

CHAPTER 15

Clinical Massage Techniques

COMPLETION: In the space(s) provided, write the word(s) that correctly complete(s) each statement.

1. Craniosacral therapy has been developed largely by (Dr. John Upledger, D.O.) .
2. The layer of the meninges that surrounds the central nervous system and contains the cerebrospinal fluid is the (dura mater) .
3. Craniosacral motion is transmitted throughout the fascia of the body with flexion noted as a gentle (external) rotation and (widening) of the body, and extension palpated as an (internal) rotation and a very slight (narrowing) of the body.
4. Massage styles that are directed toward the deeper tissue structures of the muscle and fascia are commonly called (deep tissue) massage.
5. Rolfing was developed by (Dr. Ida Rolf) .
6. Neurophysiologic therapies recognize the link between the (central nervous) system and the (musculoskeletal) system.
7. Alterations or disturbances in the neuromuscular relationship often result in (dysfunction) and (pain) .
8. A hyperirritable spot that is painful when compressed is called a (trigger point) .



9. When a point is compressed and it refers pain to another area of the body, that point is considered a(n) (active trigger point) .
10. If a point is hypersensitive when compressed but does not refer pain, it is considered a (latent trigger point) .
11. The technique used by massage therapists in which direct pressure is applied to the trigger point is known as (ischemic compression) .

SHORT ANSWER: In the spaces provided, write short answers to the following questions.

1. What are three types of neurophysiologic therapies?
- a. (trigger-point therapy)
 - b. (neuromuscular therapy)
 - c. (passive positioning therapies)
2. Where are myofascial trigger points found?
- (in a taut band of muscle tissue or in associated fascia)
3. What is the neurologic phenomenon that links a trigger point to its associated dysfunctional tissue?
- (a physiopathologic reflex arc)
4. How are taut bands of muscle located?
- (by stroking across a muscle and palpating the muscle)
5. What are three common areas associated with the muscle where trigger points are found?
- a. (in the belly of the muscle)
 - b. (at the musculotendinous junction)
 - c. (at the tendinoperiosteal junction)



6. List four common procedures for deactivating trigger points.

a. *(ischemic compression)*

b. *(active stretching)*

c. *(spray-and-stretch technique)*

d. *(saline solution or procaine injections)*

alternative: (dry needling or acupuncture into the point)

7. What are three therapeutic modalities available to the massage therapist to reduce trigger-point activity and restore fascia and muscle to normal functional activity?

a. *(ischemic compression with gentle stretching)*

b. *(muscle energy technique [MET])*

c. *(position release)*

8. When pressure point release or ischemic compression are used to release trigger points, what determines how much pressure to apply?

(enough pressure is exerted on the point to cause noticeable discomfort, but not pain)

9. Which method moves the body so that the attachments of the muscle housing and the trigger point are closer together?

(position release)

10. How long is a position release position held?

(60 to 90 seconds, or 10 seconds after a pulse is felt in the associated trigger point)

11. When a trigger point has been released, which action should be taken on the muscle where it was located?

(The muscle should be stretched gently to return to its normal functioning length.)

12. What is the preferred method of accomplishing the function mentioned in the previous question's answer?

(MET using the antagonist)



1. Who originally developed neuromuscular therapy (NMT) in the 1930s?

(Dr. Stanley Leif and Boris Chaitow)

2. What are common abnormal signs associated with neuromuscular lesions?

a. *(postural and biochemical deviation)*

b. *(congestion in the tissues)*

c. *(contracted tissue or taut, fibrous bands)*

d. *(nodules or lumps)*

e. *(trigger points)*

f. *(restrictions between the skin and underlying tissues)*

g. *(variations in temperature [warmer or cooler than surrounding tissues])*

h. *(swelling or edema)*

i. *(general tenderness)*

3. Besides trigger points, which other areas does NMT recognize that might be tender when palpated?

(acupuncture points and neurolymphatic reflexes)

4. The main massage manipulations used in NMT are

a. *(gliding)*

b. *(ischemic compression)*

c. *(skin rolling)*

d. *(passive and active stretching)*



COMPLETION: In the space(s) provided, write the word(s) that correctly complete(s) each statement.

1. A therapeutic procedure that is used to improve the functional mobility of the joints and goes by the acronym MET is (muscle energy technique).
2. The two basic inhibitory reflexes produced during MET manipulations are (post-isometric relaxation) and (reciprocal inhibition).
3. (Fred Mitchell Sr., D.O.), is given credit for the modern development of MET.
4. All MET practices involve the (active participation) of the client.

SHORT ANSWER: In the spaces provided, write short answers to the following questions.

1. The three main variations of MET are
 - a. (contract relax or agonist contract)
 - b. (antagonist contract)
 - c. (contract-relax-contrast the opposite)
2. Which of the two variations of MET use postisometric relaxation?
(contract relax or agonist contract and contract-relax-contrast the opposite)
3. Which of the two variations of MET use reciprocal inhibition?
(antagonist contract and contract-relax-contrast the opposite)
4. Which condition responds best to MET?
(tense, shortened contractile tissues [muscles])
5. What are the various outcomes from the different applications of MET?
 - a. (relaxing and lengthening hypertonic muscles)
 - b. (stimulating and strengthening weakened muscles)
 - c. (lengthening chronically shortened fibrotic muscles)

6. MET has many variations in its application, depending on the condition of the target tissue, the condition of the client, and the intended outcome of the treatment. List those variations.

a. *(The starting position)*

b. *(The direction of the client's effort)*

c. *(The amount of effort applied by the client)*

d. *(The length of the effort)*

e. *(Whether the therapist's force matches, overcomes, or is less than that of the client)*

f. *(How the breath is incorporated)*

g. *(Whether there is passive, active, or no stretch after the contraction)*

h. *(Whether to stretch through the barrier after a contraction)*

i. *(Whether to repeat the sequence)*

j. *(Whether to use MET with other techniques)*

SHORT ANSWER: In the spaces provided, write short answers to the following questions.

1. The gentlest of soft tissue manipulations when addressing mobility restrictions from pain and soft tissue dysfunction are *(passive positioning techniques)*.

2. Three bodywork systems that incorporate this technique are

a. *(strain-counterstrain)*

b. *(Ortho-Bionomy)*

c. *(structural muscular balancing)*

3. How do these three techniques differ?

(Each determines the appropriate position for maximal release in a different manner.)

4. Strain-counterstrain (tender point) technique was developed by *(Lawrence Jones, D.C.)*.

5. Describe the main treatment in strain-counterstrain technique.

(Placing the joint in a position of comfort [usually close to the position where the spasm occurred], holding that position [usually a more exaggerated angle than the painful posture], then very slowly and passively returning to a normal position.)



6. Ortho-Bionomy was developed by an English osteopath named (Arthur Lincoln Pauls) .
7. The hands-on manipulations used in Ortho-Bionomy are (passive positioning methods) and (contact on trigger points) .
8. When practicing position release, which considerations are made while positioning the targeted body part?

(The body part is moved passively toward the body's preference and away from pain, seeking the tissue's preferred position. Movements are toward ease and away from bind, away from any restrictive barrier and toward comfort. Positioning is done slowly so as not to cause any increase in pain.)

9. After the correct position for release is achieved and held for an appropriate time, what is the appropriate way to release the move?

(The position is gently released, and the body part is passively and very slowly returned to a neutral position.)



9. Positioning and supporting patients in pain-free, comfortable positions is called _____. (c)
 a) transition c) strain-counterstrain
 b) MET d) massaging
10. Position release techniques _____. (d)
 a) bring the attachments of the affected tissue closer c) are passive joint movements
 b) move away from pain into the body's preferred position d) all of the above
11. The correct application of the natural laws of life is called _____. (d)
 a) Swedish massage c) medicine
 b) legality d) Ortho-Bionomy
12. The procedure that gently moves contracted tissues into the direction of contraction while bringing the ends of the hypercontracted muscle tissue closer together is called _____. (c)
 a) neuromuscular therapy c) positional release
 b) tender point d) reflex

WORD REVIEW: The student is encouraged to write down the meaning of each of the following words. The list can be used as a study guide for this unit.

active trigger point

(An active trigger point is a hypersensitive spot associated with a palpable nodule located in a taut band of muscle that prevents full lengthening of the muscle and refers pain or other definable sensations to referral areas when digitally compressed.)

antagonist

(An antagonist is a muscle that performs the opposing action to the prime mover or agonist.)

attachment trigger point

(An attachment trigger point is a hypersensitive spot located at the musculotendinous junction or at the osseous attachment of the muscle and is caused by the continuous tension of the taut band caused by a central trigger point.)



central trigger point

(A central trigger point is an active or latent trigger point that is located near the center of the muscle body and is closely associated with the motor endplate that activates the muscle.)

craniosacral therapy

(Craniosacral therapy is a gentle, hands-on method of evaluating and enhancing the functioning of the craniosacral system.)

deep-tissue massage

(Deep-tissue massage is a massage regimen directed toward the muscles, fascia, and other structural tissues.)

flat palpation

(Flat palpation is performed with the fingertips or thumb either in line with or perpendicularly across the fibers of the muscle tissue.)

hypertonic muscle

(A hypertonic muscle is a muscle that exhibits excessive tone or chronic tension.)

hypotonic muscle

(A hypotonic muscle is a muscle that is flaccid or exhibits decreased tone.)

ischemic compression

(Ischemic compression involves digital pressure applied directly into a trigger point.)

latent trigger point

(A latent trigger point is a hypersensitive spot that is tender when compressed but does not refer pain to other areas.)



muscle energy technique (MET)

(Muscle energy technique (MET), or PNF stretching, uses neurophysiologic muscle reflexes to improve functional mobility of the joints.)

musculotendinous junction

(The musculotendinous junction is the area of a muscle where muscle fibers become tendons.)

myofascial trigger point

(A myofascial trigger point is a hyperirritable nodule associated with dysfunctional contractile tissue that elicits a pain response when digital pressure is applied.)

Ortho-Bionomy

(Ortho-Bionomy is a healing system based on the body's self-correcting reflexes.)

pain scale

(A pain scale is an assessment tool that allows a client to rate his level of pain or discomfort on a scale of 1 to 10 or 1 to 5.)

physiopathologic reflex arc

(The physiopathologic reflex arc is a self-perpetuating dysfunctional neurologic circuit.)

pincer palpation

(Pincer palpation is employed in areas where the muscle tissue can be picked up between the thumb and fingers of the same hand (e.g., sternocleidomastoid muscle), in which the belly of the muscle is rolled between the thumb and fingers to identify dysfunctional tissue.)

position release

(Position release is a method of passively moving the body or body part toward the body's preference and away from pain, seeking the tissue's preferred position. Movements are toward ease and away from bind, away from any restrictive barrier and toward comfort.)



postisometric relaxation

(Postisometric relaxation means that following an isometric contraction, there is a period of relaxation during which muscle impulses are inhibited.)

preferred position

(Preferred position refers to placing a body part in a most comfortable position, a place that it most wants to be in.)

prenatal massage

(Prenatal massage is massage performed on a pregnant woman.)

PRICE

(PRICE is an acronym for a first aid procedure for soft tissue injuries that means Protect, Rest, Ice, Compression, and Elevation.)

reciprocal inhibition

(Reciprocal inhibition occurs when a muscle that is acting on a joint contracts and the opposing muscle is reflexively inhibited.)

resistive soft tissue barrier

(The resistive soft tissue barrier is the place in a limb's passive range of motion where the practitioner first notices any resistance to the movement.)

Rolfing

(Rolfing aligns the major body segments through manipulation of the fascia or the connective tissue.)

satellite trigger point

(A satellite trigger point is a hypersensitive spot that forms as a direct result of the dysfunction of the primary myofascial trigger point.)



splinting

(Splinting is the tendency of muscle tissue situated near an injury to tighten to protect the injured tissue.)

strain-counterstrain

(Strain-counterstrain is a therapeutic technique developed by Lawrence Jones that incorporates position release.)

still point

(Still point is a term that designates a quieting of the cranial rhythm when applying craniosacral therapy.)

tendinoperiosteal junction

(The tendinoperiosteal junction is the connection site of a tendon to the bone.)

trigger point

(A trigger point is a hyperirritable nodule associated with dysfunctional contractile tissue that elicits a pain response when digital pressure is applied.)
