

ANGHEL DIACONU

**TREATISE OF THERAPEUTIC
MASSAGE TECHNIQUE
AND
COMPLEMENTARY
KINESIOTHERAPY**

Volume I

8th edition, revised and enlarged

– First issue in the field –

This Treatise is a study handbook for specialized schools at all levels,
approved by the Ministry of National Education by Order No. 5455 of 18.10.2010.

Translated by: Diana Dinicu

Cover by: Mihai Căruțașu
Anca Gabriela Alvirescu

Book editor and proofreader: Anca Gabriela Alvirescu
Dana Maria Ioniță

Desktop publishing: Mihai Căruțașu

All rights belong exclusively to the author, and are fully protected by the domestic and international legislation. Any use of the content outside the limits of these laws is prohibited and is an indictable offense. This also applies to any reproduction - full or partial, by whatever means (copies, translations, microfilming, transcripts on CDs, DVDs, memory sticks, etc.).

E-mail author: anghel.diaconu48@yahoo.com

“The physician must be experienced in many respects, but unquestionably concerning massage, for massage can strengthen a joint that is too weak and can weaken a joint that is too stiff.”

“Organs preserve their functional ability only due to themselves and a proper physical exercise. Thus all those who will do this will ensure a good health for themselves, a harmonious development and a long youth.”

“Primum non nocere!” (“First do no harm!”)

**HIPPOCRATES of Kos,
Father of modern medicine**

“Treatise of Therapeutic Massage Technique” is a necessary editorial issue, it is structured as a monograph and has the qualities of an ample presentation, respecting all the sequences that are required in a detailed handbook in order to offer the necessary information for professional training in the area of therapeutic massage for a balneophysiotherapist and physiokinesiotherapist.”

Prof. Adriana Sarah Nica, PhD.
University of Medicine and Pharmacy “Carol Davila”

“There were no monographs published, until now, in the medical literature from our country and numerous other countries, dedicated to the manoeuvres and execution techniques of therapeutic massage. This work, “Treatise of Therapeutic Massage Technique”, has the merit of removing the gap existing in the field.

The author, Anghel Diaconu, is a specialist in balneo-physiotherapy and massage, with an extensive experience in the field, and has obtained remarkable results in improving the health of a great number of patients.”

Prof. Șt. ȘUȚEANU, PhD.
Honorary President of the Romanian Society of Rheumatology

“The book proposes a complex and thorough approach of massage techniques, as a treatment method associated to kinesiotherapy and physiotherapy. This monograph supports those specializing in this field, by providing the necessary theoretical and practical knowledge.”

Assoc. Prof. Delia Cintează, PhD.
National Institute of Rehabilitation, Physical Medicine and Balneoclimatology

“Reading the monograph, I observed the abundance of information with practical applicability, useful to masseurs and physiotherapists of different training levels (pupils and students). The masseur must have a broad knowledge of the secrets of this true art of non-verbal communication with the suffering man, to convey exterior messages aimed at balancing his somatic-psychological functions.”

Assoc. Prof. Gilda Mologhianu, PhD.
University of Medicine and Pharmacy “Carol Davila” and NIRPMB (National Institute of Rehabilitation, Physical Medicine and Balneoclimatology)

CONTENTS

Volume 1

Foreword	11
by Prof. Adriana Sarah Nica PhD.	
Short history	14
Preamble	15
by Prof. Adriana Sarah Nica PhD.	
Chapter I	
General notions	17
A. Mandatory psycho-pedagogical, ergonomic and anatomic-physiological methods of selecting future massage practitioners	18
B. Specific concepts necessary to prepare future massage practitioners	19
Rules of therapist hygiene and attire.....	20
Massage room facilities and equipment	21
Chapter II	
Definition and classification of therapeutic (medical) massage	23
1. Definition and classification of therapeutic (medical) massage	24
2. Classification and sequencing of massage manoeuvres	25
3. Description of the techniques for performing medical massage manoeuvres	26
A. Main manoeuvres	27
1. Gliding (Effleurage or stroking)	27
2. Kneading (Petrissage)	35
3. Friction	42
4. Tapotement	45
5. Vibrations.....	49
B. Complementary manoeuvres	50
1. Rolling.....	50
2. Kneading through sifting	52
3. Compressions	54
4. Traction	58
5. Shaking.....	60
6. Elongations	61
C. Complementary kinesiotherapy.....	63
General effects of massage and complementary kinesiotherapy manoeuvres on tissues, organs and systems of the human body	65

Chapter III

Execution technique for medical therapeutic massage

for the 25 regions and areas of the body 67

Technical concepts for the correct execution of medical therapeutic
massage manoeuvres on each region or area of the body 68

I. Massage in the dorsal region and area (posterior thorax) and complementary
kinesiotherapy 70

II. Massage in the lumbar-sacral and coccygeal region and area
and complementary kinesiotherapy..... 97

III. Massage in the gluteal region and area and complementary kinesiotherapy..... 116

IV. Massage for the coxofemoral joints (hip) and complementary kinesiotherapy 129

V. Massage in the thigh region and area and complementary kinesiotherapy 150

VI. Massage for knee joints and complementary kinesiotherapy..... 172

VII. Massage in the calf region and area and complementary kinesiotherapy 196

VIII. Massage for ankle joints and complementary kinesiotherapy 222

IX. Massage in the main legs region and area (feet) and complementary kinesiotherapy. 248

X. Massage in the toe region and area (lower limbs) and complementary kinesiotherapy 273

XI. Massage in the abdominal region and area and complementary kinesiotherapy 299

XII. Massage in the anterior thoracic (chest) area and complementary kinesiotherapy 315

XIII. Massage in the anterior thoracic region and breast area during lactation,
in case of mastitis and sagged breast and complementary kinesiotherapy 330

Volume 2

XIV. Massage in the cervical region and area and complementary kinesiotherapy 349

XV. Massage for shoulder joints
(scapulohumeral girdle) and complementary kinesiotherapy..... 364

XVI. Massage of the arms (region and area) and complementary kinesiotherapy 381

XVII. Massage for elbow joints and complementary kinesiotherapy 394

XVIII. Massage of the forearms region and area and complementary kinesiotherapy 409

XIX. Massage for the hand joints (fists) and complementary kinesiotherapy 425

XX. Massage in the main hands region and area and complementary kinesiotherapy 442

XXI. Massage of the fingers region and area and complementary kinesiotherapy 461

XXII. Massage of the anterior area of the neck and complementary kinesiotherapy .. 482

XXIII. Massage of the facial area and complementary kinesiotherapy 495

XXIV. Massage of the forehead area and complementary kinesiotherapy 508

XXV. Massage of the skull (cranium) area and complementary kinesiotherapy 514

Chapter IV

The technique of performing medical massage on the entire

human body (full-body massage)..... 521

ChapterV

Technique of performing massage on a child (infant) by the mother, father or/and masseur..... 577

Conditions and technique of performing massage on a child (infant) by the mother-father	578
Massage on the children (infants) performed by masseurs in different illnesses	592
The role of therapeutic massage and complementary kinesiotherapy in increasing the therapeutic effect when the treatment is continued with lymphatic, reflex, sports massage etc.....	592
Bibliography	594

ChapterVI

Massage. Particular techniques 595

by Associate Professor Gilda Mologhianu, Ph.D.

Massage applied in various diseases through different particular techniques derived from the manoeuvres of therapeutic massage

1. Manual lymph drainage (Leduc)	596
2. Deep transverse massage (Cyriax).....	599
3. Periosteal massage (Vogler)	601
4. Palpation and rolling technique (Wetterwald)	602
5. Manipulative massage according to Terrier	602
6. Rabe's method	603
7. Bugnet's method	603
8. Cryomassage.....	603
9. Massage of the colon	604
10. Reflexology massage	604

Chapter VII

The technique of performing therapeutic massage on body segments with the patient seated on a chair 617

by Therapist Instructor Marius Viorel Dincă and Mircea Badea Ene Ene

Chapter VIII

Therapeutic massage, main procedure in the recovery of different illnesses, as well as preventing them or\and attending to and maintaining the wellness of all people 643

by Professor Adriana Sarah Nica, Ph.D.

Therapeutic massage, main procedure in the recovery of different illnesses, as well as preventing them or/and attending to and maintaining wellness of all people.....	644
Medical evaluation and specific investigations are mandatory prior to applying therapeutic massage.....	645
Indications and objectives of massage therapy depending on the physiologic-pathologic and psycho-behavioural modifications	645
Contraindications to massage therapy depending on pathology categories.....	655

Chapter IX

Massage in neurological and rheumatic diseases 661

by Associate Professor Delia Cintează, Ph.D.

Postface..... 675

1. Distinctions obtained by the author of this work from specialised institutions.

- ❖ Diploma of excellence from the Committee for Medical Rehabilitation - the Ministry of Health;
- ❖ Honorary diploma from the National Institute of Rehabilitation, Physical Medicine and Balneoclimatology;
- ❖ Diploma of excellence from the Clinical County Emergency Hospital Ilfov;
- ❖ Diploma of excellence from the Sanitary post high-school "Fundeni";
- ❖ Honorary diploma from the Sanitary post high-school "Fundeni" and others.

2. The work was analysed and evaluated by a great number of personalities from the specialised medical and didactic field.

- **Professor Ștefan ȘUTEANU, Ph.D.** - Honorary President of the Romanian Society of Rheumatology;
- **Associate Professor Gilda MOLOGHIANU, Ph.D.** - "Carol Davila" University of Medicine and Pharmacy Bucharest; National Institute of Rehabilitation, Physical Medicine and Balneoclimatology;
- **Associate Professor Delia CİNTEZĂ, Ph.D.** - Department of Medical Rehabilitation of "Carol Davila" University of Medicine and Pharmacy Bucharest and the National Institute of Rehabilitation, Physical Medicine and Balneoclimatology;
- **Bianca-Doina POȘIRCĂ, PhD.** - Head of Department B.F.K.T. at "Regina Elisabeta" Special Technical High School, Bucharest;
- **Cornelia POPESCU – MD Ph.D.** - Senior researcher - I.N.E.M.R.C.M.
- **Prof. coord. Cristian DRAGOMIR** - Manager Dragomir Massage School and Dragomir Health Insurance;
- **Mircea BADEA ENE ENE** - Instructor at the Special Technological High-School "Regina Elisabeta", Bucharest;
- **Marga APOSTOIU** - Instructor, B.F.K.T. specialty at Fundeni Sanitary Further Education, Bucharest;
- **Cecilia FRIȘAN** - Instructor, psychopedagogue with master's degree in interactive pedagogy at School Centre, Arad;
- **Constantin MOLDOVEANU** - Kinesiotherapist and lecturer at Alexander's Vocational Training Centre (massage therapists);
- And others.

FOREWORD

The paper "Treatise of therapeutic massage technique and complementary kinesiotherapy" the 7 edition, revised and enlarged, published by A.O.Ş.R. (Academy of Romanian Scientists) is an editorial reference, fact that is proved by the need for professional information in the field, and by the manner in which the correlation "massage therapy - kinesiotherapy" is presented. The addressed theme, of a particular value through its pragmatism is the result of over 45 years of experience. In 2008, Mr. Anghel Diaconu first transferred his entire professional and teaching experience in a work of this type. The paper entitled "Manual of therapeutic massage technique", a first in its field, was published by Editura Medicală (Translator's note: Medical Publishing House). The handbook covered a pre-existing gap in medical literature, both in our country and in other countries and proved to be of remarkable usefulness in shaping and perfecting the application of therapeutic massage for a significant number of practitioners, from physiotherapists - the classical or special postsecondary education, physiotherapists in higher education, residents and specialist doctors.

This first appearance was requested by an extremely large number of specialists, who benefited from complex applicative information on massage therapy.

In 2010, the work was certified by the Ministry of Education as a textbook for specialized schools at all levels (pupils, students).

As an answer to the requests it had received, Editura Medicală published in 2012, the second edition of the "Manual of therapeutic massage technique", revised and expanded, approved by the Ministry of Education.

In 2013, the Academy of Romanian Scientists approved the publication of the work as "Treatise of therapeutic massage technique" - edition I. Following requests from specialists, also in 2013, Editura Academiei Oamenilor de Ştiinţă din România (Translator's note: Publishing House of the Academy of Romanian Scientists) published "Treatise of therapeutic massage technique and complementary kinesiotherapy", second edition, revised and enlarged.

This work was awarded the special jury prize in the book contest "Gheorghe Ardelean", held on 20.05.2014 at Băile Felix, Bihor County. A.N.R. has awarded the author of this work a diploma of excellence, "Queen Elizabeth" nursing college in Bucharest and ABFTDVR also awarded him an honours diploma, and the Postgraduate School for Massage Technicians, Cluj-Napoca awarded the author a diploma of excellence. "Treatise of therapeutic massage technique and complementary kinesiotherapy", is reprinted by the Academy of Romanian Scientists in 2014, for its third edition, revised and enlarged.

The Romanian Association of the Blind, at the request of its members, practitioners of this therapy, publishes "Treatise of therapeutic massage technique and complementary kinesiotherapy" in Braille alphabet, in 2015.

This work partially preserves some of the contents of its first edition, updates some themes and brings new value through a new vision and presentation, through analysing topics in a correlative context - "therapeutic massage and associated kinesiotherapy."

The historical context and the current realities of the European platform on training specialists from various recovery groups, require continuing professional education (lifelong learning). Physiotherapy is one of the fields that responds fully to this goal, as it requires regular updating of information in order to make a better correspondence between theoretical and practical aspects of training at a national level and according to the preparedness level required by the European platform.

In this context, publications on massage therapy have been sporadic and insufficient as a basis of information and training for the skilled practitioner of balneo-physiotherapy and massage or balneo-physio-kinesiotherapy and massage, so the appearance of this work was highly desirable, finding both its place and its usefulness.

The work covers an important area of the theoretical and practical training needs of the specialist in Balneo-physio-kinesiotherapy, Physiotherapy and Kinesiotherapy, by structuring the material, by detailing methodologies for implementing different categories of massage therapy procedures and by associating a rich illustration.

The content of the "Treatise" is structured logically, opening with specific issues related to the infrastructure of the physical medicine sector, respectively therapeutic massage and associated kinesiotherapy, continued with the general principles that guide the work of staff in the therapeutic massage sector.

Through the presentation and organization of chapters, methodologies, concepts and technical processes, the content of the "Treatise" meets the requirements for training and retraining specialists who practice therapeutic massage, also complying with the syllabus on therapeutic massage prescribed as a therapeutic method, within rehabilitation or prophylactic programs. Through its content, readers receive information on the specificities of the different topographical areas, they are progressively familiarized with physiological and pathophysiological aspects of the organs and tissues involved in massage manoeuvres, learn to follow the physiological and therapeutic effects of various forms of therapeutic massage and find, in an applicative manner, justification for the correlation between therapeutic massage and associated kinesiotherapy.

Chapter I presents the essential criteria for selecting people who want to become masseurs. It also presents the basic concepts that any person wishing to practice the profession must learn and the equipment and facilities of massage rooms.

In Chapter II, the author, Anghel Diaconu classifies and gives structured details on therapeutic massage manoeuvres.

Chapter III contains general guidance on the proper technique for undertaking therapeutic massage manoeuvre methodologies. Hereafter is a topographic and anatomic-physiological description, followed by the techniques for performing each massage manoeuvre for each region and area of the human body.

Chapter IV presents the technique for performing full body massage, which is a synthesis of the massage on regions. The author insists on observing vicinity reactions, given the muscular-vascular-neural bundle and deep organs, painful and trophic peculiarities, locally or in the vicinity, and the peculiarities of nonspecific somatic and psycho-behavioural reactions. Next, the role of therapeutic massage in increasing the efficiency of lymphatic, reflexology and sports massage therapy is presented.

Chapter V presents the conditions and techniques to perform massage on the baby (infant) by mothers or/and by masseurs.

In Chapter VI, Assoc. prof. Gilda Mologhianu, PhD. describes massage, specific techniques.

Chapter VII, chair massage.

In Chapter VIII, Prof. Adriana Sarah Nica, PhD. describes massage therapy as a basic rehabilitation procedure, medical assessment, indications and contraindications of this therapy.

Chapter IX, massage in neurological and rheumatic disorders.

Based on this "Treatise" with a clearly presented content, that is coherently structured and convincingly illustrated, one can complete both theoretical presentations and practical type comparative demonstrations, application exercises, case studies, analyses of situations in different categories of pathologies, on a case-by-case approach. The work can become the foundation for acquiring skills and abilities required by the standard of training for a good quality professional offer.

It includes a practical aspect, covering a need of information and corrective exercise in physiotherapy, as an appropriate alternative of non-pharmacological therapy. Also, its character of novelty for international literature is noteworthy.

The "Treatise" is written after a long experience of mastering and applying the described methods, the fruit of professional sequential accumulation both in therapeutic application and in the educational area.

The author, constant and meticulous in his permanent training and improvement, graduated the European training courses for Trainer of Adults organized by the National Council for Adult Vocational Training, Ministry of National Education and the Ministry of Labour.

Anghel Diaconu has prepared and trained many generations of specialists. He also participated in the research projects concerning the recovery of working capacities of Locomotor disabled within the Research Laboratory of the Institute of Medical Examination and Work Capacity Recovery and directly coordinated the refresher and retraining courses organized by the Ministry of Labour within the Institute.

Prof. Adriana Sarah NICA, PhD.

Prof. Department of Rehabilitation at the University of Medicine
and Pharmacy "Carol Davila" and
National Institute of Rehabilitation, Physical Medicine and Balneoclimatology

SHORT HISTORY

The origin of massage is ancient, as a therapeutic method discovered by people for relieving suffering.

The first evidence of the practice of massage comes from ancient times. In traditional Chinese medicine, massage was used to activate circulation and to stimulate, respectively soothe nerves. In ancient India, Indians rubbed their bodies with aromatic oils and bathed in rivers that were considered sacred. Indian massage consists in gliding, pressure and kneading of the soft parts of the body, starting with the face, continuing with the body and ending with the upper and lower limbs. On the limbs, movements were carried out rapidly from the base to the ends (as one would force out evil from them). Greeks and Romans, having good knowledge of human anatomy, used pre-event and rehabilitation massage for athletes. The famous ancient Greek physicians, Herodotus and Hippocrates, who knew the benefits of massage and the influence of physical exercise on the body, used these methods to treat patients. Other ancient peoples - Assyrians, Babylonians, used massage to treat warriors wounded in battle (rehabilitation massage).

The scientific base for massage was created by therapist Per Henrik Ling of Sweden. Afflicted with rheumatoid arthritis, he tried to find a method to relieve pain by combining medical knowledge with a complex of manoeuvres (massage) and physical exercise.

Currently, medical massage, also called Swedish (after the origin of the man who created it in its current form) is the most popular and most effective form of massage.

Medical massage began to develop in our country in the second half of the 19th century. The first doctors that used medical massage therapy were specialists in orthopaedics, surgery and rheumatology and the first scientific papers on massage were the doctoral theses developed by R.P. Hanga (1885) N. Halmagiu (1889), dr. E.T. Petrescu, dr. Adrian Ionescu, dr. Marius Sturza, dr. Traian Dinculescu, dr. T. Agârbiceanu.

Works on various forms of massage were written by other specialists in the field, as Prof. Adriana Sarah Nica PhD., Assoc. prof. Delia Cintează, PhD., Assoc. prof. Gilda Mologhianu, PhD., Elena Luminița Sidenco, PhD.

A special merit had T. Agârbiceanu and K. Reghina, who introduced and taught in specialized schools medical massage therapy and trained many generations of specialists.

Preamble

Massage is a non-pharmacological therapeutic procedure that has been practiced since antiquity, to the benefit of various people, to promote well-being, or to alleviate suffering.

Today, massage therapy is increasingly requested as a therapy applied to different people, for maintenance or therapeutic purposes (rehabilitation).

The health sector is comprised of both large groups of people apparently healthy, and diverse groups of people with various illnesses, in each group there are a significant number of people benefiting from massage.

Who performs the massage, what and for what purpose?

We should clarify that the "massage", for which individuals are professionally trained and specialised, has two directions of use, which are **maintenance massage** for apparently healthy population and **therapeutic massage** for different categories of patients with different pathologies. In this context, it is of great importance who performs massage programs on whom, for what purpose and what type of massage is performed.

a. The application of therapeutic massage on patients imposes in advance a medical assessment, for their selection and to establish realistically that they shall benefit from the type and modality of therapeutic massage, in a context including the application of rehabilitation physical therapy programs. The professional training of those who will practice therapeutic massage should be that of physiotherapist (respectively balneo-physiotherapist and massage, balneo-physio-kinesiotherapist and massage, physio-kinesiotherapist and massage, with different levels of training for the medical field, from rehabilitation nurses with post-secondary education, also kinesiotherapists with higher education and those in rehabilitation departments within universities in the field). All have complex training (with a study syllabus corresponding to the training level) regarding the indications and pathology of conditions that are the subject of the activity concerning therapy applied on the patient. People with the aforementioned training are involved in the development of complex programs of recovery through physical therapy, where therapeutic massage is included. For sport physiotherapists, the training program also includes in the curriculum preparation courses for massage therapy conducted in the context of preventive programs, the activity being carried out on healthy individuals.

b. At his time, besides post-secondary and university physiotherapy training schools, that have their own syllabus according to the specific level of training, there are numerous retraining schools, training masseurs (6-9 months, with limited number of hours) with a curriculum that is specific to this level of training and study time, to study and practice only massage. Those who take these courses practice "maintenance" massage. This new professional group starts to be a pressure factor for the medical area of physiotherapy, justifying the pressure through a curriculum expansion with elements of pathology, but without justifiable theoretical and practical support to patients. Masseurs who practice maintenance massage do not have knowledge of the training background and content of specific aspects of physiotherapy, peculiarities for patients to be treated and limits of competence, considering the performed massage as a panacea. The difference is significant, basic training in the curriculum is different for them. We have to respect the limits of competence in applying massage therapy on the casuistry and preparation. The masseur - who develops the "maintenance" massage program or other categories contained under the name of "get in shape" massage may exercise this profession only on apparently healthy people. He can be a person with theoretical and practical training for the application of a maintenance massage.

The setting in which this program can be carried out belongs to the spa sector (through primary prophylaxis-type programs), cosmetic and body care sector and developed at the request of individuals. Although they are not included in the medical domain, these activities should be regularly monitored by specialized medical representatives.

There are various implications, from the inefficiency of performing the massage, to the worsening of complaints and financial speculation. The difference in qualifications and competences - still unfulfilled criteria in different areas of application of maintenance or the therapeutic massage, can harm both apparently healthy persons and patients and, not least, the appropriate medical field.

It is noteworthy that this paper is approved by the Ministry of National Education by Order No. 5455/18.10.2010, as **MANUAL OF THERAPEUTIC MASSAGE TECHNIQUE AND COMPLEMENTARY PHYSICAL THERAPY**, for study at all levels of specialised education.

The manual is compulsory for teaching the massage therapy module, preparing all who will practice massage, regardless of level of education, as it corresponds to the syllabus for all schools that offer training in this field.

The human body can benefit from massage, a therapy that processes all tissues (tegument, adipose tissue, connective, muscular, bone and various apparatus and systems) and especially the locomotor apparatus (joints, capsule, ligaments). There are few exceptions of disorders of the human body that cannot benefit from massage therapy.

Sedating massage, excitement - stimulation, acts both through its direct, mechanical effect, and through its psycho-behavioural component.

Approaching the "wellness" of patients concerning somatic-organic and cognitive-behavioural problems, through this therapeutic method and solution to individual problems (especially for muscular-skeletal illnesses), in many situations has given a mythical, coveted dimension to therapeutic massage and produces adverse or perverse effects, or, conversely, is minimized and the patient does not benefit from a more efficient and less iatrogenic type, with indications for certain borderline situations or in the context of the interface between physiologic and pathologic.

Given the multitude of situations, in a near normal or pathological dysfunctional state - and the dysfunctional consequences under the international functional classification (ICF), the application and adaptation of therapeutic massage techniques and is decided and applied on a customized basis. It should be conducted in a connection of indications and the effects related to therapeutic massage, through "evidence-based medicine", to which therapeutic massage, although it has been proven by time, still has many unknowns and implies a significant subjective component, to a percentage of placebo-type effect.

The concepts comprised in the Preamble are presented by Prof. Adriana Sarah Nica, PhD, Department of Rehabilitation at the University of Medicine and Pharmacy "Carol Davila", Bucharest and the National Institute of Rehabilitation, Physical Medicine and Balneoclimatology.

CHAPTER I

- A. MANDATORY PSYCHO-PEDAGOGICAL, ERGONOMIC AND ANATOMO-PHYSIOLOGIC METHODS OF SELECTING FUTURE MESSAGE PRACTITIONERS**
- B. SPECIFIC CONCEPTS NECESSARY TO PREPARE FUTURE MESSAGE PRACTITIONERS**

GENERAL NOTIONS

PREREQUISITES IN THE SELECTION AND TRAINING

OF FUTURE MASSAGE PRACTITIONERS

A. MANDATORY PSYCHO-PEDAGOGICAL, ERGONOMIC AND ANATOMO-PHYSIOLOGIC METHODS OF SELECTING FUTURE MASSAGE PRACTITIONERS

1. Psycho-pedagogical criteria used in selecting future massage practitioners

*People who make the selection of future massage therapy practitioners must be knowledgeable in ample and complex concepts of:

- a. General psychology (psychological processes and their interrelationship);
- b. Personality Psychology (personality types);
- c. Pedagogy (methods and techniques of personality identification, ergonomics);
- d. Clinical Psychology (mental health);
- e. Work psychology (skills, motivation).

Corroborating these concepts, persons in charge of selecting future masseurs practically start their valuation at the time of the first visual and verbal contact, by simple observation of the physical profile, posture, hygiene in general, mimic and gestures, emotional state and ability to communicate and establish relationships.

With proper techniques of interviewing, by applying batteries of tests and questionnaires, information is obtained about the individual and about his ability to empathize with the patient, to adapt himself to the therapy he is about to be trained in and practice. *

2. Anatomic and physiologic criteria in selecting future massage practitioners

- a) Selection of future massage practitioners is based on the level of education for training in order to practice a certain type of massage, maintenance or therapeutic;
- b) Physical and mental health within normal limits;
- c) The harmonious development of the body, particularly the hands (in order to be adequate to the effort that must be made in exercising the profession);
- d) To have warm, dry hands and with particular adroitness;
- e) The senses of touch and hearing must be normally developed;
- f) To be calm (to not have neuropsychiatric disorders, because, during treatment, agitation can be transmitted to the patient) and understanding to people in distress;
- g) To be trained regarding the human anatomy and physiology.

Those selected must have an adequate physical and psychological profile to perform massage therapy.

B. SPECIFIC CONCEPTS NECESSARY TO PREPARE FUTURE MASSAGE PRACTITIONERS

- 1. Human anatomy and physiology;*
- 2. Techniques of patient care;*
- 3. Notions concerning contagious, infectious, surgical and internal disease pathology;*
- 4. Indications and contraindications for massage therapy and kinesiotherapy;*
- 5. Notions concerning the effects of medical, lymphatic, reflex, sports, etc., massage, bioenergy and kinesiotherapy;*
- 6. Technique of carrying out massage manoeuvres (medical, lymphatic reflex, sports etc.), the mobilization of segments of the joints (complementary kinesiotherapy) and their way of being carried out on each region;*
- 7. Notions of psychotherapy*

The masseur profession involves both the acquisition of knowledge and industry-specific practical skills training, and the acquisition of basic concepts of psychotherapy and the therapist's Code of Ethics, in order to be applied in the direct, actual activity with the patient.

All these are necessary to be learned, because the relationship with the patient in the massage office is straightforward, "face to face" type, which involves informing the masseur on diagnosis, prescription and patient sufferings. This knowledge is necessary both in the application of massage therapy and relaxation therapy. The communication of the masseur with the patient is made on a warm, low and jocular tone. This creates intimacy in the relationship with the patient.

The masseur, as an educator, must teach the patient to relax, must have a good listening ability and especially keep the received information confidential, not make personal comments, formulate judgments or enter into conflict with the patient.

The masseur should have good theoretical and practical training in the field, good skills as a therapist and to be good at handling unexpected situations of any kind.

All these skills add value to the profession they practice.

According to behavioural and experiential psychotherapy techniques (patient-based), a good masseur must adapt and improve their therapeutic conduct from case to case and even on the same person, from one situation to another.

The main goal pursued by the masseur from the beginning to the end of a massage session is to achieve a state of wellbeing, relaxation of the patient and to improve his health.

"A masseur must treat each patient differently" – the same with their emotional displays as well as the massage act itself.

The interpersonal intimacy created between masseur and patient reveals the true qualities of the therapist, as an upstanding person who knows his professional Code of Ethics. The patient comes to treat certain problems, to relax, to vent their emotions, which makes them vulnerable to the therapist. The masseur is perceived by the patient as being supportive, which makes him confide in his masseur, as he discloses intimate aspects of his life.

The masseur proving good theoretical and practical training in the field, good skills as a therapist and being good at handling unexpected situations of any kind, gives value to his practice.

- a. The masseur should kindly invite the patient in the office and inform him of the treatment to be carried out;
- b. With the patient's consent, the massage session may be accompanied by aromatherapy or/ and music therapy;
- c. The masseur should invite the patient and indicate how to sit on the massage table;
- d. The masseur, before starting treatment on the given region, covers with a sheet/towel other parts of the patient's body;
- e. The masseur must warm hands before treatment to induce, when contact with the patient's skin, a

state of relaxation;

- f. While performing the treatment, the masseur should not raise his hands from the treated region;
- g. The therapist, in communication with the patient, uses few words on a calm, soothing tone, explaining how the treatment is performed and its effects;
- h. The masseur should not consume alcohol, coffee, drugs, as they produce psycho-emotional changes, which can be transmitted to the patient;
- i. The masseur should drink fluids and foods with a high content of minerals and vitamins to restore fluid and energy balance, lost due to the effort while performing the treatment;
- j. The masseur should be a good psychotherapist to help the patient relax from a neuropsychic point of view and in terms of motricity, through the administered therapy;
- k. The therapist must participate with professional and psychotherapeutical dedication to improve the health of the patient;
- l. The therapist should always understand the patient, not contradict him and help him to return to a well-being state, putting in a lot of heart and respect in the realization of this goal.

The masseur, in order to achieve the desired effects on the patient through the application of massage therapy, needs to know and to acquire:

- The concepts and dexterity necessary to practice massage therapy and complementary kinesiology;
- To comply with the office and body hygiene regulations;
- To learn appropriate behaviour towards the patient, characterized by kindness, honesty, good manners and a very calm demeanour.

Compliance with these conditions induces the patient in a state of serenity, relaxation and confidence in the therapist's skills and the effects of the therapy he applies.*

Rules of therapist hygiene and attire

A. Hygiene rules regarding the therapist

The masseur must meet and comply during contact with the patient with the following:

- a. Body and clothing hygiene must be appropriate;
- b. If the therapist sweats while performing the treatment, he should make sure not to drip sweat on the patient;
- c. Oral hygiene should be appropriate (no smell of tobacco or alcohol), such that the breathing does not displease the patient;
- d. Nails should be cut (to not to irritate or injure the patient's skin);
- e. Hairdo must be appropriate (long hair to be tied or made into a bun);
- f. Perfumes and deodorants must be used in a reasonable quantity;
- g. To take a shower whenever needed because during treatment he sweats and absorbs a lot of negative energy from the patients (it is well-known that by taking a shower, energy cleansing is also achieved);
- h. To wash their hands before and after treatment with each patient;
- i. To maintain cleanliness in the office, to aerate and change the linens on the table after each patient;
- j. To not smoke in the office to avoid creating an unpleasant environment;
- k. To not drink alcohol or take drugs because they alter the psycho-energetic status and this is transmitted to the patient.

B. The dress code for the therapist while providing a massage:

- a. Short-sleeved white blouse (for a comfortable movement of the hands), pants or skirt, socks and sandals, preferably white;
- b. The masseur should not wear a watch, bracelets or rings on the fingers while performing the treatment;
- c. The masseur that sweats a lot must wear a headband or cap on his head;
- d. The masseur must always have in his office a spare outfit, in order not to create discomfort to the patient when sweating;
- e. The masseur should wear medicinal gloves when needed.

Massage room facilities and equipment

a. Massage room facilities

To create a state of comfort for the patient, the massage room should provide a pleasant ambience that meets the technical, spatial and hygienic specific parameters.

1. The area massage rooms must have a minimum of 9-10 square meters;
2. The room must have at least one window, which provides optimal natural lighting and ventilation to enable (before and after each patient);
3. The room should be equipped with adequate artificial lighting; luminaries should not be placed above the massage table, not to disturb the patient;
4. The massage room temperature must be 22-24° C in summer and 24-26° C in winter, which is the optimum temperature for the relaxation of the patient during the treatment;
5. The use aromatherapy and/or music therapy is recommended in the massage room.

b. Massage room equipment

1. *Treatment table* (fig. I.1) - should be placed in such a way that around it there is enough space to ensure freedom of movement for the therapist around the patient, to obtain a high efficiency in performing massage manoeuvres and mobilizing segments of the joints (kinesiology). The length of the table should be of 1.90-2.00 m, and a width of 80-90 cm. It is recommended that the table be equipped with a mechanical or electrical height adjustment system. If the table has a fixed height, it must reach the upper third of the masseur's thigh (about 75-85 cm).

2. *Adjustable seat* with backrest and wheels, used by the masseur and patient when the following regions are being worked on: shoulder, cervical, anterior neck, face, forehead and scalp.

3. *Rug near the massage table*, as the patient should not step barefoot on the floor.

4. *Two step stairs* for patient's access and egress to and from the table.

5. *Small table* for storing materials (ointments, oils, talc, vibratory massage apparatus, blow-dryer, etc.).



Fig. I.1 – Massage room

6. *Cabinet* for storing:

- linen (to change the sheet on the table after treatment, for each patient);
- towels (to cover regions of the patient that are not being worked on while performing treatment);

7. *Pillows and rolls* of different sizes for positioning segments of the body during treatment.

8. *Clothes-peg* for the patient's clothes.

9. *Scale*

10. *Sink* because the masseur must be able to wash their hands before and after each massage session.

11. *Bathroom with shower*, used both by the masseur and the patient.

CHAPTER II

1. DEFINITION AND CLASSIFICATION OF THERAPEUTIC (MEDICAL) MASSAGE
2. CLASSIFICATION AND SEQUENCING OF MASSAGE MANOEUVRES
3. DESCRIPTION OF THE TECHNIQUES FOR PERFORMING MASSAGE MANOEUVRES:
 - A. MAIN
 - B. COMPLEMENTARY
 - C. COMPLEMENTARY KINESIOLOGY

1. DEFINITION AND CLASSIFICATION OF THERAPEUTIC (MEDICAL) MASSAGE

A. DEFINITION

Massage is a complex of manual manoeuvres being systematically and methodically applied on body parts, in order to obtain physiological, preventive and therapeutic effects.

ATTENTION!

Therapeutic massage manoeuvres performed manually have a beneficial effect on the human body, which cannot be obtained by the action of any device.

B. CLASSIFICATION

1) *By the manner of being carried out:*

- medical massage (sedative and tonic);
- lymphatic massage;
- reflexology massage;
- sports massage.

2) *By the treated surface:*

- partial massage (zonal and regional);
- general massage.

3) *By its purpose:*

- preventive massage;
- healing massage;
- rehabilitation massage.

4) *By the type of manoeuvres, duration of compressions, intensity and pace of execution:*

– *Sedative massage* (relaxing, decontracting) - is achieved by working the tissues with all the basic manoeuvres of gliding, kneading (with one hand and both hands), vibration, rolling, shaking. While the tissues are worked, the duration of compressions is increased, their intensity is low, and the speed is slow.

– *Toning massage* (exciting, stimulating) - is achieved by working the tissues with all the basic manoeuvres of massage, focusing on kneading (with both hands and alternating) and tapotement. While the tissues are worked, the duration of compressions is low, their intensity is high and the pace of execution is alert.

– *Selective massage* (for rebalancing muscle tone) - is performed on regions with agonist and antagonist muscles (on the contracture muscle group, relaxing massage is performed, and on the flaccid muscle group, toning massage is performed).

5) *After the used aids:*

- hot air (blow-dryer, solux) - decontracting massage;
- with ice – anti-inflammatory decontracting massage;
- with water (shower massage) - decontracting, relaxing massage;
- with a towel (warm-dry, wet-hot, wet-cold) – anti-inflammatory decontracting massage;
- with spa mud – decongestant massage;
- with ointments - anti-inflammatory, analgesic, decongestant massage;

The methods and techniques of performing massage manoeuvres are customized for each patient depending on the diagnosis and purpose, not on the masseur practicing this therapy.

2. CLASSIFICATION AND SEQUENCING OF MASSAGE MANOEUVRES

A. MAIN MANOEUVRES

1. *Gliding (effleurage or stroking)*

- a) Gliding with the last phalanx of one or more fingers;
- b) Gliding with the all the phalanges of one or more fingers;
- c) Gliding with one hand;
- d) Gliding with both hands (butterfly)
- e) Gliding with the ulnar side of hand/hands;
- f) Gliding with the back of the hands (comb-like);
- g) Hand after hand gliding;
- h) Gliding in the shape of a rhomb on the lumbar region;
- i) Gliding with one or both hand in a circular movement on the abdomen;
- j) Gliding in a centrifugal and centripetal movement on the buttocks.

2. *Kneading (petrissage)*

- a) One handed kneading;
- b) Kneading with both hands;
- c) Alternating kneading with both hands (or squeezing);
- d) Kneading through wringing - can be performed with the heel of the hand and last phalanx of the finger/fingers or only with the last phalanx of the finger/fingers where the heel of the hand cannot be placed on the tegument;
- e) Kneading with the elbows.

3. *Friction*

- a) Friction with the heel of the hand and the last phalanx of the finger/fingers;
- b) Friction with the last phalanx of one or several fingers, where the heel of the hand cannot be placed on the tegument;
- c) Friction through by successive movements: with the last phalanx of the fingers, with the ulna and the palm of the hand
- d) Friction with the nodes of the fingers;
- e) Friction with the elbow/elbows.

NOTE:

Friction, with all its subtypes can also be performed in association with vibrations and mobilizations.

4. *Tapotement*

- a) Tapotement with the palm/palms in a cup;
- b) Tapotement with the ulnar side of the hand/hands;
- c) Tapotement with loosely clenched fist/fists;
- d) Tapotement as a pinch with one/both hands (with the last phalanx of fingers 1-5);
- e) Tapotement with the last phalanges (like playing the piano).

5. *Vibrations*

- a) Vibrations with one or both hands;
- b) Vibrations with the ulnar side of the hand/hands;
- c) Vibrations with the last phalanx or all phalanges of one or several fingers;
- d) Vibrations with the nodes of the fingers.

B. COMPLEMENTARY MANOEUVRES

1. Skin rolling
2. Kneading through sifting
3. Compressions
4. Traction
5. Shaking
6. Elongations

C. COMPLEMENTARY KINESIOTHERAPY

Mobilizations of the semi-mobile and mobile joints (uniaxial and multi-axis):

1. **Passive** - performed by the masseur/kinesiotherapist;
2. **Passive-active** - performed by the patient under the direction and with the help of the therapist (that is why they are also called facilitation mobilizations);
3. **Active** - performed by the patient under the direction and supervision of the therapist;
4. **Active, with adequate load** - performed by the patient under the direction of the therapist, that exerts adequate load on the distal extremity of the segment during mobilization;
5. **Active, with adequate resistance** - performed by the patient under the direction of the therapist, that exerts adequate resistance on the distal extremity of the segment to be mobilized;

3. DESCRIPTION OF THE EXECUTION TECHNIQUE OF MEDICAL MASSAGE MANOEUVRES

RULES TO BE FOLLOWED:

For beginners, the techniques for performing massage manoeuvres are easily practiced on the posterior thoracic region (the back).

Position of the patient is on the table, in ventral decubitus, (with/without a pillow under the abdomen), with his hands at his side and slightly apart.

Position of the masseur may be orthostatic or sitting (the spine must be kept in an anatomic and physiological position), with the patient on the right side. The hand/hands move and keep the desired direction only from the forearm and arm, not by rotating the torso.

For the execution technique of each manoeuvre (with its variations), we describe the position of the hand and fingers, starting from the inferior limit to the superior limit of the area to be treated, which must be followed precisely so the manoeuvre is performed correctly and effectively.

Massage manoeuvres are carried out complying with and working on the indicated areas (lines, grooves), muscles and muscle groups, starting at the inferior limit of the area to be worked, towards the superior limit.

Massage manoeuvres are carried out in the direction of venous blood and lymphatic circulation (blood flow to the heart).

WARNING!

Failure to observe the position of the hand and fingers, as well as not following the indicated grooves or lines may render the manoeuvre ineffective, painful, and can damage muscle fibers, blood, lymph vessels, and the skin.

A. MAIN MANOEUVRES

1. GLIDING (EFFLEURAGE OR STROKING)

Specific effects of gliding:

- acceleration of venous and lymph circulation at skin level;
- improvement of metabolism;
- mobilization of minerals and interstitial fluid from the tissue;
- removal of horny cells and residues from the surface of the skin.

Gliding is performed on the entire surface of the human body.

- **Structure of the skin**

The skin consists of three layers arranged from the outside to inside: epidermis, dermis and hypodermis.

The skin is heavily populated by vessels and nerves.

Nerve endings in the skin send stimuli to: the central nervous system, organs, apparatus and systems.

- **Functions of skin**

The main functions of the skin are: protection (against external agents of chemical, physical, microbial nature), thermoregulation, excretion and breathing.

Gliding is the manoeuvre which starts the massage, which is intercalated between the other manoeuvres and the one concluding the massage.

Gliding is carried out in the direction of venous blood and lymphatic circulation. Slip velocity of the last phalanx/all phalanges or of the hand/hands on the treated area must exceed slightly the blood flow speed through the veins.

The speed of blood flow through the veins is determined by the patient's heart rate.

The speed of hand movement is also determined based on the diagnosis, treatment area and the followed purpose.

The intensity of the compression exerted by the last phalanx, all phalanges and the hand/hands of the therapist is variable, depending on the diagnosis. For a deeper effect, gliding is performed:

- finger on finger or fingers on fingers;
- with the ulnar side of the hand on the joint lines and paravertebral groove;
- with the back side of the hand and fingers on developed muscles;
- hand after hand on developed muscles.

Gliding is carried out longitudinally, parallel to the muscle fibers.

The masseur must warm his hands (by rubbing his palms together or from a heat source) before he begins gliding.

Warm hands have a major role when making contact with the patient's skin in order to relax the peripheral neurovegetative system and activate circulation.

Oil, cream or talcum powder are applied and are spread on the entire surface of the region to be treated by slight movements of the palms.

The masseur, while carrying out gliding, detects any anatomic and physiologic changes to the area to be worked on, which allows him to adjust the parameters of pace and intensity in carrying out appropriate manoeuvres in order to work the tissues.

a) Gliding with the last phalanx of the finger/fingers

Gliding with the last phalanx of the fingers is carried out on: the paravertebral grooves; the intercostal grooves; the grooves between: ligaments, tendons, muscles and muscle groups (in thighs, calves, arms and forearms); the grooves between the bones: tarsus, metatarsus, carpal, metacarpal, radius and ulna; fingers; iliac crests; apparent sides of bones: the tibia, radius, ulna, sternum, forehead, face and scalp; on the joint lines: shoulder, elbow, fist, metacarpophalangeal, interphalangeal, knee, ankle, metatarsophalangeal.

Execution technique:

The hand performs gliding on the grooves/lines indicated with the palmar side of the last phalanx of the finger/fingers.

The masseur hovers his hand/hands below the inferior limit of the area to be treated and places the last phalanx of his finger/fingers (oriented in the direction of blood and lymph circulation through the veins), on the grooves/lines indicated on the inferior limit of the area to be worked. (fig. II.1)

Then he performs the gliding with the last phalanx of the fingers on the indicated grooves/lines in the direction of venous circulation, starting from the inferior limit of the area to be treated, to the superior limit.

Return to the inferior limit, in the initial position and then recommence the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace of movement and intensity of compression exerted by the last phalanx/phalanges of the finger/fingers of the masseur's hand/hands on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the manoeuvre, based on diagnosis, therapeutic purposes and patient susceptibility.



Fig. II.1. Gliding with the last phalanx of the finger/fingers

b) Gliding with all the phalanges of the finger/fingers

Gliding with all phalanges of the fingers is carried out on: paravertebral grooves; intercostal grooves; grooves between: ligaments, tendons, muscles and muscle groups (in thighs, calves, arms and forearms); grooves between bones: tarsus, metatarsus, carpal, metacarpal, radius and ulna; iliac crests; visible sides of bones: tibia, radius, ulna, sternum, forehead, face and scalp; on joint lines: shoulder, elbow, fist, knee, ankle.

Execution technique:

The hand performs gliding on the indicated grooves/lines with the palmar face of the finger/fingers' phalanges.

The masseur hovers his hand/hands below the inferior limit of the area to be treated and places his finger/fingers (oriented in the direction of blood and lymph circulation through the veins), with all the phalanges on the grooves/lines indicated, on the inferior limit of the area to be worked. (fig. II.2).

Then he performs the gliding with all the phalanges of the finger/fingers on the indicated grooves/lines in the direction of venous circulation, starting from the inferior limit of the area to be treated, to the superior limit. He returns at the inferior limit, in the initial position and then recommences the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace of movement and intensity of compression exerted by the last phalanx/fingers/hand of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on the diagnosis, therapeutic purposes and patient susceptibility.



Fig. II.2 – Gliding with all the phalanges of the finger/fingers

Gliding with one hand is performed on all areas of the body (except for the scalp).

Execution technique:

The hand performs gliding on the indicated areas with the face of the palm and the fingers.

The masseur places his right/left hand with the palmar face on the indicated area (with the fingers oriented in the direction of blood and lymph circulation through the veins), on the inferior limit of the area to be worked (fig. II.3).

Then he performs the gliding on the indicated area in the direction of venous circulation, starting from the inferior limit of the area to be treated, to the superior limit. He returns at the inferior limit, in the initial position and then recommences the manoeuvre.



Fig. II.3 – Gliding with one hand

d) Gliding with both hands (butterfly)

Gliding is performed on large regions: posterior and anterior thorax, lumbar area, buttocks, thighs, calves, abdomen, cervical and face area.

Execution technique:

Therapist's hands perform gliding on the indicated areas with the palms and the palmar side of fingers.

The masseur places his hands (with fingers oriented in the direction of blood and lymph flow through the veins), on the indicated area, on the inferior limit of the area to be worked. (fig. II.4).

Then he performs gliding on the indicated areas, starting from the inferior limit until the superior limit. He returns at the inferior limit, in the initial position and recommences the manoeuvre.



Fig. II.4 – Gliding with both hands

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compressions exerted by the hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purposes and patient susceptibility.

e) Gliding with the ulnar side of the hand/hands

Gliding is carried out on: the paravertebral grooves; the intercostal grooves; the shoulder joint line, the inside of the elbow joint, the fist joint, the inside of the buttocks and groin, the inside of the knee and the line of the ankle joint.

Execution technique:

The hand/hands of the therapist perform gliding with the ulnar side on the indicated lines/grooves.

a. On the paravertebral grooves

The masseur places his hand/hands and his finger 5 on the indicated area, on the inferior limit of the area to be worked (fig. II.5).

Then he performs gliding with the ulnar side on the indicated area, starting from the inferior limit of the area to be treated, to the superior limit. He returns and recommences the manoeuvre.

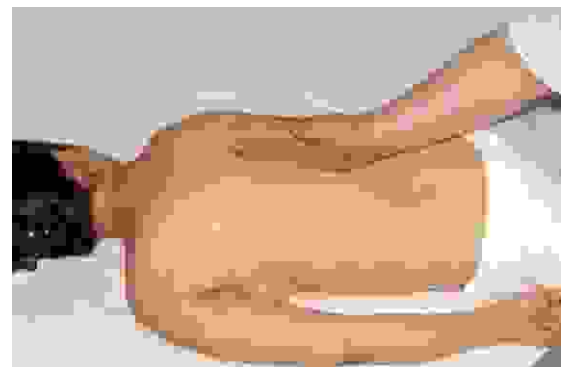


Fig. II.5 – Gliding with the ulnar side of the hand/hands

b. On the joint line

The masseur places his right/left hand with the ulnar side on the lateral-external or internal side of the joint.

Then he performs gliding with the ulnar side on the joint line, beginning with the lateral-external/internal side, to the lateral/internal/external side of the joint. He returns to the initial position and recommences the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compression exerted by the ulnar side of the hand/hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

f) Gliding with the back of the hand/hands and fingers (comb-like)

Specific effects:

- deep stimulating action towards circulation and muscle fibers.
- this manoeuvre is performed only during toning massage.

Comb-like gliding is carried out on: the paravertebral muscles (lower cervical, thoracic, lumbar), the gluteal, thighs, calves, straight abdominal, deltoid muscles, palmar and plantar aponeuroses.

Execution technique:

The hand/hands of the therapist perform gliding on the indicated areas with the back side of the hand and fingers.

The masseur places his hand/hands with the backside on the tegument (oriented with the backside in the direction of blood and lymph circulation through the veins), with the palm up and the fingers slightly flexed on the indicated area, on the inferior limit of the area to be worked on (fig. II.6).

The hand/hands and fingers perform gliding with the backside on the indicated area in the direction of blood and lymph circulation starting with the inferior limit of the area to be worked. Simultaneously, the hand and fingers roll on the tegument while performing gliding, reaching the superior limit with the palmar side on the tegument. The therapist returns to the inferior limit, on the initial position and recommences the manoeuvre.

The duration for performing a gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compression exerted by the hand/hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

g) Hand after hand gliding

Specific effects:

- acceleration of circulation;
- increase in local temperature (superficial and in depth).

Hand after hand gliding is performed on: paravertebral muscles (thoracic, lumbar), gluteal, thigh, calf and deltoid muscles.

Execution technique:

The masseur's hands perform, simultaneously and alternately, gliding on the indicated area.

The contact with the tegument is made first with the fingers, then, once the manoeuvre is repeated, with the palms as well.

The masseur hovers his right hand and positions fingers 2-5 (oriented in the direction of blood and lymph circulation through the veins), on the inferior limit of the area to be worked, followed by fingers 2-5 of his left hand (fig. II.7).



Fig. II.6 – Gliding with the back side of the hand/hands



Fig. II.7 – Hand after hand gliding

Then he performs the gliding in the direction of blood and lymph circulation through the veins, beginning with the inferior limit of the area to be treated, to the superior limit. We return at the inferior limit on the initial position and resume the manoeuvre, with the entire surface of the phalanges and palms affixed to the tegument.

The duration for performing a gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compression exerted by the fingers/hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

h) Gliding in the shape of a rhomb

Gliding in the shape of a rhomb is performed on the lumbar area (on the iliac crests and on the borders of the last pair of ribs). Gliding in the shape of a rhomb has a deep effect during its execution on the path of the rhomb, through overlaying on the fingers of the hand performing the gliding, of the fingers of the other hand.

Position of the patient: **on the table**, in ventral decubitus, with the hands in slight abduction, with/without a pillow under the abdomen and a roll under the ankles.

Position of the masseur: in orthostatic position, facing the area to be treated.

Execution technique:

The hand performs gliding in the shape of a rhomb with the palmar face of fingers 2-5, superposed by the palmar face of fingers 2-5 from the other hand.

The masseur hovers his left hand and places his fingers 2-5 on the left sacroiliac joints (oriented towards the tailbone), overlapped by the right hand fingers (Fig. II.8 a).

Then gliding is performed with fingers 2-5 by pulling on the iliac crest and on the lumbar area, starting from the sacroiliac joints until the left subaxillary midline. Here hands are rotated with the palmar face toward the border of the last rib of the left hemithorax. Further, gliding is carried out also by pulling on the border of the last ribs and on the lumbar area, until the costovertebral T₁₂ joint. Then hand position is changed, facing the border of the last rib of the right hemithorax. Pulling is continued on the border of the last ribs and on the lumbar area, until to the right subaxillary midline. Then, hands are rotated, with the palmar face toward the right iliac crest and lumbar area (fig. II.8 b) where the manoeuvre is continued, until the sacroiliac joints (the rhombus is closed). Return to the initial position and recommence the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compressions exerted by the fingers of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purposes and patient susceptibility.



Fig. II.8 a – Gliding in the shape of a rhomb (finger positioning)



Fig. II.8 b – Gliding in the shape of a rhomb (through hand rotation)

i) Gliding with one hand and both hands in a circular motion on the abdomen

WARNING!

Massage on the abdomen is performed two or three hours after the patient has eaten and after the urinary bladder has been emptied.

Patient position: **on the table**, in dorsal decubitus, with legs bent, with or without a pillow under the head or under the knee.

Position of the masseur: in orthostatic position, facing the area to be treated.

Gliding in circular motion with one hand on the abdomen

Execution technique:

Gliding with one hand in circular motion influences intestinal transit.

The masseur's hand performs gliding in a circular motion, on the indicated space with the palm and fingers and continues with the back of the fingers.

The masseur places his right hand above the navel, with the thumb on the linea alba, and with fingers 2-5 on the xiphoid process (fig. II.9 a).

Then he performs gliding on the left abdominal wall (in circular motion), describing an arc clockwise until the linea alba.

Further, gliding is performed on the right abdominal wall and, moving by rotating the hand, fingers get with the backside on the tegument (fig. II.9 b) and go under the thumbs, closing the circle (fig. II.9 c). Return to the initial position and recommence the manoeuvre.

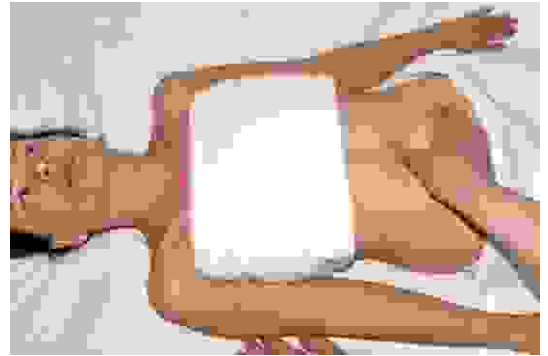


Fig. II.9 a – Gliding with one hand in circular motion on the left abdominal wall



Fig. II.9 b – Gliding with one hand in circular motion on the right abdominal wall



Fig. II.9 c – Gliding with one hand in circular motion by rotation and passing under the thumb

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compressions exerted by the hand of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purposes and patient susceptibility.

Gliding with both hands in circular movement on the abdomen

Execution technique:

Gliding with both hands, in circular movement is performed on the entire abdominal wall, also influencing colon transit.

The hands of the masseur, in a circular motion, perform gliding of the indicated regions, with the face of the palms and fingers.

The masseur places his right hand on the pubic symphysis, right iliac crest and abdominal wall and his left hand on the border of the last pair of ribs of the right hemithorax and abdominal wall, fingers in the direction of colonic transit (fig. II.10 a).

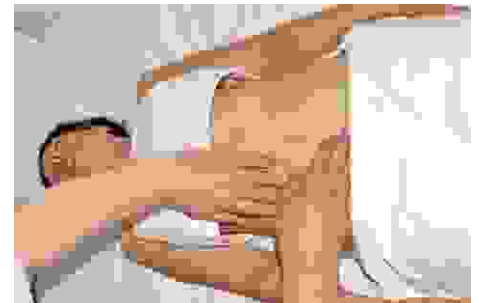


Fig. II.10 a – Gliding with both hands, in circular movement (initial position)

Then with the left hand followed by the right hand in circular motion, performs gliding (clockwise, describing an oval) on the abdominal wall and the right iliac crest, starting at the pubic symphysis, until the right subaxillary midline. Next, gliding is performed on the abdominal wall and the border of the last ribs of the right hemithorax, and then on the abdominal wall and left iliac crest until the pubic symphysis (fig. II.10 b), the ascending, transverse and descending colon, where the left hand intersects with the right hand (fig. II.10 c), passes over it and returns to the initial position. Then the manoeuvre is recommenced.



Fig. II.10 b – Gliding in a circular motion with both hands on the path of the transverse colon



Fig. II.10 c – Gliding in a circular motion with both hands (intercrossed hands)

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compressions exerted by the hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

j) Gliding in a centrifugal and centripetal movement on the buttocks

Execution technique:

Position of the patient: on the table, in ventral decubitus, with or without a pillow under the abdomen.

Position of the masseur: orthostatic position, facing the region to be treated.

1. On the right buttock

a) In centrifugal movement

Hands, in centrifugal movement, perform gliding on the buttock, with the palms and fingers.

The masseur places his hand right paravertebrally on the right buttock (fingers oriented toward the paravertebral muscles) with the left hand overlapping the right hand (fingers oriented towards the thigh) (fig. II.11 a). Then, with a centrifugal movement, gliding is performed on the buttock, towards the coxofemoral joint (fig. II.11 b).



Fig. II.11 a – Gliding with both hands in a centrifugal movement (initial position of the hands)



Fig. II.11 b – Gliding in a centrifugal movement (position of hands motion)

The right hand points the fingers toward the gluteal fold, and the left hand to the iliac crest and covers the upper and lower buttock until the body midline. Then hands rotate and return to the initial position in order to recommence the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path and between the same limits. The duration, pace and intensity of compressions exerted by the hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

b) In a centripetal movement

Hands, in centripetal movement, perform gliding on the buttock, with the palms and fingers.

The masseur places his hand right with the ulnar side on the gluteal fold (with fingers oriented toward the coxofemoral joint and the heel of the hand on the pelvic fold) and places his left hand with the ulnar side on the iliac crest, tracing it with the fingers oriented to the hip joint and the heel of the hand on vertebrae L₅-S₁. (fig. II.12).

Then, hands in centripetal movement, perform gliding, working the upper and lower buttock, to the hip joint, where hands overlap. Next, gliding is carried out to the midline of the pelvis. Then hands are rotated and return to the initial position and recommence the manoeuvre.

The duration for performing gliding is a few seconds. The manoeuvre is repeated 3-5 times on the same path between the same limits. The duration, pace and intensity of compressions exerted by the hands of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.



Fig. II.12 – Gliding in centripetal movement

2. On the left buttock

a) In centrifugal movement

The masseur places his right hand on the hip joint (with fingers oriented to the lateral iliac crest) and overlap the left hand over the right hand (with fingers oriented toward the thigh) (fig. II.13).

Then, with hands moving in centrifuge motion, he performs gliding the buttock toward the midline of the body. The right hand, moving, guides the fingers to the gluteal fold, and the left hand toward the iliac crest, covering the buttock on the superior and inferior limit until the midline of the pelvis. Then, hands are rotated and return to the initial position to recommence the manoeuvre.

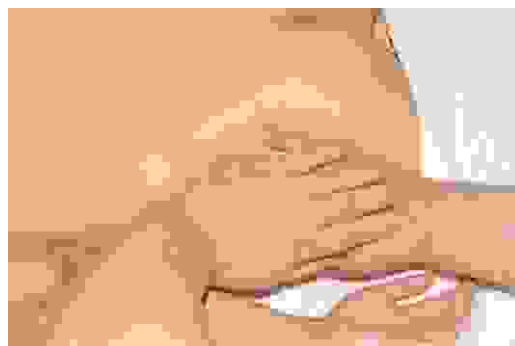


Fig. II.13 – Gliding on the left buttock in centrifugal movement

b) In centripetal movement

The masseur places his right hand with the ulnar side on the gluteal fold (fingers oriented to the pelvic fold and the heel of the hand on the hip joint) and places his left hand with the ulnar side on the iliac crest, tracing it with the fingers oriented toward vertebrae L₅-S₁ and the heel of the hand on the coxofemoral joint (fig. II.14).

Then, the hands in centripetal movement, perform gliding, working the upper and lower buttock, until the body midline, where hands overlap. Further, gliding is carried out to the coxofemoral joint, then hands rotate, and return to the initial position and resume the manoeuvre.



Fig. II.14 – Gliding on the left buttock, in centripetal movement

2. KNEADING (PETRISSAGE)

Kneading is the second massage manoeuvre and it particularly works the muscles.

Effects:

- activates circulation in the tissues that are being worked, especially in the muscle tissue;
- removes stasis from tissues, especially from muscle tissue;
- increases local temperature (superficial and deep) of tissues that are being worked (tegument, connective and muscle tissue);
- increases the elasticity of muscle fibers;
- increases or decreases tone in the worked muscle.

Kneading works: the tegument, connective, adipose, muscle tissues, vessels and nerves.

Connective tissue

- **Structure of the connective tissue**

About 15% of the muscle mass is composed of connective tissue, vessels and nerves. Connective tissue is found under the skin, in tendons, ligaments, cartilages. Subcutaneous tissue, consisting of cells and connective fibers, is crossed by numerous blood and lymphatic vessels and an extensive network of nerves.

- **Connective tissue function**

Connective tissue has, as its main function, maintaining body shape and enabling motor control.

Muscle tissue

Skeletal muscle is about 30-40% of total body weight.

- **Muscle functions:**

1. They have a special role in the functioning of the locomotor system.
2. They are the main source of body heat.
3. They encourage venous and lymphatic circulation.

The main physical properties of muscles are: flexibility, extensibility, shrinkage and tonicity.

Working the tissues by kneading with one hand, two hands and alternating is performed through compressions on muscle fibers (squeezing) with the heel of the hand/hands, thumb/thumbs and index/indexes, perpendicular and longitudinally on them.

WARNING!

When kneading with one hand, two hands and alternating, the last phalanx of the fingers is always kept on the indicated grooves/lines at the time when muscles gather, compressions are perpendicular and longitudinal on muscle fibers, when fingers gather, compress and raise the muscle from the bone (the last phalanx reaches in hyperextension, not flexed). Thus, the muscle is not slid over, nor pinched. If the compression is performed transversely, it can cause damage to muscle fibers, blood and lymph vessels. Failure to observe this technique of keeping fingers on the indicated grooves/lines, leads to gliding over muscle and only catching fat, the manoeuvre becoming painful and ineffective from a therapeutic point of view.

Kneading is performed by compressing the muscle fibers with the heel of the hand and between the thumb and index (helped by fingers 3 to 5) which simultaneously collects and slightly raises the muscle/muscle group from the skeletal plan. The contact between palm and fingers with the tegument of the area to be worked is

maintained permanently.

In areas where the heel of the hand cannot be supported on the tegument, tissue kneading is performed with the thumb and index (helped by fingers 3 to 5).

The intensity and duration of the compressions is variable, it depends on the diagnosis and the purpose of the massage. For toning massage, the intensity of compressions on muscle fibers is higher and increases with repetition of the manoeuvre, the duration of tissue compression is smaller (1-2 seconds). For relaxation and decontracting massage, the intensity of compressions is less and it decreases with the repetition of kneading, and the duration of the compressions on the tissues is bigger (2-3 seconds).

Kneading through wringing processes the periosteum, the internal organs (on the gallbladder and on the path of the colon).

Kneading the tissues is completed with rolling and kneading through sifting on the segments of the upper and lower limbs.

a) One-handed kneading

One-handed kneading is the first form of kneading that works on superficial muscles in particular (by compressing and lifting muscles), preparing them for being worked by kneading with both hands and alternating of deeper muscle layers. Within the massage to combat obesity, we work on subcutaneous adipose tissue.

Execution technique:

The tissues are worked with the heel of the hand, the thumb and index (helped by fingers 3-5) or only the thumb and index (helped by fingers 3-5).

The masseur hovers his right/left hand or places it on the tegument, below the inferior limit of the area to be treated, with the palmar face of the thumb on the inferior limit, on the indicated groove/line between the muscles/muscle groups and with the lateral-internal side on the lateral side of the muscles/muscle group to be worked and places the index with the palmar side of the last two phalanges (helped by fingers 3-5) on the indicated groove/line with the external face on the other lateral side (between the index and thumb we have the muscle/muscle group to be worked on) (fig.II.15 a).

Then kneading is performed, working the tissues with the heel of the hand, with the index (helped by fingers 3-5) gathering with the anterior-lateral side the muscle/muscle group toward the anterior-lateral parts of the thumb, or vice versa, or simultaneously (when the muscle/muscle group gathers, it forms a wave that is parallel to its fibers, and the last phalanx of the fingers remains still on the indicated grooves/lines and reach slight hyperextension). Also, the heel of the hand, the index and thumb compress perpendicularly and longitudinally the muscle fibers and at the same time, the index and the thumb slightly lift the muscle/muscle group from the bone (by tilting the hand backwards, supported by the ulnar side, taking the aspect of a cup from the side). While the muscle/muscle group is being worked on, the compressions exerted by the heel of the hand and fingers are perpendicular to its/their fibers, if the hand and fingers take the aspect of the neck of a swan with a half-opened beak, position that is held permanently (from the forearm and arm) on the entire path of the area to be worked. (fig. II.15 b)

After the manoeuvre, hands and fingers are relaxed, while thumbs and indexes are keeping the last phalanges on the indicated grooves/lines, palms are affixed to the tegument (to



Fig. II.15 a – One handed kneading
(initial position of the hand and fingers)



Fig. II.15 b – One-handed kneading
(the position of the hand and fingers when the muscle/muscle group is collected)

remove stasis caused by compression) and slid 2-4 cm in the direction of venous and lymphatic circulation. Then the manoeuvre is repeated progressively (the muscle/muscle group is gathered, compressed and raised from the bone), starting from the inferior limit of the area to be treated, to the superior limit. Return to the initial position and recommence the manoeuvre.

One handed kneading processes muscles in the same way with the thumb and the index finger when the palm cannot be placed on the area to be treated.

The duration of the manoeuvre varies (between 1-5 seconds) depending on the type of massage performed. The number of times kneading is performed depends on the length of the muscle or muscle group to be worked. The series of manoeuvres is repeated 3-5 times on the same path and between the same limits.

The duration, pace and intensity of compressions exerted by the hand/fingers of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

Gliding with one hand/hands is followed by kneading with both hands.

b) Kneading with both hands

It is the second type of kneading through which deep muscles are particularly worked. Within the massage to combat obesity, subcutaneous tissue is worked (adipose tissue).

Execution technique:

Tissues are worked with the heel of the hand, the thumb and index or only with the thumb and index (helped by fingers 3-5).

The masseur hovers his right/left hand or places it on the tegument, under the inferior limit of the area to be treated, with the palmar side of the thumb on the inferior limit of the area to be treated on the indicated groove/line between the muscles/muscle group and with its lateral-internal side on the lateral side of the muscle/muscle group to be worked. Then places the index with the palmar side of the last two phalanges (helped by fingers 3-5) on the indicated groove/line, with the lateral-external side on the other lateral side of the muscle/muscle group to be worked (between the index and thumb we have the muscle/muscle group to be worked). The left/right hand mirrors the right/left hand (fig. II. 16 a).

Then both hands perform kneading, working the tissues with the heel of the hand, with the index (helped by fingers 3-5) gathering with the anterolateral sides the muscle/muscle group toward the anterolateral parts of the thumb, or vice versa, or concurrently (when the muscle/muscle group gathers, it forms a wave that is parallel to its fibers, and the last phalanx of the fingers remains still on the indicated grooves/lines and reaches a slight hyperextension). Also, the heel of the hand, the index and thumb compress perpendicularly and longitudinally the muscle fibers and at the same time, the index and the thumb slightly lift the muscle/muscle group from the bone structure (by tilting the hands backwards, supported by the ulnar side, taking the aspect of a cup from the side). During execution, the compressions exerted by the heel of the hand and fingers are perpendicular on the fibers of the muscle/muscle group, if the hand and fingers take the shape of a swan neck with a half-opened beak, position that is permanently maintained (forearms and arms) on the entire area to be worked (fig. II.16 b).

After the manoeuvre, hands and fingers are relaxed, while thumbs and indexes are keeping the last phalanges on the indicated grooves/lines, palms are affixed to the tegument (to remove stasis caused by



Fig. II.16 a – Kneading with both hands (initial position of the hands and fingers)



Fig. II.16 b – Kneading with both hands (position of the hand and fingers when the muscle/muscle group is gathered)

compression) and slid 2-4 cm in the direction of venous and lymphatic circulation. Then the manoeuvre is repeated progressively (the muscle/muscle group is gathered, compressed and raised from the bone), starting from the inferior limit of the area to be treated, to the superior limit. We return to the initial position and recommence the manoeuvre.

Kneading with both hands processes muscles in the same manner with the thumbs and indexes when the heel of the hand cannot be placed on the area to be treated.

The duration of a manoeuvre is variable (between 1-5 seconds), depending on the type of massage. The repetition of kneading depends on the length of the muscle or muscle group to be worked. The series of manoeuvres is repeated 3-5 times on the same path, between the same limits.

The duration, pace and intensity of compressions exerted by the fingers of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

Gliding with one hand or both hands is intercalated and we continue with alternating kneading.

c) Alternating kneading with both hands (or squeezing)

It is the third method of kneading, through which especially deep muscles are worked. It is mostly used in toning (stimulating) massage.

In case of obesity, this manoeuvre also processes adipose tissue.

Execution technique:

Hands process the tissues with the heel of the hand, the thumb and index or only with the thumb and index.

The masseur hovers his right/left hand or places it on the tegument, under the inferior limit of the area to be treated, with the palmar side of the thumb on the inferior limit of the area to be treated, on the indicated grooves/lines between the muscles/muscle groups and with the lateral-internal side of the thumb on the lateral side of the muscle/muscle group to be worked on. The index, with the palmar side of the last two phalanges (helped by fingers 3-5) is placed on the indicated groove/line with the lateral-external side on the other lateral side of the muscle/muscle group to be worked (between the index and the thumb we have the muscle/muscle group to be worked). The left/right hand is mirroring the right/left hand.

Kneading is performed in two steps:

Step 1

The hands of the masseur perform kneading, working the tissues with the heel of the hand, with the index of the right hand (helped by fingers 3-5) gathering with the anterolateral sides the muscle/muscle group toward the anterolateral parts of the thumb of the left hand, either vice versa, or concurrently (when the muscle/muscle group gathers, it forms a wave that is parallel to its fibers, and the last phalanx of the fingers remains still on the indicated grooves/lines and reaches a slight hyperextension).

Simultaneously, the heel of the hand, the index and thumb compress perpendicularly and longitudinally the muscle fibers and at the same time, the index and the thumb gather the muscle/muscle group (forming a wave that is parallel to the muscle fibers) and slightly lifts it from the bone (by tilting the hand backwards, supported by the ulnar side, taking the aspect of a cup from the side), that is slightly mobilized from one side, such that it forms with the wave from step 2 a "V" (fig. II. 17 a).

The compressions exerted by the heel of the hand and fingers while working are perpendicular on the fibers of the muscle/muscle group, if the hand and fingers take the form of a swan neck with a half-opened beak, position that is permanently maintained (forearms and arms) on the entire area to be worked.

When the muscle/muscle group is worked with the index of the right hand and the thumb of the left hand, the index of the left hand and the thumb of the right hand are kept on the indicated grooves/lines in order to start step 2.



Fig. II.17 a – Alternating kneading with both hands (Step 1)

Step 2

After performing *step 1*, the thumb of the right hand and the index of the left hand return to the initial position, in order to recommence *step 1*. At the same time, the index of the right hand (helped by fingers 3-5) gathers with the anterior-lateral side the muscle/muscle group to be worked toward the anterior-lateral side of the left hand thumb, or reversed, or simultaneously. While the muscle/muscle group gathers, the last phalanx of the fingers is on the indicated grooves/lines in slight hyperextension.

The hands of the masseur perform kneading, working the tissues with the heel of the hand, with the index of the left hand (helped by fingers 3-5) gathering with the anterolateral sides the muscle/muscle group toward the anterolateral parts of the thumb of the right hand, either vice versa, or concurrently (when the muscle/muscle group gathers, the last phalanx of the fingers is held on the indicated grooves/lines and reaches a slight hyperextension). Also, the heel of the hand, the index and thumb compress perpendicularly and longitudinally the muscle fibers and at the same time, the index and the thumb slightly lift it from the bone, creating a wave that is parallel to the fibers of the muscle/muscle group, (by tilting the hand backwards, supported by the ulnar side, taking the shape of a cup from one side), that is slightly mobilized on one side, such that it forms with the wave from *step 1* a "V". The compressions exerted by the fingers are perpendicular on the fibers of the muscle/muscle group that is being worked, if the hand and fingers take the shape of a swan neck with a half-opened beak, the position is maintained (forearms and arms) on the entire area to be worked.

By alternating steps 1 and 2 during the manoeuvre, the wave that forms between the indexes and thumbs has the shape of a herringbone. When the herringbone is formed and the fingers alternatively relax, the ulnar side of the hands slide on the tegument approx. 2-3 cm, in the direction of blood and lymph flow, removing stases produced by compressions. The wave that takes shape between the fingers is maintained on the whole surface of the area to be worked. The indicated muscle/muscle group is worked, progressively, starting with the inferior limit of the area to be treated, until the superior limit. We return to the initial position and recommence the manoeuvre.

Alternating kneading processes muscles in the same manner with the thumb and indexes when the heel of the hand cannot be placed on the area to be treated (fig. II.17 b).

The duration of the manoeuvre for each step of kneading is variable (between 1-3 seconds), depending on the type of massage to be performed. The number of times kneading is performed depends on the length of the muscle or muscle group to be worked. The series of manoeuvres is repeated 3-5 times on the same path and between the same limits, depending on the diagnosis.

The duration, pace and intensity of compressions exerted by the fingers of the therapist on the tissues, as well as their amplitude of mobilization, may increase or decrease with repeating the series of manoeuvres, based on diagnosis, therapeutic purpose and patient susceptibility.

Specific gliding performed with one hand, two hands and thumbs are intercalated, especially gliding with the last phalanges of the fingers or all phalanges, or gliding with the ulnar side on the indicated grooves/lines, depending on the region to be worked and pass to kneading through wringing.

d) Kneading through wringing

Wringing is the fourth type of kneading.

Specific effects:

- increasing local hyperaemia (by improving circulation, including in the periosteum);
- mobilizing, detaching and reducing keloid adhesions.

Wringing is performed:

- on and between articular elements (capsule, ligaments and tendons that cross over the joint);



Fig. II.17 b – Alternating kneading with both hands (Step 2)

NOTE:**Structure of the joint**

The joint is formed between 2 bones that are supported by articular elements (capsule, ligaments, tendons). After the type of mobilization, joints are: immovable or synarthrodial (skull and pelvic bones), semi-mobile or amphiarthrosis (joint between the vertebrae, thoracic, costovertebral, costosternal, acromioclavicular, intercarpal-metacarpal, intertarsal and intertarsal-metatarsal), mobile or diarthrosis (limbs, cervical and lumbar spine).

- on the periosteum, on and between tendons and on grooves between muscles/muscle groups;
- on the scarred epidermis (keloid scar);
- on the plantar and palmar aponeurosis, on and between the vertebral apophyses;
- on and between ribs, on and between tarsals, metatarsals and phalanges;
- on and between the carpals, metacarpals, bone ridges, edges and free faces of bones (iliac crests, tibia, radius, ulna, the scapulas), the head region (face, forehead, scalp) and abdominal region (including the path of the colon).

Depending on the diagnosis, wringing can also be performed on the muscles.

The hand performs kneading through wringing by compressions and mobilization of the tissues, on and from the periosteum, exerted by heel of the hand and the last phalanges of the fingers or only by the last phalanx of the fingers.

Wringing is generally performed with the heel of the hand and the last phalanx of fingers 2-3, 1-5, or the last phalanx of the fingers from both hands.

Execution technique for wringing:

The hand works the tissues with the heel of the hand and the last phalanges of the fingers or/and only with the last phalanges of the fingers.

1. Wringing with the heel of the hand and the last phalanx of the finger/fingers

The masseur places his right/left hand on the tegument, under the inferior limit of the area to be treated, with the last phalanx of the finger/fingers on the indicated grooves/lines, at the inferior limit (fig. II.18).

Then he performs wringing through compressions on the tissues with the heel of the hand (and by dragging the finger/fingers toward the heel of the hand for about 2-4 cm by flexing the other phalanges and lifting the palm) and with the last phalanx of the finger/fingers (that comes/come into hyperextension) that follow the indicated lines/grooves and simultaneously exert compression on the tissues mobilizing them (the hand reaches with support on the heel of the hand and the last phalanges).

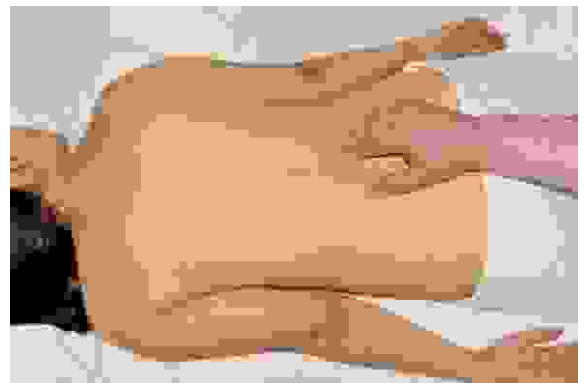


Fig. II.18 – Wringing with the heel of the hand and the last phalanx of the fingers

WARNING!

The hand is cupped, supported by the heel of the hand and the last phalanges, which reach hyperextension. If these positions are not strictly observed, the manoeuvre shall not have the desired effect or, if performed with the tips of the fingers, may produce lesions on the tegument with the fingernails.

Then the last phalanges of the fingers slide on the indicated grooves/lines in the direction of blood and lymph circulation through the veins and return to the initial position. At the same time, the palm is affixed to the tegument (for removing states provoked by the compressions) and slides approx. 2-4 cm in the direction of venous circulation.