flexes the thumb and moves it outwards and inwards
Hypothenar muscle	Palm of hand below little finger	Flexes little finger and moves it outwards and inwards

Muscles of the Back

Name	Position	Action
Trapezius	The back of the neck and collarbones	Moves scapula up, down and back; raises the clavicle
Latissimus dorsi	Across the back	Used in rowing and climbing; adducts the shoulder downwards and pulls it backwards
Erector spinae	Three groups of muscles which lie either side of the spine from the neck to the pelvis	Extends the spine; keeps body in an upright position
Rhomboids	Between the shoulders	Braces the shoulders; rotates the scapula.

Muscles of the Abdomen

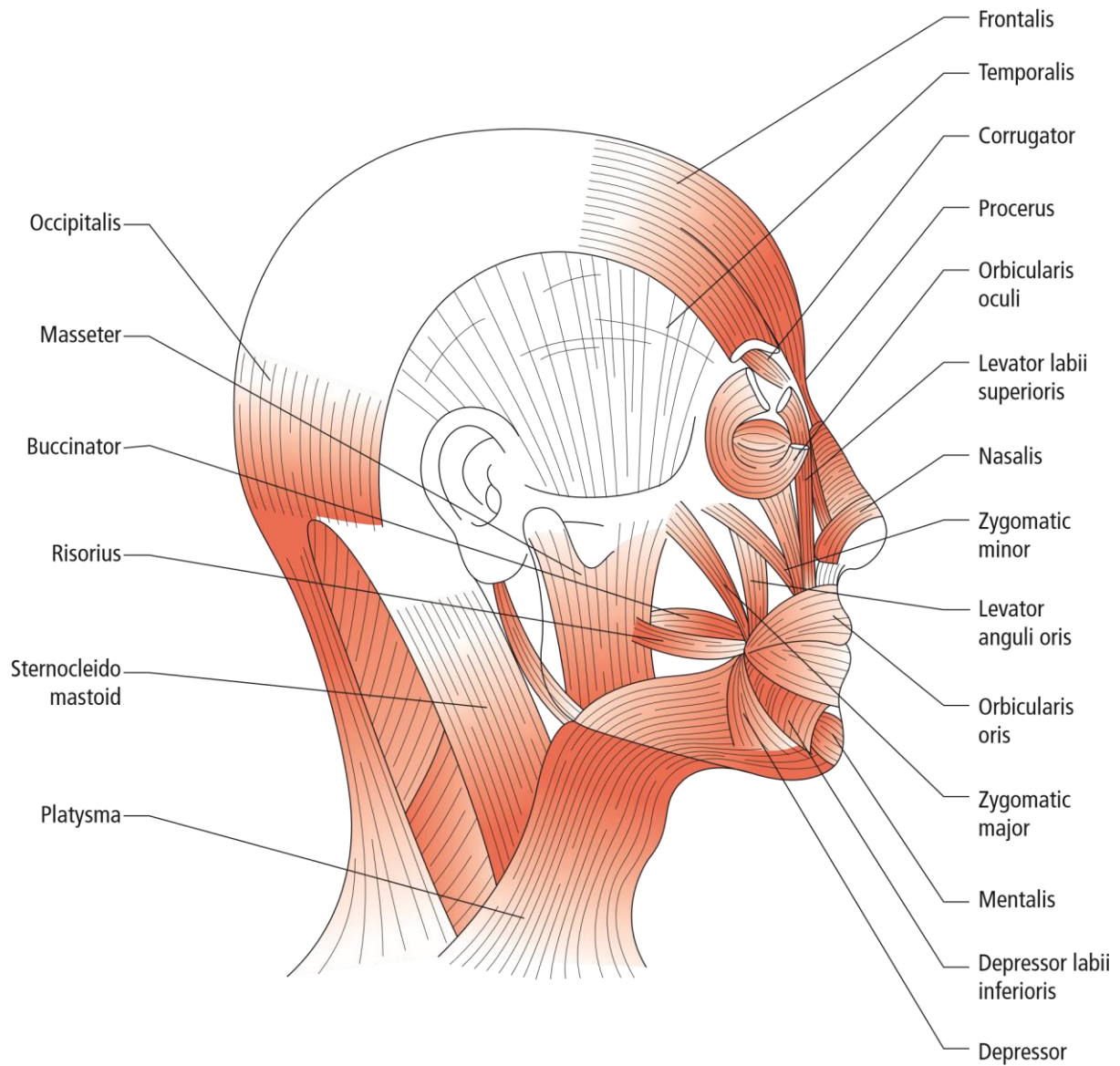
Name	Position	Action
Rectus abdominis	Front of abdomen from the pelvis to the sternum	Flexes the spine; compresses the abdomen; tilts the pelvis
Obliques	Internal – either side of the rectus abdominis External – lies on top of the internal oblique's	Both compress the abdomen and twist the trunk

Muscles of the Buttocks and Legs

Name	Position	Action
Gluteals	In the buttocks	Abducts and rotates the femur; used in walking and running
Hamstrings	Back of the thigh	Flexes the knee; extends the knee
Gastrocnemius	Calf of the leg	Flexes the knee; plantar-flexes the foot
Soleus	Calf of leg, below the Gastrocnemius	Plantar-flexes the foot
Quadriceps extensor	Front of the thigh: group of four muscles	Extends the knee; used in kicking
Sartorius	Crosses the front of the thigh	Flexes the knee and hip; abducts and rotates the femur
Adductors	Inner thigh	Adducts the hip; flexes and rotates the femur
Tibialis anterior	Front of the lower leg	Inverts the foot; dorsi-flexes the foot; rotates the foot outwards

Muscles of the Face and Head

Name	Position	Action
Buccinator	Forms most of the cheek and gives it shape	Puffs out cheeks when blowing; keeps food in mouth when chewing
Corrugator	Inner corner of eyebrows	Draws eyebrows together (frowning)
Frontalis	Upper part of the cranium	Elevates eyebrows; draws the scalp forwards
Masseter	Runs down and back to the angle of the jaw	Lifts the jaw; gives strength for biting (clenches the teeth)
Mentalis	Forms the chin	Lifts the chin; moves the lower lip outwards
Nasalis	Over the front of nose	Compresses nose (causing wrinkles)
Orbicularis Oculi	Surrounds the eye	Closes the eye (blinking)
Orbicularis Oris	Surrounds the lip and forms the mouth	Closes the mouth; pushes lips forwards
Platysma	Front of throat	Pulls down the lower jaw; angles the mouth
Procerus	Top of nose between eyebrows	Depresses the eyebrows (forms wrinkles over the nose)
Quadratus labii superioris	Runs upward from the upper lip	Lifts the upper lip; helps open the mouth
Risorius	Lower cheek	Pulls back angles of the mouth (smiling)
Sternocleidomastoid	Either side of the neck	Pulls head down to shoulders; rotates head to side; pulls chin onto chest
Temporalis	Runs down the side of face towards jaw	Aids chewing; closes mouth
Triangularis	Corner of the lower lip, extends over the chin	Pulls the corner of the chin down
Zygomaticus	Runs down the cheek towards the corner of the mouth	Pulls corner of the month upwards and sideways



Example Actions of Muscles

Head / face / neck muscles and their actions

Muscles	Example Action
Buccinator	Compresses cheeks as in whistling
Depressor anguli oris	Pulls down corners of mouth Creates the expression of sadness
Depressor labii inferioris	Pulls lower lip down
Frontalis	Draws scalp forwards
Lateral Pterygoid	Opens mouth
Levator Anguli Oris	Raises corner of mouth Creates cheerful expression
Levator labii superioris	Lift upper lip Creates cheerful expression
Levator palpebrae	Opens eyelid
Masseter	Closes mouth and clenches teeth Chewing food
Medial Pterygoid	Raises the mandible (lower jaw)
Mentalis	Lifts skin on chin and draws lower lip outwards Creates the expression of discontent
Nasalis	Compresses and dilates nasal opening Creates annoyed expression and used in sniffing
Occipitalis	Draws scalp backwards
Occipito-Frontalis	Lifts eyebrows, wrinkles skin of forehead Creates looks of surprise and horror
Orbicularis oculi	Closes eyelids
Orbicularis oris	Purses the lips / compresses lips against teeth
Procerus nasi	Wrinkles skin at bridge of nose Creates expression of disgust
Risorius	Retracts corners of mouth and lifts upper lip up Creates expression of grinning
Splenius capitis	Looking up or down
Sternocleido mastoid	Flexes & turns head from side to side Shaking head – saying 'No' Looking over your shoulder Raising your head from pillow
Temporalis	Raises and retracts the lower jaw / clenches teeth
Zygomaticus	Moves angle of mouth up, back and outwards Creates the expression of smiling

Trunk - front and back shoulder / upper arm muscles

Muscles	Example Action
External Oblique	Dancing the twist / Gymnastics
Internal Oblique	Digging with a shovel, raking / Golf
Diaphragm	Produces 60% of our breathing capacity
Transverse Abdominis	Support when sneezing and coughing / maintains good posture Seated rowing, Javelin
Rectus Abdominis	Initiating getting out of a low chair / All sports
Quadratus lumborum	Bending sideways from sitting to pick up an object from the floor Tennis serve
Gluteus maximus	Walking upstairs / rising from sitting / Running / High jumping
Gluteus medius	Stepping sideways over an object, such as a low fence / Ice skating
Gluteus minimus	Stepping sideways over an object, such as a low fence / Ice skating
Erector spinae	Keeps back straight / maintains posture All sports, especially swimming, gymnastics, ballet
Rotators located between each vertebra	Rotates and assists in extension of the vertebral column Helps maintain good posture and stability during standing and sitting
Trapezius	Painting a ceiling / Boxing
Levator scapulae	Carrying a heavy bag over your shoulder / Weightlifting
Rhomboids minor & major	Pulling something toward you, such as opening a drawer Archery / Wind surfing
Pectoralis major	Clavicular attachment – brings arm forward and across the body, as in applying deodorant to opposite armpit Sternal attachment – pulling something down from above, such as a rope in bell ringing / Baseball pitching
Latissimus dorsi	Pushing on arms of chair to stand up / Climbing , Rowing
Deltoid	Reaching for something out to the side, or raising the arm to wave / Javelin, Wind surfing
Supraspinalis	Holding shopping bag away from side of body / Racket sports
Infraspinalis	Brushing back of hair / Racket sports
Teres minor	Brushing back of hair / Racket sports

Teres major	Reaching into your back pocket / Cross-country skiing / Rowing
Subscapularis	Reaching into your back pocket/ Athletic throwing events
Biceps brachii	Picking up an object- bringing food to your mouth / Rowing
Brachialis	Bringing food to your mouth / Rowing, Boxing
Triceps brachii	Throwing objects, pushing a door close / Volley ball

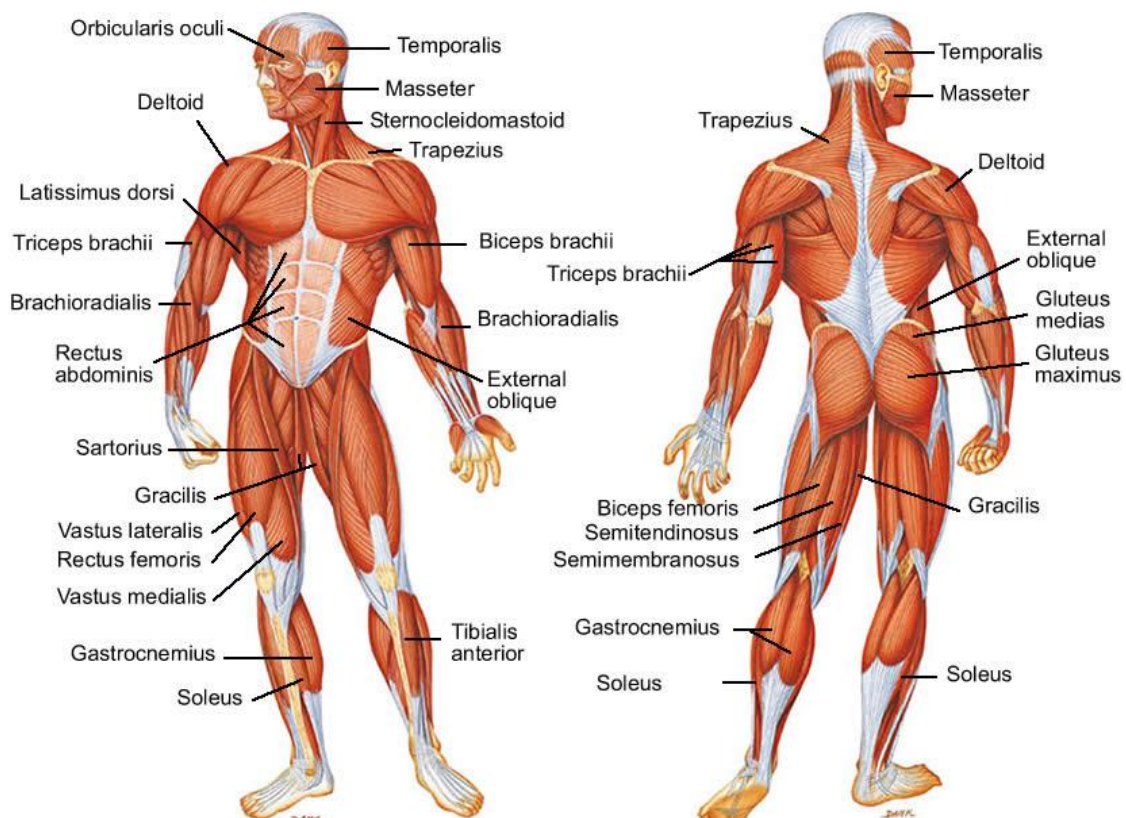
Lower arm muscles / hands

Muscles	Example Action
Pronator teres	Pouring liquid from a container / turning door knob Hockey dribbling
Brachio radialis	Turning a cork screw / Cricket
Supinator	Pushing a door handle / Backhand in all racket sports
Extensor carpi Radialis, longus, brevis Wrist extensor	Kneading dough, typing, cleaning windows Motor cycle sports- throttle control
Opponens pollicis	Picking up small object between thumb and fingers Motor cycle sports – clutch and throttle controls
Extensor digitorum Finger extensors	Letting go of objects held in hand

Hip and leg / foot muscles

Muscles:	Example Action:
Tensor fasciae latae	Walking and strolling / Horse riding, Hurdling
Piriformis	Taking first leg out of car / Swimming (breast stroke legs) Soccer
Adductor Magnus, longus, brevis	Bringing second leg in or out of the car / horse riding / Soccer
Hamstrings	During running the hamstrings slow down the leg at the end of its forward swing and prevent the trunk from flexing at the hip joint / Sprinting / Cross country running
Gracilis	Sitting with knees pressed together / Horse riding
Sartorius	Sitting cross-legged / Ballet, Ice-skating

Quadriceps Rectus femoris Vastus lateralis & medialis	Walking up the stairs / Cycling, Skiing / All jump events
Tibialis anterior	Walking and running – lifts foot clear of the ground as the legs swings forward / Hill walking, Mountaineering
Gastrocnemius	Standing on tip-toe / High jumping, Volley ball, Ballet
Soleus	Standing on tip-toe / High jumping, Volley ball, Ballet
Extensor digitorum Longus / Hallucis longus	Walking up the stairs – ensuring the toes clear the steps Hill walking, Mountaineering
Flexor hallucis longus	Pushing off the surface when walking / Hill walking / Ballet
Fibularis (Peroneus) Longus and brevis	Walking on uneven surfaces Running, Soccer, Jumping



Muscles of the body

Useful links:

<http://www.thestretchinghandbook.com/>

<http://www.getbodysmart.com/ap/muscularsystem/menu/menu.html>

<http://www.innerbody.com/htm/body.html>

http://www.bbc.co.uk/science/humanbody/body/factfiles/muscle_anatomy.shtml

Lesson 9: The Skin

OBJECTIVES OF THIS LESSON

- Describe the structure of the skin and identify key elements;
- Identify and describe different skin types and disorders.

The Skin Structure

Skin makes up around 12% of an adult's body weight. It's very adaptable and able to mold into different shapes, covering bones and muscles to perform various functions of the body's make up.

The functions of skin are:

- **Sensation** - Main sensory organ for temperature, pressure, touch and pain.
- **Heat Regulation** - Regulates the body temperature by sweating to cool the body down when it overheats, and shivering when the body is cold.
- **Absorption** – Some creams, essential oils and some medication can be absorbed through the skin.
- **Protection** – Too much UV light may harm the skin, so the skin protects itself by producing a pigment, seen in a tan, called *melanin*. Bacteria and germs are prevented from entering the skin by a protective barrier called the **Acid Mantle**. This barrier also helps protect against moisture loss.
- **Excretion** – Waste products and toxins are eliminated from the body through the sweat glands.
- **Secretion** – Sebum and sweat are secreted onto the skin's surface. The sebum keeps the skin lubricated and soft and the sweat combines with the sebum to form the acid mantle.
- **Vitamin D production** - Absorption of UV rays from the sun helps formation of vitamin D, which the body needs for the formation of strong bones and good eyesight.

There are 3 major layers of the skin, the Epidermis, Dermis and the Subcutaneous.

The Epidermis Layer

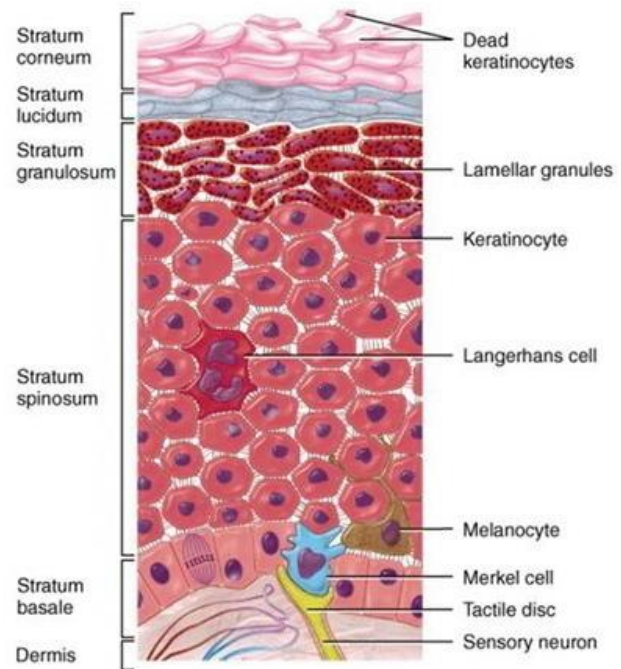
The outermost layer of the skin is called the epidermis layer. There are no blood vessels in the epidermis but it's the deepest layer and is supplied with lymph fluid. It is thickest in the palms and on the bottom of the feet.

There are various layers of cells within the epidermis, the outermost of which is called the *stratum corneum* (or *horny layer*). The layers can be seen clearly in the diagram of the skin. The surface layer is composed of twenty-five to thirty sub-layers of flattened scale-like cells, which are continually being cast off by friction and replaced by the cells of the deeper epidermal layers.

The surface layer is considered the real protective layer of the skin. The cells are commonly called keratinised cells because the living matter within the cell (termed protoplasm) is changed to a protein (keratin) which helps to give the skin its protective properties. New skin cells are formed in the deepest layer within the epidermis. This area is called the *stratum basale* (or *basal/germinative layer*). The new cells will gradually move towards the outer layers of the skin as the stratum corneum is shed. The new cells gradually change in form as they move upward to the outer layers, becoming keratinized in the process.

Layers of the Epidermis

English Name	Latin Name
Horny Layer	Stratum Corneum
Clear Layer	Stratum Lucidum
Granular Layer	Stratum Granulosum
Prickle Cell Layer	Stratum Spinosum
Basal/Germinative Layer	Stratum Basale



The Dermis Layer

The dermis is a tough and elastic layer containing white fibrous tissue interlaced with yellow elastic fibres.

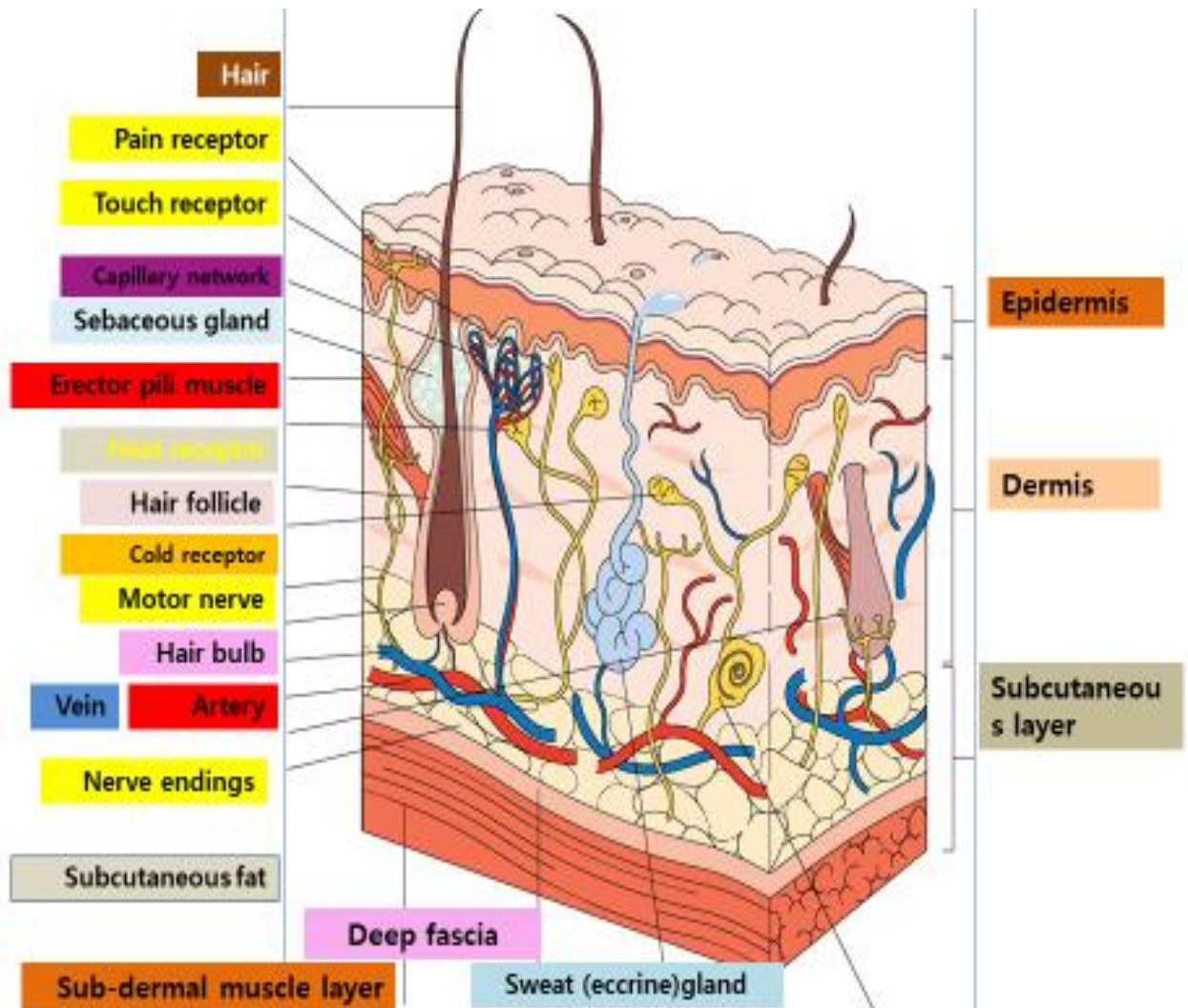
Many structures are embedded in the dermis including:

- blood vessels
- lymphatic capillaries and vessels
- sweat glands and their ducts
- sebaceous glands
- sensory nerve endings
- the erector pili - involuntary muscles are sometimes activated in cold weather to give 'goose bumps'
- hair follicles, hair bulbs and hair roots.

The Subcutaneous Layer

This layer of skin is located on the bottom of the skin diagram. It connects or binds the dermis above it to the underlying organs. The subcutaneous layer is mainly composed of loose fibrous connective tissue and fat (adipose) cells interlaced with blood vessels. The hypodermis (subcutaneous layer) is generally about 8% thicker in females than in males. The main functions of the hypodermis are insulation, storage of lipids, cushioning of the body and temperature regulation.

Diagram of the Skin



Skin Types

Basic skin types are determined by genetic disposition and will have become apparent in the early teens. Most people know their skin type, but if you are unsure, the following pointers should help.

- Youthful skin
- Mature skin
- Normal skin
- Dry skin
- Oily skin
- Combination skin
- Sensitive skin



The difference between youthful and mature skin

The structure and elasticity of healthy young skin

Young skin contains large amounts of Hyaluronic acid (HA)

Hyaluronic acid is a natural sugar found in all living cells that attracts and binds water, hydrating the skin and giving it volume.

Hyaluronic acid also affects some of the other components of skin structure such as collagen and elastin, as well as the function of skin cells

In these ways, Hyaluronic acid is very important in maintaining the structure and function of young skin, helping it to look healthy, feel smooth and elastic

Skin changes with aging

As we get older, Hyaluronic acid is lost from the skin

Women aged 75 years have approximately four times less HA in their skin than women aged 19 – 47.

This decrease in HA contributes to some of the signs of ageing – loss of skin hydration, skin thinning and decreased ability for the skin to restore itself

Useful link: <http://www.medterms.com/script/main/art.asp?articlekey=25768>

skin thinning and decreased ability for the skin to restore itself.

Young skin

If the natural oils in the skin are well balanced the skin remains healthy and is considered young / normal

Young / normal skin tends to be:

- Soft subtle & smooth with a velvety feel to it
- Appearance similar to a young child / good elasticity
- No areas of excess oiliness or



dryness

- Skin is balanced throughout with perhaps a slight oiliness in the T – zone
- Clear appearance with a fine-grained texture / small pores

Recommended Carrier oils:

- Apricot Kernel
- Sweet Almond
- Jojoba

Mature skin

This skin is usually very dry, lacking both oil & moisture, and is developing wrinkles and lines.

Mature skin tends to have:

- Expression marks around the eyes, nose and mouth
- Slackness around the eyes
- Dull complexion with loss of skin elasticity and natural moisture
- Fine network of veins, broken capillaries
- Age spots



Recommended Carrier Oils:

- Apricot Kernel
- Jojoba
- Evening Primrose
- Avocado

Dry Skin

Dry skin lacks the surface oils, which give normal / young skin its smooth velvety feel.

It is often delicate & sensitive and tends to have:

- Dull appearance with a dry and coarse feel to it
- Often flaky & chapped and feels 'tight' after washing
- Finely textured and prone to broken capillaries
- Creases visible
- Feels tight after washing
- Sensitive to cold



Recommended carrier oils:

- Sweet Almond

- Avocado Jojoba
- Evening Primrose

Oily Skin

Oily skin is caused by overactive sebaceous glands, which secrete too much sebum.

This skin type is prone to breakouts and tends to have:

- Shiny look with a greasy feel to it
- Course grained texture
- Enlarged and dilated pores
- Blackheads, acne and skin blemishes due to excess sebum clogging up the pores
- Not generally sensitive



Recommended carrier oils:

- Apricot Kernel
- Jojoba

Combination Skin

Combination skin is a mixture of dry skin with oily patches on the T – zone, where the sebaceous glands are more productive and generally it is best to treat each area separately, using the appropriate oils.

Combination skin tends to be:

- Partly dry and partly oily / different appearance between T – zones
- Prone to dilated pores and blackheads on the T – zone

Recommended Carrier oils:

- Apricot oil
- Jojoba

Sensitive Skin

This skin type is prone to sensitivities and allergies, particularly to the chemicals and fragrances found in many skin care products.

Sensitive skin tends to be:

- Pale, dry and fine textured
- Sensitive to many products (burning sensation)
- Sensitive to sunlight, developing red, scaly patches
- Develop red blotches and broken veins in extreme temperatures
- Poorly protected due to insufficient epidermic oils

Recommended Carrier oils:

- Apricot Kernel
- Jojoba
- Evening Primrose

Skin Colouring and Presentations

The skin owes its coloring to the red hemoglobin found within the blood vessels, yellow carotenoids within subcutaneous fat and the dark brown pigment, melanin. Various degrees of pigmentation are present in different ethnic groups. The differences are in the amount of melanin produced and not dependent upon the number of melanocytes present.

Albinism

Some people are born without the ability to produce melanin within their skins and with no hair pigment – a congenital condition called albinism. People with this condition have pure white hair, white skin and pink eyes.

Lesions

Lesions are growths or abnormal patches of skin that do not resemble the area of skin around them. Many cause no ill effects; others are more serious and require treatment.

Bulla	A raised, fluid-filled lesion larger than a vesicle
Fissure	Crack or break in the skin
Macula	Flat colored spot
Nodule	Solid raised lesion larger than a papule, often a symptom of a systemic disease
Papule	Small circular raised lesion at the surface of the skin
Plaque	A broad, raised area on the skin
Pustule	A raised lesion containing pus – often in a hair follicle or a sweat gland
Ulcer	A lesion resulting from the destruction of the skin and often as deep as the subcutaneous tissue
Vesicle	Small, fluid-filled raised lesion, a blister
Wheal	Small, rounded, slightly raised area, often itching and can be seen as hives (Urticaria) when a person suffers an allergic reaction.

It is important to be able to identify (not diagnose!) which skin presentations may be cause for concern or contraindications and which are completely innocuous and simply part of beautiful human variation.



Skin Diseases and Disorders

Name	Appearance	Cause
Dermatitis	Inflammation of the skin, swelling & redness	Allergic reaction to contact with allergen
Seborrheic Warts	Flat top/warty looking lesions	Ageing
Herpes simplex	Red sore/scab usually on side of the mouth also none as a cold sore	Viral infection transmitted by contact with another infected area. Highly contagious
Scabies	Itchy white spots	Mite transmitted by direct skin to skin contact typically from itchy infected area and transporting mite to someone else under fingernails.
Psoriasis	Red itchy scaly patches erupting on skin	The immune system sends out a faulty signal that speeds up the growth cycle of skin cells
Acne Rosacea	Redness on nose and cheeks	Dilation of minute capillaries in the skin
Impetigo	Red spot which blisters then discharges developing a yellow crust	Highly contagious. Spread through direct contact and itching
Milia	Same as dermatitis: redness is due to dilated blood vessels and as fluid accumulates itching, and swelling occurs. Weeping skin can then become infected	Allergic reaction. Stress

Lesson 10: Contra-indications to Massage

OBJECTIVES OF THIS LESSON

- Explain the contraindications to massage treatment:
 - requiring medical consent
 - total contra-indications
 - local contra-indications
- Describe appropriate course of action for common conditions.

Massage is non-invasive, relaxing, and is generally considered a safe treatment for most people. However, there are two types of contra-indication:

- With GP, medical or specialist permission (or a signed indemnity form)
- Contra-indications that restrict treatment (either totally or locally)

Before commencing with any treatments, it is vital the client is checked for contra-indications.

Does a contra-indication mean a treatment cannot take place?

Not always, however if you are concerned about giving a massage or unfamiliar with a condition, it is best to refer the client to their GP for advice. Remember, that the client is likely to know a fair amount about their condition, so ask them to tell you more about it.

A therapist should not, under any circumstances, attempt to diagnose a condition or decide whether an existing condition is treatable. This is vastly acting outside the scope of massage therapy.

The code of conduct for many complementary health associations states that diagnosis is not allowed. If you have any concerns, always refer the client to their doctor for advice



The importance of obtaining informed consent and working within boundaries

Informed consent should be obtained from all clients prior to any physical assessments and treatment. It is both a legal and ethical requirement.

To ensure client consent is informed, it is important to:

- Explain to the client the purpose of the assessments and treatment
- Explain and discuss with the client what will happen in the assessment and treatment (including positioning, robing and draping and the techniques and mediums used) using language that is accessible and easy to understand
- Explain professional qualifications, experience, expertise and scope of practice, e.g. when it may be necessary to refer to another healthcare professional or when it may be necessary to defer a treatment
- Explain and discuss with the client the benefits and any potential risks associated with assessment and treatment, e.g. muscle soreness or unsuspected allergic reactions to massage mediums
- Explain any contra-indications for treatment
- Explain that all information is confidential and will not be disclosed to other parties, without consent from the client
- Explain that any identified need for disclosure of information (e.g. to a GP) would be on a need to know basis
- Answer any questions fully and record both the questions asked and answers provided
- Sign and date the consent form (client and therapist)

The scope of practice in massage

Cautions and contra-indications – definitions and differences

It is important for all professionals to work within the scope of practice for the profession and not exceed role boundaries. Awareness of the contra-indications and cautions for providing massage treatments and knowing when to refer clients to other professionals is one example of a professional boundary that must be maintained. This ensures professional standards are maintained and client safety is central to the service being provided.

Caution

A caution would present if a client has a medical condition or injury that is considered a risk, but there are adaptations and modifications that can be made to the treatment to minimise any potential risk, e.g. avoiding the area.

A caution is when modifications and adaptation can be made to the treatment in response to reduce the possibility of any identified risks.

Precautions and modifications to treatment may include: adapting the treatment strategy, e.g. techniques used, avoiding a specific area of the body, adapting the client's position during the treatment and/or using a different massage medium.

An example of a contra-indication would be if a client has a health condition or injury that could be aggravated or made worse by the treatment.

Contra-indications can be local or systemic.

Local contra-indications	These can be sometimes be treated, but an element of caution is needed, and massage must be adapted to the condition, e.g. the contra-indicated area should be avoided
Systemic contra-indication	These should NOT be treated. Treating a systemic contra-indication may negatively affect the client's health. They should be referred to a health professional
Absolute contra-indication	These should NOT be treated. The risks are significantly high and outweigh any potential benefits. If massage is performed it may potentially result in serious harm (in extreme circumstances permanent disability)
Chronic absolute contra-indications	These are long term illnesses that should not be treated. Massage could progress the illness causing further associating health related problems

Some contra-indications may be acute (short term). They need time to heal naturally, or with medical intervention, e.g. medication. Once recovered, they may be treated as long as medical clearance is provided.

The massage therapist must be able to identify the signs and symptoms of conditions that would offer a caution or contra-indication for treatment. These will usually be identified during the client consultation and assessment.

When identified, the therapist should explain why these conditions offer risk and explain the action they need to take, e.g. contra-indications will need to be referred to a healthcare professional; whereas, cautions can be treated as long as the treatment is modified and adapted, e.g. avoidance of an area.

If cautions are present	The benefits and risks should be discussed fully with the client and treatment should only proceed if the client gives their informed consent.
If contra-indications are present	These should also be discussed with the client. The aim should be to reassure the client, without causing alarm. The massage therapist should explain that only medical professionals are trained and qualified to make informed decisions on the appropriateness of treatment for some conditions and the therapist's action is to ensure client safety.

In the rare circumstances that a **contra-indication is missed** during assessment and is instead identified during treatment, through palpation or conversation, the therapist should:

- Stop the treatment
- Discuss the reasons for stopping the treatment with the client (again, without causing alarm)
- Signpost the client to the appropriate health professional

To minimise the likelihood of this occurrence, the therapist should summarise all information gathered during the assessment, check client understanding and prompt the client to disclose any other information that may influence the safety and benefits of the treatment.

Post-treatment - any negative effects reported by the client following a treatment should also be signposted to a health professional. No further treatment should be performed until medical clearance has been provided.

Commonly seen contra-indications

Local contra-indications	Absolute contra-indications	Chronic absolute contra-indications
<ul style="list-style-type: none"> ▪ Abnormal lumps ▪ Athlete's foot ▪ Blisters ▪ Bruises ▪ Carpal tunnel syndrome ▪ Local inflammation ▪ Open wounds ▪ Shingles ▪ Ulcers ▪ Varicose veins ▪ Warts 	<ul style="list-style-type: none"> ▪ Chickenpox ▪ Diarrhoea ▪ Fever ▪ German measles ▪ Gout ▪ Hepatitis ▪ High blood pressure ▪ Measles ▪ Mumps ▪ Ring worm 	<ul style="list-style-type: none"> ▪ Blood clots ▪ Deep vein thrombosis ▪ Hypertension ▪ intestinal obstruction ▪ Kidney failure ▪ Severe acute respiratory syndrome

Additional contra-indications for massage may include:

Temperature	Example - the client has a temperature over 100 F and is feeling unwell. Defer treatment until well.
Acute traumas	Example - Open wounds, recent bruising, muscle tears, sprained ankles, contusions, and burns. These must be avoided during the acute healing phases.
Skin infections	Example - Swelling, redness or heat. Any attempt to massage in the vicinity of these areas can make the condition spread further.
Tumours	Example - The presence of swelling which is inconsistent with recent bruising. Avoid the area until initial causes are identified. If in any doubt, signpost to GP prior to treatment.
Undiagnosed symptoms	These should always be signposted to a GP prior to any treatment.
Pregnancy	Extra care should be taken during the first 16 weeks, with regions surrounding the abdomen, and lower back avoided. If the client has experienced any previous problems, or sickness during the early stages of pregnancy, GP clearance is required.

The table below identifies some of the more common contraindications to massage along with the actions that should be taken by the massage therapist:

Musculoskeletal conditions

	Description	Type of contra-indication	Therapist action
Osteoporosis	De-mineralisation of bones (brittle bones), may be common in the elderly and may be prone to fractures.	<ul style="list-style-type: none"> • Temporary deferral – medical contra-indication 	<ul style="list-style-type: none"> • Refer to health care practitioner • Gentle massage is indicated • Do not massage over known osteoporotic areas • Negotiate comfortable positions for elderly individuals
Fractures	Broken bone from excessive force, can be closed or open, spiral, greenstick, oblique etc	<ul style="list-style-type: none"> • Temporary deferral if acute • Local if post acute 	<ul style="list-style-type: none"> • The rest of the body can be massaged • Massage other areas of the body to compensate for this restriction • Gentle massage of muscles adjacent to the fracture may be attempted once the bone is set
Sprains and strains	Tearing to ligaments and muscles respectively.	<ul style="list-style-type: none"> • Local 	<ul style="list-style-type: none"> • RICE if acute. • Avoid area. • May introduce massage in sub-acute and chronic stages to facilitate repair
Inflammation / swelling	May indicate soft tissue damage, hematoma, bursitis	<ul style="list-style-type: none"> • Local if cause identified • Temporary deferral and medical contra-indication if unknown 	<ul style="list-style-type: none"> • Avoid area concerned • Refer to health care practitioner

Myositis ossificans	Usually follows a blow to the tissue. The internal bleeding coagulates and calcifies becoming hardened bone within the muscle	<ul style="list-style-type: none"> • Local 	<ul style="list-style-type: none"> • Avoid the area once bone has calcified
Osteoarthritis	Joint inflammation and degeneration associated with 'wear and tear' Typically affects weight bearing joints.	<ul style="list-style-type: none"> • Temporary deferral and medical referral if acute and inflamed. • Local if not acute 	<ul style="list-style-type: none"> • Refer to health care practitioner • Extra care to be taken around painful areas. • Massage other areas and surrounding musculature
Rheumatoid arthritis	An autoimmune disease, which can cause inflammation of many parts of the body(e.g. skin, lungs, eyes and internal organs) as well as joints.	<ul style="list-style-type: none"> • Temporary deferral and medical referral if acute and inflamed. • Local if not acute 	<ul style="list-style-type: none"> • Refer to health care practitioner • Massage is indicated away from painful areas or gently around joints if non-acute

Circulatory conditions

	Description	Type of contra-indication	Therapist action
Thrombosis / DVT	Often occur in the legs and may lead to an embolism	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • If suspected refer for medical input. • Follow medical advice
High blood pressure	Hypertension can lead to damage of the heart or brain	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Do not massage • Seek medical advice
Raynaud's syndrome	Vasospasm of the arterioles (usually in the hands and feet) usually associated with colour changes	<ul style="list-style-type: none"> • Absolute – Raynaud's may be associated with underlying pathologic conditions 	<ul style="list-style-type: none"> • Avoid massage - refer to health care practitioner. If the condition has primary causes then massage may be indicated

Heart conditions	Heart failure, angina, valve failure	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Refer for medical input- act on advice given. • Vigorous techniques contra-indicated
Haemophilia	Inability of the blood to clot can be caused by Warfarin (medication). Risk of haemorrhage	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Refer for medical input- act on advice given. • Vigorous techniques contra-indicated
Diabetes	Glucose intolerance or deficiency. Insulin secretion may be affected by massage. Some insulin injection sites may be tender to touch	<ul style="list-style-type: none"> • Temporary deferral and medical referral 	<ul style="list-style-type: none"> • Refer for medical input • Follow medical advice. • Massage may be indicated if condition is controlled
Varicose veins	These are the result of valve failure leading to accumulate pockets of blood, often visible at the surface of the skin	<ul style="list-style-type: none"> • Local 	<ul style="list-style-type: none"> • Avoid the direct area and area below the damaged vein

Nervous system disorders

	Description	Type of contra-indication	Therapist action
Stroke	Occurs when the blood supply to the brain tissue is affected, either by a clot (thrombosis) or by a blood vessel bursting.	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • If suspected refer for medical input. • Follow medical advice
Neuropathies (e.g. sciatica)	Neurological symptoms including numbness, tingling sensations, weakness or radiating pain.	<ul style="list-style-type: none"> • Temporary deferral until diagnosed. • Local if diagnosed and indicated 	<ul style="list-style-type: none"> • Seek medical advice first. • Therapist may be guided to treat areas of soft tissue.
Areas of altered skin sensation	Usually a result of nerve damage-	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Avoid massage - refer to health care

	paraesthesia, anaesthesia. <i>Multiple sclerosis, sciatica, diabetic neuropathy.</i>		practitioner for further advice.
Parkinson's disease	Progressive disease, caused by degenerative abnormalities in the brain and characterised by a tremor, or shaking in the hands and limbs and by stiffness in movements.	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Seek medical advice. Massage may be indicated following medical approval to facilitate movement and flexibility
Multiple sclerosis (MS)	An idiopathic disease that involves the destruction of the myelin sheaths around motor and sensory nerves.	<ul style="list-style-type: none"> • Temporary deferral and medical referral if acute and with symptoms 	<ul style="list-style-type: none"> • Seek medical advice first, massage may be indicated in sub-acute phases and in remission

Other conditions

	Description	Type of contra-indication	Therapist action
Skin disorders	<ul style="list-style-type: none"> • Dermatitis/eczema: inflammatory skin condition • Psoriasis: inflammatory condition with reddened skin covered in silvery scales • Fungal infection: ring worm, athletes foot 	<ul style="list-style-type: none"> • Local 	<ul style="list-style-type: none"> • Avoid the area especially if skin is broken. May not want to treat infectious conditions
Allergic conditions	An adverse reaction that the body has to a particular food or substance in the environment, causes rashes, hives,	<ul style="list-style-type: none"> • Temporary deferral and medical referral until allergic 	<ul style="list-style-type: none"> • Refer to medical practitioner for advice. • May be indicated in some cases where allergic conditions can be controlled.

	respiratory problems, digestive problems, in extreme situations anaphylactic shock	conditions are identified.	
Open wounds	Broken surface of the skin: cut, graze	<ul style="list-style-type: none"> • Local 	<ul style="list-style-type: none"> • Cover with a dressing, avoid the area
Tumours	Abnormal growth of tissue, can be cancerous or benign	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Refer for medical input Follow medical advice
Cancer	A mutation of normal cells into particular characteristics that spread to other cells and tissues.	<ul style="list-style-type: none"> • Temporary deferral and medical referral until indicated as part of a treatment plan. 	<ul style="list-style-type: none"> • Refer to medical practitioner for further advice. Massage may be indicated in some situations but may also be seen as aiding the metastasis process through stimulation of blood and lymph flow.
Mental incapacity	An inability through mental disorder or mental retardation to carry on the everyday affairs of life or to care for self. A vulnerable adult	<ul style="list-style-type: none"> • Absolute 	<ul style="list-style-type: none"> • Medical input may be required. A carer may need to be present. Follow vulnerable adult legislation
Common colds/flu	Typically caused by viruses	<ul style="list-style-type: none"> • Temporary deferral 	<ul style="list-style-type: none"> • Massage is contraindicated in the acute stages as it may exacerbate the symptoms. There could also be a risk of cross infection. Advise the client to return when clear of symptoms.
HIV/AIDS	Acquired Immune Deficiency Syndrome. AIDS is a disease caused by the human immunodeficiency virus (HIV), which attacks and disables the immune system.	<ul style="list-style-type: none"> • Temporary deferral and medical referral 	<ul style="list-style-type: none"> • Massage may be indicated once a medical practitioner is consulted. • Avoid open cuts or weeping skin. • Consider thorough hygiene protocols.

Referral procedure and communication with GP`s and other professionals

When a client presents with a contra-indication, the massage therapist will need to signpost the person to their GP for medical clearance prior to any treatment.

Obtaining medical clearance from a GP or healthcare professional

A professional letter should be used to communicate information to a client's GP.

The letter should include the company logo, therapist's name and contact details and qualifications.

The letter should be addressed to the known medical professional using the correct title and their surname, e.g., Dr Jones.

The contents of the letter should include the client's name, the treatment they presented for, a summary of information gathered from the client, including the contra-indicated condition. The letter should also include an outline of the proposed treatment (including the potential effects and any risks) and the precautions that can be taken to minimise risk. This level of information is needed so that the GP is able to make an informed decision regarding the suitability of sports massage for the client.

The letter should request GP consent and ask for any further recommendations. It should be signed and dated and maintained as a permanent record of communication, forming part of the client's notes.

The GP's response communication should also be provided and maintained as a permanent written record. Clearance from other professionals, physiotherapist or osteopath should follow the same procedures.

Referral of clients from a GP or other healthcare professional (HCP)

Some organisations offer care pathways between services, e.g. referral of clients from a healthcare service to use other services, e.g. massage. In these instances, the referral process should be formalised and agreed between all professionals and practitioners to ensure the required client information is transferred using the correct format.

Paperwork may include:

- Transfer of information record from the GP to the Massage Therapist, which includes the client's details and relevant medical history, the reason for their referral, including any guidance for precautions.
- A record of the client's informed consent to transfer information and participate with the proposed treatment.
- Methods for reporting outcomes and progress (within specified timeframes) and maintaining communication between services.

Communication with other professionals

There may also be occasions when the massage therapist may need to signpost clients to other professional services, e.g. when the guidance and support is outside their scope of practice.

Other services:

- GP or health professional - medical clearance
- Personal trainer physical fitness advice
- Dietician - nutrition and dietary advice
- Physiotherapist gait analysis or injury management
- Sports coach sports training guidance
- Osteopath spine manipulation
- Counsellor- mental health concerns, e.g. anxiety or depression
- Sports psychologist anxiety related to sports performance

In practice, the only person who can refer clients directly to some of these other services, e.g. dietitian or physiotherapist, is the client's GP. The massage therapist can signpost the client to their GP to enable this referral, but they are not qualified to refer clients directly themselves; it is outside their scope of practice.

Communication with other professionals may include telephone conversations, emails and face to face communication.

In all communication, the same professional standards should be maintained.

- Client information should only be transferred on a need to know basis and only if client consent has been obtained.
- Written communication (including letters, emails and client records) should be clear, concise, accurate, up-to date and appropriate language used.
- During verbal communication, the language used should be appropriate and the tone of voice, pace of speech and clarity of speech considered. Active listening should also be demonstrated when other professionals are responding.
- During face to face communication, awareness should be given to body language (including posture, eye contact, proximity and space, facial expressions and gestures). Personal appearance and hygiene should also be considered.

References

Tosch, H., 2014. *Massage and Medication* / *Massage Therapy Journal*. [online] American Massage Therapy Association. Available at: <<https://www.amtamassage.org/publications/massage-therapy-journal/massage-and-medication/>> [Accessed 2 January 2021].

Lesson 11: Consulting the Client

OBJECTIVES OF THIS LESSON

- Describe influencing factors which need to be considered when carrying out a consultation.
- Describe key elements of a consultation and how to use consultation to identify features which may influence treatment, including physical examination when appropriate.
- Outline possible outcomes following consultation and explain why a client might be referred.
- Explain the principles of consent and confidentiality.

A holistic massage aims to treat the overall person and offer a treatment to promote general good health and wellbeing. To accomplish this, it is important that a thorough consultation is carried out to find out necessary information about the client's health and lifestyle to be able to effectively plan an appropriate treatment plan. It is also an important opportunity for the client to find out more about the treatment/s that you offer and ask any questions they have. This lesson covers the essential considerations for a professional consultation procedure.

See Case Study resources for a sample client consultation form.

Preparing for Consultation

Before meeting your client be sure that you are ready to do so. Your **treatment room** should be ready, with the couch made up and all equipment that you might need ready to hand.

Check that you have removed any watch or jewellery you may be wearing, and that you are fresh and presentable. Take a moment to breathe and **mentally prepare for your client**.

You should ensure that you are **punctual for your client** as they may arrive early and will expect the treatment to start on time. The consultation will typically take place within the advertised treatment time, unless it has been previously stated that the client should arrive early for an initial consultation or provide a completed information form in advance of the session. Your consultation will need to start promptly and not overrun into treatment time.

Consultations should take place in a **private, comfortable area** to promote a comfortable open dialogue between client and therapist and ensure there is no interruption or distractions. You should ensure that both you and your client are seated for the consultation so that you are not looming over your client. Try to have an open, angled set up, so that seats are not directly facing each other but are positioned slightly askew, without a desk in between.



Chairs angled for consultation

This helps to create a comfortable environment which doesn't feel like an interview.

Consultation should always take place **before the client undresses** for treatment. Not only so that they are more likely to be comfortable to share and not feel vulnerable, but importantly there may be a reason (a contraindication) raised in the consultation that means that massage is not part of the immediate treatment plan for the client. Specific contraindications are outlined in the next lesson.

Communication

Good communication skills are essential in creating a positive, professional client-therapist relationship and are a huge part of ensuring that your client is relaxed and enjoys the entire experience of your practice, thus more likely to return.

Strong communication skills include asking the right questions, listening with attention and interest, being comfortable with pauses and silences, using appropriate body language.

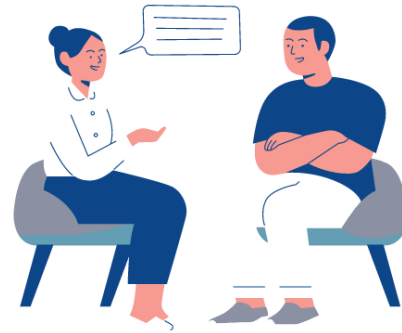
Positive communication and an effective consultation will contribute to the enjoyment for the client of the overall treatment. Asking questions is one of the best ways of encouraging clients to share with you and give you the information you need to treat them effectively.

It is important to understand the difference between closed and open questions so that you can ask the right kind of question at the appropriate time. Closed questions are ones that you can answer yes or no to whereas open questions are those that allow the person to give a broader response.

Open questions are particularly useful when you are meeting a client for the first time and need to take a medical history quite quickly or when you are talking to a client you've seen before and you want to find out how they felt after the last treatment or if there have been any changes to their details that you'll need to update on their record.



Whilst it may feel a little stilted at first, once you get used to the consultation process, you'll feel more confident to carry it out with ease and this will allow you to settle in and listen to your clients with genuine interest and attention, putting them at ease and building that positive professional relationship. Be very conscious to actively listen to your client. Not listening to your client may make them seem that you are not interested and may not give you sufficient information to be able to provide the most appropriate treatment for them.



Listening with attention and interest involves being focused on your client for the duration of their time with you and concentrating on what they're saying, listening without interrupting them (though of course you want to manage this effectively so that you can be efficient in the consultation process allowing them to have their full treatment time without running over), maintaining comfortable levels of eye contact whilst they are speaking, using open questions to appear interested and glean more information.

Top tip

Try to remember the small details that your client has shared so that at the next appointment you can ask them about what they shared with you last time - whether it's to do with their health, lifestyle or where they may have been going on holiday. If you are not particularly good at remembering these sorts of details from conversations, be sure to make a little note on their record card so that you can review it before you see them next.



Good communication is as much about listening as it is about being able to effectively share information. You will need to ensure that your client understands you and that you are being clear and concise to help them do so. Make sure your client understands the reason for the consultation. If they understand why you need the information you are asking for, they are more likely to share.

Start with general questions, or more basic personal detail questions to get the conversation started and ease into the flow to asking about health and lifestyle.

Don't forget a little confidence and enthusiasm goes a long way!

Using appropriate body language

It is important to consider body language that you use around your clients as this will affect the relationship with them and how easy and reassured they feel in your presence. Non-verbal communication is another term for body language. Simply be aware of your body language and convey an openness and interest through your posture and hand gestures, to communicate that your client can trust you and share with you.

Pay attention to your client's body language, too, as they may share more with you about how they are feeling through their non-verbal communication than what they say. Look out to see if they seem particularly anxious or uneasy.

Task: Nervous clients

Come up with as many reasons as you can as to why a client may feel anxious on arriving to your massage appointment. What could you do, as the therapist, to minimise the effect of these anxieties (even if you weren't aware of the reason)?



For example, a client may arrive anxious to your appointment because they have never had an Indian head massage before and are not sure what to expect. Don't take for granted that clients have had previous massage experience and be sure to discuss expectations and process with all new clients. You could even send an information sheet before a new client's first appointment.

What should the consultation include?

The consultation should provide the opportunity to:

- establish the client's reasons for booking a massage treatment.
- make clinical observations about the client which might influence treatment plan, for example observing their gait or posture as they arrive.
- discuss the benefits of holistic massage and clarify the client's expectations of massage treatment and manage these as appropriate, including sharing any limitations.
- confirm what the treatment involves and possible effects.
- gather personal details necessary (e.g., contact details, age, GP details).
- take the client's medical background, primarily to ascertain if there are any contraindications to massage or considerations for the treatment plan.
- make a decision on massage medium to use (e.g. based on nut allergy disclosure).
- learn more about the client's lifestyle for a holistic approach to the treatment plan.
- ask if there are any additional needs or preferences which may alter the treatment.
- signpost or refer to other practitioners as appropriate.
- share your confidentiality policy / data protection policy / etc. with clients.
- answer any questions the client may have.
- agree on a treatment plan.
- establish any process that you typically use for communication and feedback during treatment (e.g. pressure scale feedback).
- receive informed consent from the client (or responsible person) for the proposed treatment.
- confirm payment amount and method, if not already done so.

You should retain a consultation record for each client and record treatment notes for each appointment they have. You may wish to create your own system to capture and store data or utilise existing complementary therapy client form systems on the market. Whichever approach to record keeping you take, you must ensure that it complies with data protection legislation.

You must check the details of the client consultation form at each appointment to check for any changes in health or lifestyle which may contraindicate massage or affect the treatment plan.

Make sure to keep your records up to date and stored securely.



Physical Assessment

If a client presents to you with pain, you may wish to carry out a physical assessment to better inform you before deciding whether, and how to carry out treatment.



Important

If a client is presenting with a sharp pain, this can represent inflammation in the area and massage should not commence until the pain has turned into a dull sensation.

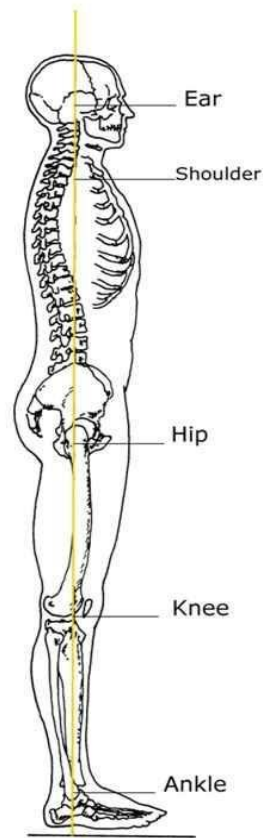
Recommend the client seeks medical advice.

The assessment process will take a variety of procedures. Firstly, there will be a verbal discussion, completing a consultation form to determine the clients' lifestyle, medical history and also the presenting problem/s. It is essential, that during this process, you find out as much information as possible on what seems to make any muscular pain worse and if you feel that the client needs medical advice due to the presence of an injury, then to refer them appropriately and do not treat. As part of your consultation process, below are other ways to carry out an assessment.

Observation

One of the best ways to observe the client is naturally, because if you tell someone you are watching them, they will unconsciously change their actions. Watch them as they walk across the room, as they sit down, or reach for their bag. Do they have an unusual gait, do they appear to have one shoulder higher than the other etc.

- Ideally, ask your client to be dressed in undergarments (shorts/vest), and stand behind them approximately a metre away.
- Imagine they have a plumb line running through the body from head to the feet. The line should run through the ear, through the shoulder, through the hip and knee and be in front of the ankle.
- Start by looking at the head to see if it is level, use the ears as a guide.
- Do the shoulders sit straight? Check the “key hole” (the gap between the arms and the body) to see if the gap is wider on one side. Do the hands hang at the same length?
- Look at the belt line of the clients’ underwear to see if level, this may indicate scoliosis otherwise.
- Look at the back of the knees to see if the skin creases are level. Do the knees turn in or out?
- Check for the alignment of the Achilles tendons to see if there is any thickening of either tendon. Look at the angle of the feet to see if they are turned in or out.

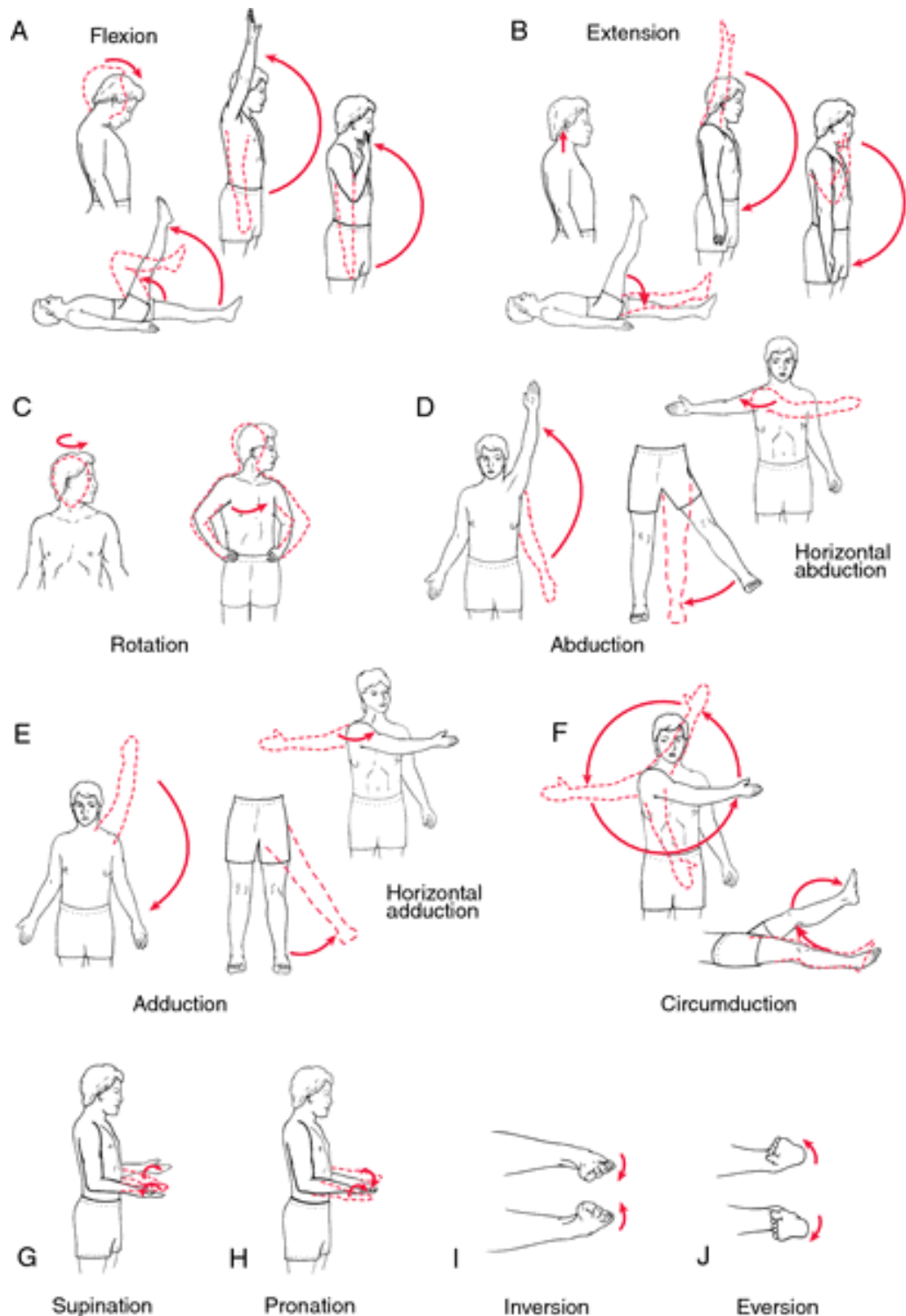


	Good (10)	Fair (5)	Poor (0)
Head	Head Ears level 	Head - tilted One ear slightly higher 	Head - tilted One ear markedly higher
Shoulders	Shoulders Horizontally level 	Shoulders One slightly higher than the other 	Shoulders One markedly higher than the other
Hips	Hips Horizontally level 	Hips One hip slightly higher 	Hips One hip markedly higher

Range of Motion (ROM)

Another way to carry out an assessment is to determine the amount of movement which occurs without discomfort or pain. If you are going to carry this out, demonstrate the movement to your client beforehand and always carry out checks on the unaffected side first, so that you have something to compare it to, then check for restriction or pain. This is

purely as a guide and should not be used as a diagnosis but can help you understand that muscles may be tight or restricted in a particular area.



Palpation

Palpation is the process of feeling with your hands, sometimes before but definitely during the massage and it is a continual process throughout the treatment. Palpation will give you feedback on areas where you need to concentrate on and with lots of experience your fingers will begin to “see” what is beneath. During palpation, your fingers move the skin over the underlying tissues so that you are able to determine different textures. This procedure needs to be carried out very slowly. Below are some of the textures you may feel:

- **Soft and pliable** – this indicates healthy and relaxed soft tissue.
- **Firm and stringy** – will usually be tendons, due to their fibrous nature. Firm and less resilient – this can indicate thickening of the fascia.
- **Dip in the contour of the muscle** – this can represent a tear in the muscle. Woody and stringy and may “flick” – can signify adhesions of the fascia.
- **Firm, gritty and fairly pliable** – can indicate recently formed scar tissue.
- **Firm, solid** – can signify mature scar tissue.
- **Knotty and resistant** – this can indicate tension within a muscle.
- **Fluid** – if there is oedema in the soft tissues, the sensation can be soft and mobile, however if there is excessive fluid then the skin can feel tight, firm and be painful.

Don’t forget to be sure to record any results of your physical assessment, and anything your have advised the client, on to the consultation card.

Asking for Personal Information

It is important to consider why you are asking information and whether you need to or not. You should only collect and store personal information that you can justify having a reason to have collected. So, make sure that your consultation form is as succinct as possible whilst still gathering sufficient information for you to carry out an effective holistic treatment.

You should not make assumptions about people and record answers that you haven't asked the question to. For example, you should not assume someone's age or gender and record that on your record card. If you need the information, then you should ask everyone the question.



You should aim to be inclusive when asking questions, and minimise binary options, by asking open questions. For example, “how would you like me to record your gender?” is more inclusive than asking “are you male or female?”, as some people do not identify as either male or female and is certainly more appropriate than making an assumption about how someone identifies. Remember there are other considerations too. For example, if you typically ask whether someone is currently menstruating, due to contraindication of abdominal massage, then you should offer the question to everyone - it is not always visible from the outside what reproductive organs people have.

It is unlikely that people will be easily offended by questions that you ask, provided you do make them aware of why you are asking. It is important to note, also, that even questions you may think innocuous can be upsetting to individuals depending on their circumstances. For example, asking “are you pregnant?”, or “do you have children?” may illicit an emotional response in someone who has found out they are unable to have children.



Some therapists find that it is more efficient to give the client a simple form to complete, either at the time of booking or on arrival, which covers some basic personal and medical details you require. It will likely be quicker for an individual to glance down a list of contraindications and highlight any relevant information, than for you to verbally list each one. It is important, however, to not let a form replace the bulk of the consultation. You should review any total contraindications verbally and use the consultation as an opportunity to expand and find out more about the person's general health and wellbeing and lifestyle.

Consent

It is important that the client gives informed consent for the treatment they receive. Informed consent is the process by which permission is granted and is only possible if the client is aware of the risks, benefits, and alternatives to a treatment. It is the therapist's responsibility to check that the client has sufficient understanding of the risks and benefits

(including managed expectations of the benefits) before proceeding with a massage treatment.

Ideally, clients should sign the consultation form to consent to receiving treatment. Remember that it may be a chaperone who signs consent on the client's behalf if they are unable to give fully informed consent. In lieu of signed consent, clear verbal consent must be given before a treatment continues.

Confidentiality

Your clients entrust you with personal, sensitive, medical information which you must treat in strict confidence. It is good practice to share a confidentiality statement with new clients so that they understand your policy on confidentiality.

Typically, you should not share any personal or identifying information about your clients with other people. This may not be the case if you work in a salon where clients see multiple practitioners, and it is in the best interest of clients that their information is securely shared between therapists.

You must ensure that details held about your clients are stored securely and in such a way that they are not accessible by others inappropriately.

You may wish to reach out to other practitioners regarding a client's health and wellbeing, for example if there are medical contra-indications, and this process may involve disclosing information about the client. This should only be done with the client's informed consent.



Most confidentiality policies include a statement to share with the client that you will share no details of their personal information without express (often written) consent, unless you believe that the client is a danger to themselves or others. In this case, you would want to inform other services which could help your client and you would ideally like to do this with their consent. However, in the event that consent was not granted, you would break confidentiality to ensure the safety of your client or others.

It is important to make this information clear to clients, when they are new to you, when any information changes, and when it has been a while (perhaps a year) since they reviewed it.

Referral to other practitioners

As a massage therapist it is important to remember, and work only within, your scope of practice. There may be reasons that a client requires referring to medical, or other, services for a condition that they bring to your attention.

Where massage is contra-indicated, appropriate guidance and signposting should be given. Typically, this is referral to a medical practitioner. If a client has brought to your attention a medical condition that they have not sought medical advice for, or not recently if the condition has changed, then you should suggest that they seek medical attention. This could be brought to your attention through the consultation, or you may notice something when giving treatment that they are not aware of. If in doubt, you should err on the side of caution and refer the patient.

The health and well-being of the client should come first. It could be that massage is not the best course of action for a condition. For example, if a client presents with a slipped disc, it is best to refer client to a good Chiropractor or Osteopath.

It may be that massage is an appropriate and beneficial therapy, but that the client may additionally benefit from other complementary services too. Perhaps they have highlighted a desire to alter their diet or to increase their cardio fitness, so you could refer them to a nutritionist or a personal trainer. Building up a referral network with local practitioners could help support your business too. Curler (2016) suggests “when we refer out for complementary, but different services, our clients are more likely to return to us for the unique benefits our approach provides”.

There may be circumstances where massage is inappropriate for a client, not because it is medically contraindicated. Examples of situations where this may be the case is if they are unable to give informed consent, or because they are experiencing some emotional trauma. Refer to Lesson 2 on the use of chaperones, as this could be useful in certain situations.

Services you can refer to include, but are not limited to:

- GP
- NHS 111 helpline
- Counsellor
- Other complementary therapist
- Member of the social care or nursing team (when working in care)
- Other voluntary or statutory services e.g., Social services, Citizens Advice Bureau etc.



Task: Consultation

Print a blank consultation card and practice a consultation on a willing friend or family member. Do you know why you are asking each question? Are you able to answer any questions they have?

References

Curler, G., 2016. *Referring A Massage Client to Another Massage Therapist: When and Why*. [online] Elements Massage - Elm Grove. Available at: <<https://elementsmassage.com/elm-grove/blog/referring-a-massage-client-to-another-massage-therapist-when-and-why>> [Accessed 1 January 2021].

Lesson 12: Planning a Treatment

OBJECTIVES OF THIS LESSON

- Identify when a treatment routine may be adapted to meet the client's needs.
- Explain how massage techniques can be adapted to suit the individual characteristics of a client.

Treatment planning starts as soon as your first consultation with your client is underway.

Treatment Routine

You may offer different treatments in your practice and these may be of different times or types. For example, you may simply offer a 60-minute holistic massage treatment, or you may offer a choice of a 30-minute massage treatment, a 60-minute massage treatment, and a 90-minute massage treatment. With appropriate training, you may extend your practice to include hot stone massage, aromatherapy massage or Indian Head massage so you may end up having a range of treatments that your client will book onto. You will, of course, have a generalised plan for what to include in each of your treatment offerings, however it is important that you consider how to personalise each treatment for every client you work with. This is the key to great repeat business.

This course provides you with a sample routine for a full-body massage that can be downloaded.

Don't forget to take this to your practical lessons!



Your treatment routine will depend on the time allocations you have, and the areas of the body required to cover. There are commercially acceptable times to consider, too. For example, a typical full body treatment should be comfortably completed in a 60-minute massage. You can of course, offer longer full-body massages as part of your service list.

Adapting a treatment

To be able to meet the needs of a diverse client base, it is important that you are prepared to adapt the treatment you offer. You may need to adapt the massage treatment relevant to:

- the client's physiological requirements
- any localised contraindications
- the client's abilities or disabilities
- any time restrictions the client has
- client preferences

Massage for the elderly

Massage treatment can be greatly beneficial for elderly clients. Massage can help with a number of physiological conditions which are exacerbated as we age, and to soothe and relax, as well as provide comfort.



Devising a treatment plan

A treatment plan is a proposed set of treatments that form part of an individualised plan for a particular client. It will be aligned with the client's needs and wants.

The treatment plan should be based on your recommendations depending on their goals and can be co-created with the client. It should ultimately be realistic and feasible for the client. This may include considerations of their schedule and financial circumstances, not simply their physical condition. The treatment plan should always be created in the client's best interest.

You will likely want to outline the following in your summary of the treatment plan:

- treatment area
- duration
- frequency
- style of treatment

Examples

- Maintenance massage: 1 x full body, relaxation massage (60 mins) every 3 weeks.
- Acute shoulder aches: 1 x back and shoulder, deep tissue massage (60 mins) weekly for 4 weeks, followed by monthly maintenance massages.

After each treatment progress should be assessed. Depending on the progress made, the treatment plan might need to be revised.



Task: Treatment Planning

Create three fictitious clients.
Summarise their situation and outline a brief treatment plan for them.

Lesson 13: Massage Techniques

OBJECTIVES OF THIS LESSON

- Describe the requirements for preparing the client for massage.
- Describe massage movements and identify appropriate body areas for use of the movements.
- Outline the effects of the massage movements.

Preparing the client for massage

Following your consultation and with informed consent to continue with a planned massage treatment, there are important steps to take before the client is ready for massage.

Ensure that the client undresses to their underwear. If the massage is only going to be covering their top half it is preferable for them still to remove lower-half clothing, however if they prefer to keep comfortable bottoms on, they can do.

Always protect the client's modesty by providing somewhere private to change. This may mean you leave the room and knock to re-enter. Give your client a dressing gown or towel to cover themselves between changing and laying on the couch.

The client should remove all jewellery, except for a wedding band or similar. Make sure you have somewhere safe and secure for the client to store their valuables during the treatment.

Remind client of the treatment plan and ensure they know whether they should position themselves prone or supine on the couch. Offer help to the client for getting on to the couch prior to treatment.

Ensure that the client is comfortable with the use of supports, e.g, under ankles, chest, forehead, knees, head.

Ensure all parts of the client are covered except the area being massaged. Your towel management routine will need to ensure that you can easily alter the areas covered and uncovered without causing interruption to the routine. For example, ensure that the towels across the back form a T shape, with the towel tucked firmly into underwear so that the lower back can later be easily accessed.

Wipe the client's hands/feet before and after treatment using wet wipe cloths.

Don't forget to wash your hands before the treatments begins.

Before uncovering the client use cat paw technique from the feet to the shoulders to engage the client's body and physically prepare them for massage.

Massage Movements

Massage is the combination of various movements Used to manipulate tissues for both local and overall effects and benefits.

The movements range from gentle stroking to invigorating friction, depending on the desired effect.

The Basic Massage Strokes

Effleurage	a relaxing stroke that is used to prepare the body
Petrissage	a firm application of pressure using kneading motions
Frictions	firm rubbing and heat-producing techniques
Percussion	a striking, wake-up stroke
Vibration	a pain reliever which helps loosen tightness in the muscles
Other	movements include passive joint movements and linking movement

Effleurage

French: 'effleurer' – to touch lightly / skim over

Performing effleurage

- Therapist should be in a striding position.
- Effleurage consists of a soothing, stroking movement, usually performed with the palm of one or both hands.
- The hands should be relaxed with fingers together and moulded to the shape of the limb or area treated
- Move with the flow of the blood back to the heart (except when performing reverse effleurage)
- Hand contact is maintained during the return stroke, although less pressure is applied.
- The pressure during effleurage may be light, medium, or firm / deep, depending on the massage given, but always increases at the end of the stroke.



Effleurage performed on the back

Uses and effects of effleurage

- Helps therapist to evenly spread the oil or other massage medium used and to feel out the area for areas of tension or other notable indicators
- Helps client to adjust to the therapist's touch and stretch and warm muscles
- Helps to attain a sense of continuity during treatment by linking one movement to the next
- Used after stronger and stimulating strokes to soothe the area
- Stimulates blood circulation and a sluggish circulation – to prevent varicose veins and varicose ulcers
- Increases and improves lymphatic flow and assists in the elimination of waste products
- Stimulates lymphatic drainage – to prevent edema
- Increases and improves flow of tissue fluid and nutrients to the tissues – helps to improve and nourish muscle tissue
- Helps to naturally moisturize and nourish the skin by increasing the functions of the sweat and sebaceous glands
- Helps to exfoliate dead skin cells – therefore improving color and texture of skin
- Promotes relaxation when using rhythmically slow movements with light-medium pressure
- Invigorates and stimulates the body when using rhythmically fast movements with deep pressure

Movements related to effleurage

- Superficial effleurage – slow and light-medium pressure – relaxing effect
- Deep effleurage – fast and firm – deep pressure – stimulating effect
- Stroking – slow and very gentle pressure – calming effect

Heel of hand stroking



The therapist applies the heel of the hand into the tissues and re-enforces the hand with the other on top. Pressure is applied as required following a longitudinal or transverse direction. The hands are removed at the end of the stroke and re-applied at the start position.

Forearms stroking



The forearm is usually placed on the tissues concerned between the radial styloid process and the olecranon process.

The other hand can be used as a guide by holding the fist of the arm in contact with the client. Pressure is applied with the therapist's body weight and the stroke is usually applied longitudinally.

Elbow stroking



The elbow is very useful at applying deep pressure strokes. The elbow can be applied with the other hand supporting the elbow. The stroke is applied longitudinally at a constant speed and with the pressure coming from the therapist's body weight.

The therapist should always gain feedback with this stroke as the depth of pressure may be too uncomfortable for some.

Finger stripping or chisel



The second, third and fourth digits are applied to the tissues at a 45 degree angle. The other hand is placed across the fingers to re-enforce and protect them.

Pressure is applied longitudinally or transversely at a constant speed. The hand can be removed at returned to the start before repeating the stroke.

Cam and spindle



Place the hand on the surface area of the client flat with the thumb fully extended. A fist is made with the other hand around the thumb, which is flat on the surface, placing the knuckles onto the surface being treated. Pressure is applied longitudinally.

Petrissage

French: 'petrir' – to knead

Performing petrissage

- Working position depends on the direction of strokes
- Petrissage is a compression or kneading type movement
- The movement may be done with one hand, double handed or fingers
- Pressure should be upwards, towards the heart
- All movements are firm and stimulating
- Can be performed quickly or slowly



Petrissage performed on the lower calf

Uses and effects of petrissage

- Generates heat and helps break down fatty deposits
- Can cause erythema (redness) and improve blood flow
- Performed *slowly*, it *relaxes* underlying structure worked on
- Performed *quickly*, it *stimulates* structure worked on
- Increases circulation and speeds up the process of nutrient absorption
- Stretches tight fascia and muscle fibres thus improves extensibility
- Helps to remove lactic acid in circulation, alleviating stiffness and refreshing muscles
- Mobilises tissues and improves conditions of muscles by maintaining tone and elasticity
- Helps to eliminate waste products in tissues
- Stimulates peristalsis and prevents or relieves constipation by kneading the abdomen in the direction of the movement of the colon
- Warms tissues and thus helps to ease tension and relieve pain

Movements related to petrissage

- Single handed petrissage – using the heel of the hand, while the other hand supports the structure worked on
- Double handed petrissage – using the heel of both hands together
- Kneading – single / double-handed, reinforced, alternated palmer (flat-handed) kneading, circular, thumb
- Picking up (pinching) – manipulation technique where muscle tissue is lifted away from the bone, squeezed and released
- Skin rolling – manipulation technique where muscle tissue is lifted away from the bone and rolled down and up in a rocking manner
- Wringing – manipulation technique where muscle is pushed and wrung back and forth using the palms of your hands

Other types of kneading:

Palmer



Friction

Latin: 'fricare' – to rub or rub down

(Sometimes related to a petrissage movement depending on the literature you read)

Performing friction

- Friction is used when deep pressure is required to disperse and free up localized areas of deep-seated tension.
- Muscle tissue is moved against the bone or underlying tissue instead of being drawn away from it. The movement is made with the pads of the fingers or thumbs; sometimes the heel of the hand, knuckles or elbows may be used.
- These movements should not merely move the skin, but the tissue underneath.
- Friction should never be introduced until the area has been sufficiently warmed up with effleurage and Petrissage movements.
- Pressure should be applied gradually and released slowly.



Thumb friction performed above the patella

Uses and effects of friction

- A warming movement which raises the temperature of the area and helps absorption in the part under treatment as it breaks up inflammatory products and breaks down superficial adhesions
- Loosens adhesions around joints thus improves their mobility
- Breaks down fibrosis or arthritic adhesions
- Provides deep localized massage to connective tissue
- Increases circulation to the area promotes healing of chronic tendon strain, such as tennis elbow
- Helps to disperse tension nodules and crystal deposits found

particularly in the *trapezius*, *erector spinae* and *sternocleidomastoid* muscles

- Performed in areas such as the spine, friction can have an invigorating and refreshing effect on muscles
- Eases sinus problems and headaches
- Localized hyperemia (increase in blood in a vessel) helps to nourish the joint structures and increases and maintains joint mobility

Movements related to Friction

- Circular Friction – using fingers or thumbs
- Transverse Friction – working in a crisscross fashion across an area
- Knuckling – using knuckles in a circular motion

Percussion

Latin: 'percutere' – to hit

Performing Percussion

- Percussion movements are in general rhythmical, stimulating, and fast. The hands usually work alternately, and the wrists are kept flexible
- These movements are performed with either:
 - cupped hands
 - ulna surface of hands and fingers
 - loose fists
- All movements should be light, springy, and rhythmic and therapist should be in side standing position
- Percussion movements should not cause pain or bruising and should not be used over bony or delicate areas such as the front of the lower leg (*tibia*) or the abdomen – except abdominal cupping
- Effleurage or soft kneading should always follow to soothe and relax the area



Hacking performed on the back

Uses and effects of percussion

- Helps to improve and strengthen muscle tone
- Helps to break down and mobilize fatty deposits, e.g., on thighs
- Stimulates and softens adipose tissue
- Helps to improve circulation, creates heat, and increases absorption of nutrients
- Helps with the elimination of waste products in tissues and muscles
- Performed over the abdomen – it aids digestion and peristalsis (cupping movements only)
- Performed over the back – increases blood flow to the lungs and thorax, loosening mucus and easing congestion for a better interchange of gases

Movements related to percussion

- Cupping – hands cupped
- Hacking – skin is struck with Ulna border of hands
- Pounding – skin is struck with the Ulna border of the little finger
- Beating – skin is struck with hands held in a loose fist
- Tapotement - a very gentle form of percussion, using the fingertips, and is used on delicate areas such as the face as an alternative to percussion. Can also be a safe alternative for the young, elderly or those with osteoporosis or ME for example.

Vibration

Performing vibration

- Vibration is a trembling movement, either performed with:
 - The tips of the fingers - *Point vibration*
 - Or the whole palm of the hand – *Flat-handed vibration*
- Can also be performed with knuckles, elbows, forearms
- Vibration is usually performed with one hand while the other hand rests on the body to support the structure worked on
- The hands or fingers are kept in contact with the skin so that, though little or no pressure is exerted, the vibratory movement is transmitted to the deeper structures of the area under treatment
- The vibration may be static and performed in one area only, or they may run or move over the area
- Can be fast or slow vibration depending on requirement



Vibration performed with two hands on the back

Uses and effects of vibration

- Before the start of a massage to aid a client's relaxation (performed through the towel)
- When muscles are very tight and not responding well to petrissage or friction movements
- As a pain reliever, which clears nerve pathways and helps loosen tightness in the muscles, or release tension in 'knots'
- Can be a very soothing technique or a very stimulating one, depending on the desired result. It can literally surprise the muscle into releasing its tension
- Helps to loosen scar tissue and small adhesions
- Used over the thoracic area and upper chest for respiratory problems such as asthma
- Aids in the loosening of mucus build up
- Over the abdomen to relieve flatulence, intestinal spasm, or mild

constipation

- Over nerves to relieve pain in the case of neuralgia
- To relieve effusions and congestion in cases of recent injuries

Remember:

- Do not perform vibration where there is inflammation
- Do not apply too much pressure

Movements related to Vibration

- Shaking – The area of the body to be affected is grasped with one or both hands and then gently and rhythmically shaken from side to side, up and down or with an 'in' and 'out' movement

Other Massage Movements

Passive joint movements

- Passive joint movements require the client to relax and let the therapist gently take a joint (e.g., shoulder, elbow, wrist, ankle, knee) through its natural range of movements
- Passive movements help to improve mobility and release tension



Traction performed on a finger

Traction

- A gentle pulling motion, typically used on arms, legs and fingers or toes. Can be used on the neck with care
- Designed to increase flexibility by stretching the muscles and connective tissues around the joint

Stretching

- Performed to relax a muscle, for example stretching the neck
- Thai massage is a routine of yogic stretches and pressure

Linking movements

- To maintain the feeling of continuity and flow during the treatment it is sometimes necessary to insert a linking stroke
- A linking stroke is a gentle stroking motion with one or both hands to maintain physical contact between completion of one stroke and commencement of the next
- They are intuitive and optional on the part of the giver, but will enhance the treatment for both the receiver and the giver

Compressions – Pressure

- Compression is performed by applying a static and direct pressure to either the belly of the muscle or tendo-muscular junction or an area where there is a specific restriction, using the thumb, hand or elbow. The aim of the technique is to help release the tension or restriction. The compression is usually performed 3 times, maintaining the pressure for between 10-15 seconds.

Application of compression

Compression is performed by pushing directly down into the tissue; this may be accompanied by a slight twist to the tissue.

It is usually performed using the fist, but can be applied with thumb, flat hand, elbows, or even the feet.

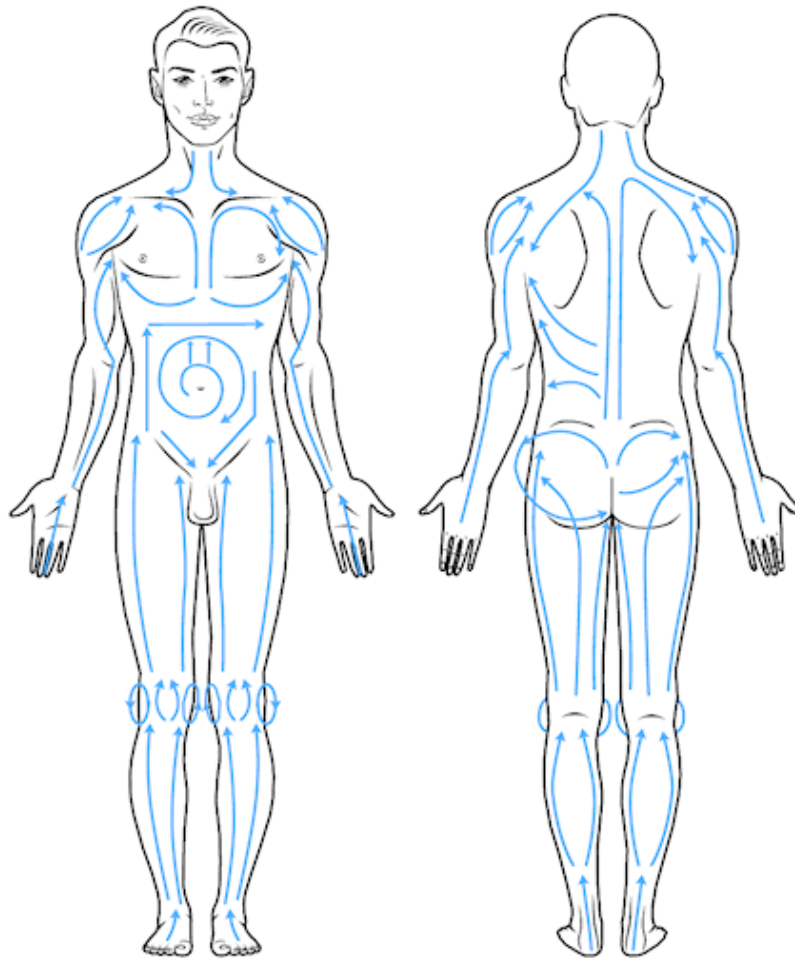
***Rhythm and Flow***

- Good technique depends on the rhythm and flow throughout the massage
- A therapist must work with a client to achieve best results
- A therapist must learn to adapt their routine to suit each client's individual needs and recognize a client's pain threshold
- Ignoring these factors can prevent the massage from being relaxing and even cause damage
- The therapist should always aim to keep at least one hand in contact with the client, to prevent interrupting the mood of relaxation and to reassure the client.
- Contact can be broken where there is a natural break within the routine or for practical reasons (for example, cleaning hands before starting face massage or during towel technique maneuvers)
 - Movements should flow into one another with no interruptions, use linking movements to ensure the hands do not leave the body
 - Rhythm should be even, continuous, and consistent.
- Rhythm is produced by a swaying motion, backwards and forwards from the ankles, knees and hips
- Stance, or working position, is important in creating good rhythm and freedom of movement

Remember that at least one hand should always stay in purposeful contact with the client during the treatment, unless there is a natural break in the routine, such as moving to a new treatment zone.



Direction of massage strokes



Graphic representation of massage strokes direction. Image credit: massageprocedures.com

The choices of massage stroke directions are circular, longitudinal, and transverse. All stroke directions can be used on the torso, but longitudinal strokes applied to the peripherals should be deeper and stronger towards the heart and significantly lighter on their return. Transverse direction is also suitable for legs and arms.

Pressure

- The therapist should start with light strokes and gentle pressure and build up to deeper strokes and firmer pressure, whilst checking with their client for their preference
- Use a scale of 1-10 to request feedback on pressure during the treatment. Make sure you client is aware of this method before starting.
- Depends on the area being treated and sensitivity of tissues
- Is obtained by correct use of body weight transferred through the arms into the hands, not by pushing harder into the body, squeezing tighter or massaging quicker
- The back and lower limbs require deeper pressure than that for the neck, chest,

abdomen and upper limbs

- Lighter pressure can be more relaxing, sleep inducing - Ensure that lighter pressure is not ticklish or irritating
- Deeper pressure can be more stimulating and invigorating and relaxing

Remember

The therapist should always be well organized and start each treatment prepared and with a positive, focused mind.

Always keep in mind this is your client's healing space not yours



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Lesson 14: Contra-actions and Client Aftercare

OBJECTIVES OF THIS LESSON

- Describe the contra-actions that may occur during and after a treatment and how to respond appropriately.
- Explain the after care and home care advice that should be provided to clients.

During Treatment

It is important to regularly check your client's satisfaction and comfort throughout treatment. This can be done verbally, by asking the client, or non-verbally, using visual cues to assess the client's situation. Before the massage begins, be clear with your client that they are encouraged to express their feelings or requirements during the treatment – not to 'suffer in silence'.

When asking for verbal feedback during a massage, questions should be kept simple. Asking closed questions allow for a straightforward response, however asking (simple) open questions might allow your client to give a more honest response and avoid response bias where the client simply answers what they think you want to hear. Consider 'are you warm enough?' versus 'how is the temperature for you?'; 'how is the pressure for you?' versus 'would you like a little more pressure?'. What sorts of answers do each question illicit?

It is also possible to collect information about how comfortable and satisfied your client is with the treatment without asking questions. You might notice that your client is fidgety, or starts drifting off to sleep. Perhaps they wince, or visibly relax during a particular movement.

Task: Mid-treatment Feedback



Make a list of simple questions that you could ask during a treatment to ascertain if your client is comfortable. Then consider whether you would be able to identify the answer to the questions with visual cues or not.

A client could experience a number of contra-actions during a treatment. You will need to be familiar about what can happen and know how to respond appropriately. Remember, part of a good consultation is informing your client of not only the desirable effects of massage but also any possible effects which are less desirable. If you have addressed, prior to treatment, that something might arise, it is likely to minimise any discomfort or embarrassment your client might experience.

Possible contra-actions include	Likely caused by	Appropriate action
Desire to sleep	State of relaxation	Allow client to dose. Rouse gently at the end of the treatment. The client may be disoriented and unsure of where they are.
Perspiration		Continue massage confidently to reassure the client that it is nothing to be concerned by. If the client seems particularly distressed or uncomfortable, you could provide a tissue or small towel. If it is profuse (or unusual for that client), check if the client is feeling okay as it could indicate a fever.
Flatulence	Relaxation. Movement of wind in abdominal or lower back massage.	No action needed.
Micturition (need for urination)		You will be unaware of this unless a client shares their need. If a client asks to use the bathroom during a massage, or course allow them to. On their return, simply restart the massage with some additional effleurage movements.
Runny nose	Position	If you are aware of it, you could offer your client a tissue. Keep tissues on your trolley so they are in easy reach.
Reaction to massage medium	Allergy or sensitivity	Stop the treatment and place a cool damp cloth over the area. Assist client with first aid if appropriate. Share the details of the label with the client for their information.

After Treatment

- After a massage you should ensure that you wash your hands.
- Provide your client with freshwater before helping them off the bed, using appropriate towel management to protect modesty, and allowing them to come back to full alertness in their own time.
- You should discuss with your client any findings during the massage and allow them an opportunity to give any feedback or share any comments.
- You should remind clients about the potential of a healing crisis and aftercare actions that they can do to minimise the effects or any contraction's to massage.
- As part of a holistic massage, you should discuss home care including a few recommendations for them between now and their next treatment.
- The client should be reminded of their treatment plan and encouraged to rebook if

they have not already done so.

Treatment Findings

Following a massage, you should share your observations and findings with your client. This includes any areas of tension, limited (or positive!) range of movements, any lumps or bumps or unusual markings that you notice. This can help in the early identification of any conditions that the client may not notice themselves – for example a mole on a client's back which may appear to have changed in size, shape or colour since the last treatment. You can help to make your client more aware of their body but should be cautious not to alarm and certainly not to diagnose anything!

If you do notice lumps or bumps, for example, on a client's body which have not been highlighted in the consultation, but constitute a local contra-indication, simply continue the massage avoiding the area. Make sure to mention this to your client when sharing treatment findings.

You should record any findings in your treatment notes. See Lesson 15.

Healing Crisis

After treatment, many reactions can be experienced - this is a positive result and is also known as the '**Healing Crisis**'. It is important to explain to the client that this is a normal reaction to a treatment, especially if the client has never had a massage before.

With regular treatments and as the body starts to heal and re-balance these symptoms will subside. Any symptoms experienced should subside within 24 hours.

Typical contra-actions or 'Healing Crisis' symptoms

Symptoms are individual, they vary from client to client, and may include:

- Erythema (redness) on areas which included deep tissue movements.
- Tiredness and altered sleep patterns leading gradually to increased energy levels.
- Muscular ache and/or headaches with gradual relief from symptoms, due to the nerve fibers responding to the deep work undertaken.
- Heightened emotions or vivid dreams or positive mood changes, due to the positive release of deep held feelings and emotions.
- Increased need for urination (micturition) or bowel movement (defecation).
- Mucus release and/or runny nose.
- Spots may appear on the skin.
- Increased thirst.

Aftercare

To help counter the impact of any contraction's and enhance the full benefits of massage treatment the following can be advised:

- Take time out to relax and practice self-care.
- Avoid strenuous exercise for the remainder of the day – light, stretching exercise can be beneficial.
- Avoid stimulants - such as tea, coffee, alcohol, nicotine, or any non-prescription drugs.
- Rehydrate with water or herbal teas.
- Avoid heavy meals – eat a light, healthy meal instead.
- Get plenty of rest as you may feel tired after treatment.



Task: Aftercare Advice

Design a leaflet that you could give to clients that explains the healing crisis and gives aftercare advice to help them minimise negative effects and maximise the positive effects of massage.

Home Care Advice

Home care advice are suggestions that you give to your client to enhance their lifestyle in their day-to-day life. Advice given should be specific to the client, referring to the consultation and any treatment findings. Homecare advice offers a good way to demonstrate an understanding of your client as a whole and is a beneficial part of a holistic massage which can aid building up a professional relationship with your client.

Home care advice can include lifestyle suggestions such as ways to enhance a healthy diet, promote good mental health and minimise stress, or increase physical wellbeing. Try to keep recommendations goal-oriented, specific, tangible, and measurable. For example, rather than “drink more water”, you could say “you should be drinking between 6-8 glasses of water a day. Since you only drink one glass a day currently, aim to increase your intake to three glasses per day between now and next week. Try having a glass with each meal”.

Stretches

Including a stretch recommendation in your homecare advice gives your client a specific and tangible action to carry out between treatments which will aid their physical wellbeing. Your client may have already highlighted an area that is prone to tightness or aching or you may have noticed a sign during treatment, such as limited range of motion in the shoulder. This will help you to give a personalised stretch suggestion. Alternatively, you may be informed

by lifestyle details from the consultation, such as the client working at a desk for 9 hours per day.

Stretching has many benefits which support the desired outcomes of massage, so they are a good way to maximise the benefit of your treatments.

- Increased physical efficiency
- Decreased risk of injury
- Increased circulation to joints (providing oxygen and nutrients)
- Increased range of motion
- Developed neuromuscular coordination
- Improved balance
- Improved posture
- Decreased risk of lower back pain
- Reduced stress
- Increased energy and enjoyment

Stretching guidelines to share with clients:

- Always warm up before stretching
- Stretch slowly and exhale as you gently stretch the muscle
- Stretch the intended muscle until you feel a mild tension. Stop the stretching if you feel pain
- Hold your stretch between 15 to 30 seconds
- Don't bounce the stretch. Slow and steady stretching is more effective



Task: Home care advice



Go back to a sample consultation you completed in lesson 11, or complete a new one. What home care advice would you give based on that client's lifestyle responses?

Write down three suggestions.

Lesson 15: Evaluating and Recording Treatments

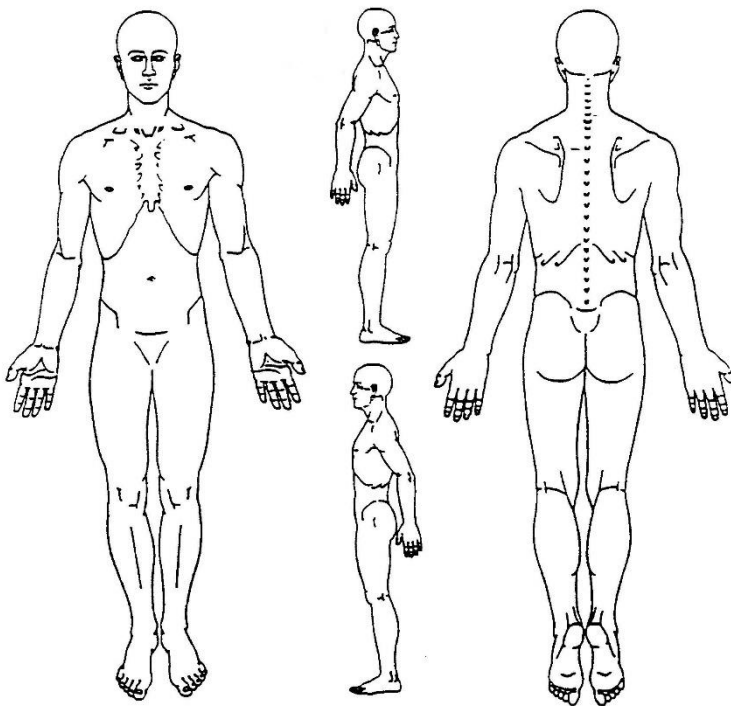
OBJECTIVES OF THIS LESSON

- Describe the methods of evaluating effectiveness of treatment.
- Identify what information about clients / treatments should be documented.
- Describe the requirements for record keeping as a massage therapist.

Evaluating Treatments

At the end of each treatment, the client's psychological and physiological reactions should be recorded on the consultation form. You should ask your client for feedback after each treatment but should also document your own observations.

You should also document any physical observations, or findings, you noticed while giving the massage treatment. Remember to share these with your client as part of the post-treatment conversation. You could record findings on a diagram such as the one shown. Use symbols or initials to keep this process quick and simple but be sure to make a key of your symbols!



An example of a full body diagram which can be used to document findings

A summary of the treatment given should be documented, including areas massaged and specific movements used.

It is important to evaluate the treatment against the consultation to identify whether the treatment achieved the desired outcomes and to what extent it was effective in doing so. You should note if there was anything you would change next time, for example, you may re-assess the massage medium used.

You must note down on the consultation card any advice (after care or home care advice) that you give to your client.

Following a treatment, you may consider changes to the client's treatment plan. Be sure to discuss these with the client and make a note of what is agreed. You should note anything to look out for next time to help judge client progression.

It is good practice to also record your own reflections of the treatment and evaluate your performance against your professional standards. How well did the massage treatment meet your own expectations? Is there something you should work on next time? More about reflection is explored in the next lesson.

Producing, maintaining and storing client records

The importance of accurate and confidential record keeping

An essential part of the massage therapist's role is to maintain accurate records of client assessments and treatments.

Records need to be maintained for the following purposes:

- To adhere to legal requirements
- To provide an informed and professional service
- To offer protection to the client
- To inform safe and effective treatment
- To improve accountability
- To provide evidence of practice
- To respond to complaints, queries or legal requests
- To protect the therapist against litigation

Information to record

To practise safely and effectively a variety of information needs to be gathered and recorded. Clients should be advised of the reasons why records need to be maintained, e.g. a professional and legal requirement, and how they are being stored. They should also be informed that they have the right to access their records.

The information to gather and record should include:

<i>Client consultation notes</i>	Personal details, e.g. name and contact details, medical history, activity and sport history, presenting needs, e.g. purpose for attending and desired aims of treatment, contra-indications or cautions, subjective assessment information, objective assessment information, analysis of information and planned treatment.
<i>Informed consent</i>	
<i>Treatment plans</i>	For assessment and treatment (signed by therapist and client)
<i>Records of communication</i>	Type of treatment, effects, benefits, techniques, medium used, response of the client, modifications made during the treatment (initialled by the therapist). These should be update after every treatment
<i>Records of aftercare advice</i>	Clients - Letters and emails Healthcare professionals - Referral notes, X-rays, and transfer of information records from other professionals

Principles of recording treatments

The key principles for recording treatments and maintaining professional records to meet legal requirements include ~Chat all records should be:

- Legible and clear, e.g. typed using black ink or if handwritten using permanent black ink (not pencil) and using neat handwriting.
- Recorded in a logical format, e.g. the use of consultation sheets or screening forms.
- Accurate and factual and supported by evidence, e.g. the information should be correct and objective, no subjective or judgemental comments and no abbreviations; records should never be falsified.
- Completed within 24 hours of the treatment, the date of treatment and date of record should be recorded.
- Initialled by the therapist when corrections are made or information added. New records should be attached to the
- original record.
- Corrected using a black line to strike through text. Correction fluid should not be used.
- Signed by the therapist on each page.
- Protected, e.g. electronic records should be password and firewall protected and back up regularly. Written records should be stored in a secure and locked cabinet.

Legal requirements for the storage and disposal of records

The maintenance, transfer, storage and disposal of records containing personal information is governed by various legislation, including data protection, confidentiality and information governance. Non-compliance with this legislation is a criminal offence and may be prosecuted in a court of law.

Guidelines for adhering to legislation include that all client record and information should:

- Be used for the purpose for which it was obtained and not passed onto to other persons (including family members)
- Be transferred and seen by relevant parties and client consent must be gained before transferring records.
- Be transferred in a secure manner. This includes ensuring that emails are secure and any transfer of verbal information should only occur between relevant professionals.
- Be stored in a securely, e.g. using a locked filing cabinet or password protected access on an electronic or computer based system.
- Be retained for eight years for all adult clients and for children records must be kept until their 25th birthday.

Be destroyed securely when they are not needed, e.g. shredded.

REMEMBER

Your client has a legal right to access the data, including all notes, that you store about them. Do not document anything that you would not wish for them to see.



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Health and Safety Executive: <http://www.hse.gov.uk>

Disclosure and Barring Service (DBS): <https://www.gov.uk/dbs-check-requestsguidance-for-employers>

Health and Social Care Information Centre: <http://systems.hscic.gov.uk/infogov> Sports Massage

Association (code of ethics and conduct): <http://www.thesma.org> Institute of Sport and Remedial

Massage: <http://www.theisrm.com/terms.php> Complementary and Natural Healthcare Council (code of conduct): <http://www.cnhc.org.uk>

Federation of Holistic Therapists (FHT): <http://www.fht.org.uk> The council for soft

tissue therapies: <http://www.gcmt.org.uk>

Notional Institute for Health and Care Excellence (NICE): <http://www.nice.org.uk> Department of Health:

Lesson 16: Professional Development: Reflective Practice & Lifelong Learning

OBJECTIVES OF THIS LESSON

- Describe the basic elements of reflective practice.
- Self-reflect in relation to personal growth as a massage therapist.
- Identify lifelong learning opportunities to plan for self-development
- Explain the importance of acting on evaluation to improve treatment.

A study of the perceptions of what makes a successful massage therapist (Kennedy & Munk, 2017) highlighted four key themes for success:

- Effectively establish therapeutic relationships (with clients)
- Develop massage therapy business acumen
- Seek valuable learning opportunities
- Cultivate strong social networks

This lesson looks at ways that you can reflect upon ways to ensure that you become a successful massage therapist. In order to highlight areas that you can continually develop and hone your skills, you should partake in reflective practice.

What is reflective practice?

Reflection is an “active, persistent and careful consideration of any belief or supposed form of knowledge” Dewey, 1933.

Reflective practice is essentially thinking about, or reflecting, on what you do or have done. It is about considering our experiences and learning and developing from them – experiential learning. Self-reflection is an important tool that promotes lifelong learning.

Reflective practice involves forming strong, cyclical habits which raise your awareness and promote critical analysis of your own actions. Reflection is about “learning from experience” (Spalding, 1998) and “thoughtful deliberation” (Tickle, 1994)

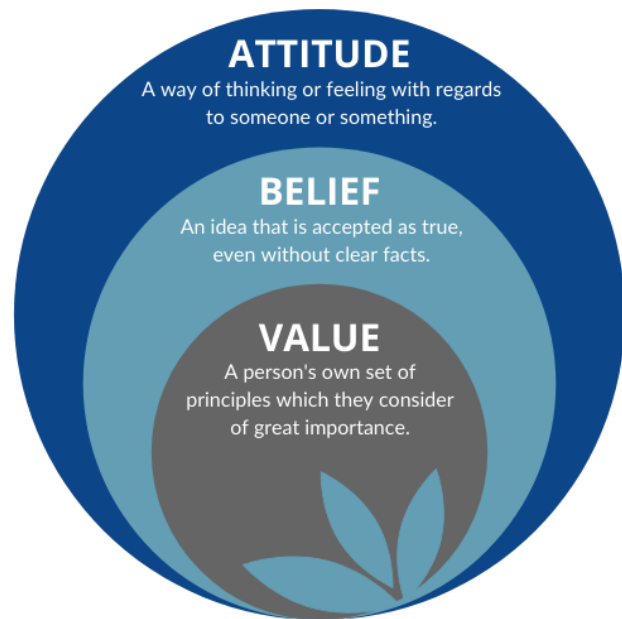
It can involve:

- Learning to pay attention
- Listening to ourselves
- Noticing patterns
- Changing what we see and how we see

Our attitudes, beliefs, and values

As adult learners, we come to the position of learning new skills with a strong set of knowledge, abilities, values, beliefs, and experiences already set in ourselves. It is important therefore, to make time to review what we are learning and analyse how our actions fit into existing connections in our brains and how we can develop and process them to continue to learn and grow. Reflective practice helps us to cement learning and achieve our goals.

Whilst it may seem that reflection, thinking about an experience or action, is a cognitive process, it can also be emotional and physical. Part of being reflective involves challenging our existing thinking and allowing different perspectives to support our learning.



Reflective practice is the systematic process of engaging in, and documenting, self-reflection. Reflective practice can also involve other people.

A key purpose of reflective is to enhance learning and continual development of skills, attitudes, or beliefs.

Why be reflective?

Being reflective underpins continual professional development (CPD). Professional aspiration is about moving beyond the norm and believing that personal and professional change can be made despite barriers. Having an aspiration to change and grow and develop your practise. For change to happen, we need to be critically reflective. Being reflective allows you to consider what steps to take to help develop and grow.

Key reasons to reflect:

- To make change happen
- To gain confidence
- To assess a critical incident
- To resolve a problem
- To develop a specific skill
- To seek reassurance
- To gain knowledge
- To work more effectively with others
- To celebrate successes

When should we practice self-reflection?

There are no hard and fast rules about when reflection should take place. However, there are some different approaches.

You can reflect:

- Rapidly, during an action – for example you may need to reflect during a massage and alter your routine depending on an unexpected finding. This is often a reactive reflection.
- Thoughtfully, during – whilst you are giving a massage you might take a moment to reflect on the treatment and start the evaluation process.
- Briefly, after – part of reflective practice is about analyzing an action or experience. After it has happened you may use a reflective tool to reflect on it.
- Systematically, over a period of time – you may reflect on a series of actions and experiences to get a broader picture, or to reflect on a specific focus for development.

Schon's theories around reflective practice consider that we can carry out "reflection IN action" and "reflection ON action".

Reflection in action is the 'thinking on our feet' process. We engage with the situation we are in and are influenced by it. We will consider what's gone before, what might come, our own repertoire and our frame of reference. This allows us to build theories and responses that fit the new/current situation, as we see it already existing as similar or different to our other 'familiar situations'. This helps us to identify and necessary direction of change.

Reflection on action is the retrospective process of reflecting after something has happened. It affords us the space to think more deeply and meaningfully to explore what was happening, why we acted as we did, etc. This allows us to develop a system of reflective practice.

Note: If you are reflecting on a specific massage treatment, or a learning experience, or any other specific event, it is recommended to do so as soon as possible after the event so that your recollection of the event is as reliable and accurate as possible.

How to be reflective

There are many different models of reflection, many of which have similar elements. Reflective practice is often a personal experience and people have different ways that work for them.

Essentially the process is:

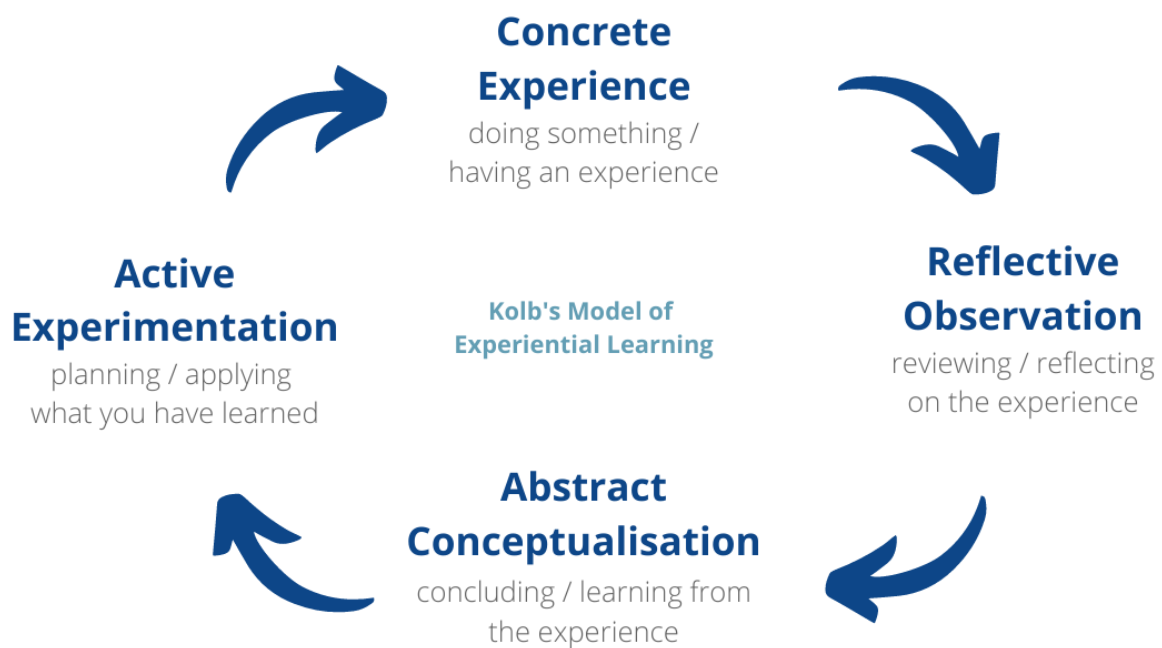
- We experience or are exposed to a situation
- We feel emotion
- We process information or feedback
- We internalise through analysing the available information
- We apply the analysis to subsequent experiences

We will review some theoretical models of reflection and consider some tools/methods for processing reflection.

Models of Reflection

Kolb's Model of Experiential Learning

Kolb's cycle of reflective practice is probably the model of reflective practice or learning which has been most used, written about and adapted. It is essentially a process of 'Do – Review – Learn – Apply' which leads back to do. A limitation of Kolb's cycle is that the 'review/reflect' element requires an active approach to reflection. Some learners find it helpful to embed another reflective model within Kolb's cycle.



Gibbs'

Gibbs (1984) provides a framework to build on the reflective element of experiential learning.

'It is not sufficient simply to have an experience in order to learn. Without reflecting upon this experience it may quickly be forgotten, or its learning potential lost. It is from the feelings and thoughts emerging from this reflection that generalisations or concepts can be generated and it is generalisations that allow new situations to be tackled effectively.' (Gibbs 1988)



Using this 6 step model should help to identify your strengths, areas for development and actions you can take to enhance your professional skills. Starting with the description as step 1, steps 1 - 3 relate to what happened during the experience and steps 4 - 6 focus on how you could improve on the experience and outcome in the future.

Step 1 – Description

This should be a brief description of the experience or event to set the scene and give context.

Step 2 – Feelings

Consider what you were thinking and how you felt before the experience. How did you feel during the experience? How did you feel after the experience? This is another short descriptive step, rather than being analytical.

Step 3 – Evaluation

Evaluation looks objectively at both positive and negative aspects of the experience. Describe key elements that went particularly well. Was there anything that did not go well or did not work? If appropriate, you can include what others did or did not do well.

Step 4 – Analysis

Analysis attempts to explain why the experience was positive or negative and should form the largest section of your reflection. Take into account points made in the previous steps and identify any factors which helped you e.g. previous experiences, carrying out research or consulting with others. Consider your role in the experience and how you contributed to the success of this experience? If things did not go to plan, why do you think this was e.g. lack of preparation or external factors beyond your control? It can be useful to consider other people who were involved in the experience. Did they have similar views or reactions to you? If not, why do you think that was the case?

Step 5 – Conclusion

Focus on what you have learned. Are there any skills you developed as a result of the experience? If so, how would you apply them in future experiences or situations? Are there areas of knowledge or particular skills you now need to develop? Is there anything you would do differently in the future? Try to give specific examples.

Step 6 – Action Plan

What specific actions can you now take to build on your knowledge or skills? You could include any training that would benefit you (formal or otherwise), as well as identifying sources of information or support (people or resources).

Rolfe et al.

Rolfe, Freshwater and Jasper (2001) created a framework for reflection based upon their work with nurse practitioners. It is a simple process of three key questions: what? So what? Now what? Each question in the stage has a series of underpinning questions which can help to frame your thinking.

What?

what happened?



**Rolfe, Freshwater
and Jasper's
Reflective Model**



Now what?

now what will you do?

So what?

so what does it mean?



What?	So what?	Now what?
Describe the experience in detail	Describe why this experience was significant	Describe next steps you will take
What happened? What did you observe? What was your role? What issue is being addressed or population is being served? What were your initial expectations? What was good/bad about the experience? What did you learn from the experience? What part of your experience was most challenging? What part did you find surprising? What did you already know about the topic you explored? Who did you work with?	What critical questions does this experience cause you to ask? What made an impact on you? How does it make you feel? What broader issues arise from the situation at hand? What did you learn about others and yourself? How were you different when you finished this experience? What values, opinions, decisions have been made or changed through this experience? What new skill did you learn? What impacts the way you view the situation/experience?	How will you apply what you learned from your experience? What would you like to learn more about? What follow-up is needed to address any challenges or difficulties? What information can you share with others? If you could do it again, what would you do differently? Have your career options been expanded by your experience? How will your efforts on this experience contribute to your career? Where do you go from here? What is the next step in the process?



Task: Self-reflection template

Pick a reflective model and create a simple template that you could use to reflect after giving your next massage treatment.

Further Reading: [Towards Reflective Practice in Massage Therapy](#)

Methods of Reflective Practice

There are numerous different tools and methods that you can utilise for Reflective Practice. A few suggestions are listed here.

Journal / Treatment Logs

As best practice, you should keep treatment logs for each treatment that you give. This can be held in a wide number of ways, and can include your reflective practice. Review the previous lesson for more information on record keeping and documenting treatments.

In addition to treatment logs, or instead of storing your reflective practice on each treatment log, you could keep a journal to document your reflective practice. Rather than being assigned to each client, this becomes a chronology of your reflective practice over time and can incorporate reflections of other experiences that influence your practice, beyond simply each treatment.

Video-based self-reflection

A well-documented and growing method of reflective practice is to record and review your practice using video. There are a number of different tools available to do this, but at its most simple, a standard digital camera or smart phone and mini tripod should do the trick! Make sure that you get consent from your client to record a treatment and be clear with them what the purpose of the recording is.

When you review a recording, you may be looking to reflect on a particular area for development that you've already identified, or you may review a massage treatment from start to finish, including the consultation to highlight area/s in which you would like to improve your practice. Review the footage of the areas you wish to improve upon and set yourself targets for improvement. Then record another treatment in a couple of weeks and compare your practice. Have you developed that skill? Does it feel natural or conscious? How can you continue to improve? You don't need to review whole hours of video, but just select a small part of the treatment. A 10-minute section is a good amount to aim to reflect upon.

Peer Feedback / Mentoring

Consider working with another practitioner to receive feedback and support. This could be a reciprocal arrangement whereby you each offer feedback on one another's practice. You could offer massage swap, you could share videos of your massage practice (with client

consent!) or share supporting resources (such as forms, pricing list or patient care documents) for feedback.

Working with someone else who is trained and experienced, in either a peer/equals or mentor/mentee relationship, is a great way to get constructive critique of your practice to help you to develop and hone your skills.

CPD Plan and Log

Having a CPD plan to document how you intend to develop your practice and achieve your goals is important to help keep yourself accountable to your ongoing development. Align your planning with short-term, medium-term, and long-term goals. You should keep a record of any CPD experiences that you have undergone and evaluate the effectiveness of them against your goals. This can help inform your CPD plan.

CPD logging is important to not only document your activity and progress, but to have as a reference for updating your CV and also as evidence for renewal of insurance or professional body membership.

Personal Development Plans

It is important to remember to view yourself holistically and consider your own personal development needs alongside your professional development. What are your personal strengths and weaknesses and areas that you would like to develop in your personal life? How can you incorporate these into your professional world?

Goal-oriented reflection

You can use reflective practice to identify areas for development and to help set goals, but you can also use reflective practice to work towards goals that you have already established.

Goal Setting

To support any professional development, it is important to have short-term, medium-term, and long-term goals established. This will help to focus your CPD plans and visualise what your end-goals are. These goals can be dynamic and change over time, but it's useful to take the time to set them so that you have purpose and direction.

SMART Targets

To make sure that your goals are well thought out, you could use a SMART Target framework to create them.

- S Specific** What exactly are you trying to achieve?
- M Measurable** How will you measure your success?
- A Achievable** Is it, realistically, possible to achieve?
- R Relevant** How does this goal contribute to your wider plans?
- T Time-bound** When, specifically, do you aim to achieve it?

SWOT Analysis

Another tool to help with goal setting is a SWOT analysis. It includes looking at strengths, weaknesses, opportunities and threats. You can use it broadly to analyse yourself, or your company for example, or alternatively you can conduct a SWOT analysis on a specific goal to help develop your plans for success.

	Positive	Negative
Internal	S Strengths What do you do well? What skills, attributes, qualifications and achievements do you have? What is unique about you? What do others come to you for?	W Weaknesses Where are your weak areas or flaws? What resources are limited for you? What are the gaps in your skill or knowledge base? When have you struggled previously?
External	O Opportunities How can you utilise your strengths? What immediate opportunities are open to you? Who can support you to achieve goals? How can I improve my weaknesses?	T Threats What barriers do you face? What is the impact of any weaknesses? What must you address immediately? Are there upcoming changes in policies or procedures which will affect me?

Applying Reflective Practice to your Massage Course

As a trainee massage therapist, and as you progress in your practice as a qualified therapist, you should regularly reflect on your learning experiences.

Within this course, your case studies must include reflective practice. This is your opportunity to reflect on what you did and what you learnt whilst working with your client and, importantly, what you can take from that learning to develop your practice for the next client. It is important not to see this as a 'box-checking' exercise for your course, but as a positive habit to form to support your professional development and contribute to your lifelong learning and career development.

Lifelong Learning

A healthy approach to professional development is to consider that we are all lifelong learners.

Setting goals and creating plans for continual professional development is a good way to commit to lifelong learning. See the attached CPD plan template and write down some considerations.

It is important to log and evaluate your CPD so that you can keep your CV up to date, evidence your progress and inform your goals for development. It is important to note that regular CPD is often a requirement to maintain membership of professional bodies.



Task: Self-reflection template

Download the CPD plan and consider what actions you could take in the next month.

Your CPD plan can include revision, learning of theory, observing peers, honing skills, attending courses, adding new skills to your repertoire, and any number of other activities which help your professional practice.

As a massage therapist, your CPD could focus on your consultation skills - such as developing active listening skills through reflective practice and applied research, your massage practice - such as attending and advanced massage skills course, your business skills – such as attending a short course on accounting.

Next steps...

Take a look at the Brighton School of Massage website and explore the range of courses on offer. Which courses interest you for your next phase of your development?



References

Kennedy, A.B, Munk N. Experienced Practitioners' Beliefs Utilized to Create a Successful Massage Therapist Conceptual Model: a Qualitative Investigation. *Int J Ther Massage Bodywork*. 2017 Jun 30;10(2):9-19. doi: 10.3822/ijtmb.v10i2.367. PMID: 28690704; PMCID: PMC5495388.