Chapter 5: Treatment Planning For Clinical Massage

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Learning objectives

- Identify client goals in order to begin treatment planning.
- Demonstrate the ability to understand the importance of documentation and how to use it.
- Develop the ability to use an intake form and conduct an interview.
- Describe the two most common documenting formats.
- Explain how to assess a client’s pain.
- Describe the importance of a client’s medications and their influence on treatment planning.
- Understand a massage therapist’s scope-of-practice.
- Develop the ability to use several assessments and the process of treatment planning based on their outcomes.
- Describe the most common massage techniques employed in a clinical massage.
- Describe how to proceed at the conclusion of the massage.
- The level of training and experience of the therapist.
- The ability of the therapist within the scope of their practice as dictated by the state board.

Introduction

The goal of any massage is to have an agreeable outcome for the client. This may include the client’s request to become relaxed, for the therapist to spend extra time releasing hypertensive muscles, or to reduce the client’s pain in certain parts of their body. The client may also ask to be stretched or be left energized by the end of the massage. Irrespective of the client’s goals, it should be the mission of a therapist to satisfy a client’s objective.

To ensure a massage has the outcome a client desires, a therapist needs to assess a client’s subjective and objective information, and make choices about how time in the massage will be spent in order to meet the client’s concerns. Developing a plan of treatment, or a Treatment Plan is based upon many factors. These factors include but are not limited to:

- A health history questionnaire, commonly known as an intake form. The form provides information about a client’s medical history. It may also include a diagram of the body for the client to indicate where they experience discomfort, pain, or other pathology.
- The client’s stated desires during a review of their intake form, is commonly referred to as the interview.
- The amount of time the massage appointment has been scheduled for.
- The financial situation of the client. Third parties such as insurance companies who are paying the cost of a massage may also dictate how a massage is conducted.
- The level of training and experience of the therapist.
- The ability of the therapist within the scope of their practice as dictated by the state board.

The focus of this course is on the process of developing a treatment plan by gathering a client’s information on paper, through dialogue, and the examination to make a basic assessment from which to develop a plan for the client. All of this information is to be well documented. This indicates to the client that the therapist is both dedicated and professional with respect to the client’s care.

When therapists document, they provide a written record of all the information a client gives them on the client intake form, verbal information from the interview and post massage results. Information to be documented should also be gathered during the massage through the palpation of a client’s muscles and other soft tissue. This is done so that post massage results can be compared to the client’s pre-massage condition. The results of several massages can be compared to see if progress is being made towards a client’s goals, or if the therapist’s treatment plan needs to be amended. Documentation also helps screen for and keeps track of contraindications.

By the end of this course, you will be able to develop a treatment plan by learning to synthesize written information provided by a client and by communicating with a client effectively. Just as importantly, you will learn how to document a client’s condition after a massage as a method by which to plan future treatments.

Documentation

As it pertains to massage therapy, documentation is information about a client in the written form, whether it is handwritten or in electronic form. Collecting information allows the therapist to assess a client’s condition, consider or rule out what techniques may be used, and referrals to plan future treatments. Documentation is also a means by which a therapist can consult other massage therapists and various practitioners such as physicians, for guidance pertaining to certain pathologies. Third, documentation is a necessary part of insurance claims. Moreover, a therapist’s documents of a client are legal documents. This means they can be used in a court of law. As it pertains to legal matters, proper and accurate documentation decreases the likelihood that a therapist can be successfully sued for client neglect or abuse.

Before the beginning of a massage session, documentation is typically provided by a client to the therapist. In conjunction with a verbal interview, the therapist takes this information and determines what methods or techniques to use during the massage to fulfill the client’s goals. This initial documentation also enables the therapist to determine if there are any contraindications that may cause the therapist to avoid an area of the body or decline to conduct a massage at all. Once the massage has concluded, a therapist can write down their factual, objective observations made during the massage to see if the client’s goals were achieved and if so, by which particular techniques.

There are general guidelines by which therapists should document information when information is not being recorded electronically. These guidelines include:

- Write legibly. Documents that cannot be read are of no use to the therapist, especially not as a legal document.
- If an error is made, it should be crossed out with a clean, straight line and initialed just above the end of the word or phrase. When correcting or adding information to something a client has written on an intake form, the words or phrases used by a therapist should be in a different color ink (black or blue) and initialed at the end.
Use black or blue ink and do so consistently throughout a particular document. This separates originals from copies and prevents speculation about changes to a legal document.

Be precise and succinct about terminology. Use terminology that is consistent through a range of disciplines; the names of muscles, for example, does not vary from discipline to discipline.

Be careful with shorthand. Some acronyms are easily confused with others since they are not always similar across multiple health disciplines. For example, TP can stand for either ‘transverse process’ or it may stand for ‘trigger point.’

Avoid putting in writing or verbally giving a client a diagnosis. Diagnoses are only given by advanced health practitioners such as physical therapists or physicians. Diagnosing is outside the scope-of-practice for a massage therapist.

**Documentation formats**

There are several documentation formats used by massage therapists. The most common format therapists follow are SOAP notes, followed by APIE notes. These notes are primarily written after a massage has concluded. They can be used in conjunction with an intake form to accurately detail a client’s health status pre- and post-massage.

Together, these notes help a therapist plan a current session as well as plan future treatments.

**The intake form**

A client’s intake form is used to ask for the client’s health history and the current status of their health. The form should begin with the client’s personal information at the top of the page. The information given here may include contact information such as an address, email address or phone number (for scheduling, confirmation calls or to resolve billing issues), an emergency contact phone number (in the event an emergency arises during a massage), or a client’s occupation or hobbies (as either may strongly influence a client’s soft tissue problems). Other information may include whether a client has had massages before, general pressure preferences, whether they might have any difficulty lying face down (prone) or face up (supine), and the client’s goals for the massage (their reason for scheduling an appointment).

The intake form should also come with a checklist that a client can tick off for certain conditions, such as allergies, a fever, diabetes, high or low blood pressure, medications, osteoporosis, or any recent injuries. A blank space might be provided on the intake form for the client to write-in any condition not listed among the checklist that the therapist should know about. Below or alongside the checklist should be a diagram of the human body where the client can circle areas of their body that the therapist should inquire about during the interview portion of the intake process. Finally, a paragraph addressing informed consent – permission for a therapist to perform a service while detailing some of the benefits and risks of massage and the specific guidelines for a therapist’s and client’s behavior at the bottom of the intake form above where the client is required to sign their name. All of this information will be used during the interview process and reviewed later in this course.

**SOAP notes**

SOAP notes are used mostly to chronicle a client’s post-massage information and are typically found on the back side of the client’s intake form. SOAP itself stands for Subjective, Objective, Assessment and Plan. The Subjective portion of SOAP notes pertains to any information a client gives a therapist, whether in writing on the intake form or verbally during the interview before the massage. In relation to verbal information, direct quotes from the client may be written in this portion of the therapist’s notes. For example, the client may say, “When I raise my arm forward, the pain is a level 7” (on a 1-10 pain scale, discussed later). Any information a client gives a therapist that the therapist hasn’t verified visually or through touch goes in the Subjective portion of SOAP notes. By contrast, Objective information is considered to be the facts discovered by the therapist during the massage. Facts may include what muscles are either: hypertensive or hypotensive, muscle spasms, restrictions, increases or decreases in range-of-movement, bruises, cuts, rashes, skeletal irregularities or areas of swelling. Information written down in the Objective portion of SOAP notes may confirm a client’s subjective information or add new information the client was unaware of.

The Assessment portion of SOAP notes documents the effects of the therapist’s techniques upon the client; namely, the specific techniques which enabled the therapist to fulfill the client’s goals and which techniques did not. Changes to a client’s physical status are recorded here and should be listed in order of their effectiveness. For example, a therapist may write that “Petrisage decreased HT (hypertension) of the L (left) upper trapezius (muscle).” In the last portion of the SOAP notes, a plan is detailed by the therapist for either the client’s self-care, the client’s next appointment, how often a client should get a massage to manage their condition, or all of the above.

Examples of a client’s self-care may include hot or cold compresses to relieve tight muscles, or manage pain and swelling. There can also be suggestions for stretching particular muscles or stress relieving techniques. Details about a client’s next massage in the plan portion of SOAP notes may include a suggestion for a longer session or resuming techniques that were effective in the present massage and discarding those techniques which did not further a client’s goals. The plan might also suggest how often a client gets a massage, though such a suggestion is open to the opinion of the therapist based on their training and experience.

**APIE notes**

APIE notes are similar to SOAP notes but with some slight modifications. The ‘A’ in APIE notes stands for Assessment and contains subjective and objective information prior to the massage being conducted. Note that the pre-massage objective information is assessed before the therapist actually touches their client; this information may change later in the Evaluation segment of the APIE notes. ‘P’ stands for Plan in APIE notes, meaning the therapist is going to detail what they plan to do in the massage and possibly future appointments as well. ‘I’ is for Implementation and is written after the massage to describe the techniques used for that day’s massage. Last, ‘E’ is for Evaluation, in which the therapist decides whether the techniques described in the Implementation were effective in treating the client. APIE notes are not as commonly used as SOAP notes among massage therapists, but may be encountered among therapists who work alongside physical therapists or physicians.

A client should be given enough time – five to ten minutes – to accurately fill out an intake form. In order to speed up the process, a therapist should give a client a well-lit, quiet place to fill out their intake form. The therapist should remain in an area close-by in order to answer any questions regarding the form. Once completed, the therapist should keep the intake form with them during the massage for reference purposes.

**The client interview**

Once the intake form is given to the therapist it can be reviewed for accuracy. The verbal portion of the intake process follows and gives a therapist the chance to clarify any information that requires a deeper understanding. The conversation helps the therapist do the following:

- Look for local or absolute contraindications (whether a certain condition should be avoided, or massage ruled out altogether).
- Allows the therapist to discuss the massage therapy itself and the techniques that will be used.
• Enables the therapist to double-check for allergies or recent injuries.
• Provides the client with an opportunity to express their own preferences for the massage.

The interview might also help the therapist determine what position to start the client in; modifications may be required in cases in which a client has difficulty breathing depending upon which way they lie or if the client is pregnant. In addition, the interview gives the therapist a chance to ask a client exactly what they hope to achieve by receiving a massage and what the client likes and dislikes in a massage. The length of the interview depends on several factors such as how much health history is provided by the client, the need for any clarification, new techniques which might need to be discussed with a client so they can consent to new treatments, how much time has been allotted for the session, and how quickly a therapist can understand and synthesize all of the client’s information.

Conducting the interview
Professional communication with a client can make the interview process move swiftly and reduce errors. A proper interview should begin by greeting the client with a smile and using the client’s name. If you are unsure how to pronounce a client’s name, ask the client; this shows the client that you are invested in who they are. Introduce yourself by name and title. Escort the client to the treatment area and interview them there away from other clients and therapists; remember that a client’s information is confidential. Upon reaching the treatment area, try to remain at eye level with you client to indicate that you are equals who share information.

When conversing, first take into consideration the client’s level of education and your own; while you may be in the habit of using terms like ‘scapula’ and ‘clavicle,’ your client may only understand these terms as ‘shoulder blade’ and ‘collar bone,’ respectively. From there, become an active listener. This means engaging the client with eye contact while they speak, making utterances that indicate you are listening such as ‘okay’ and ‘uh-huh’ and paraphrasing their words back to them to show that you understand what the client is saying. Another important aspect of the interview is to ask open- and closed-ended questions. An open-ended question is a question that allows the client to explain their pathology such as when they first noticed a problem, what the pain level is (discussed in more detail later), if there is something they are doing to aggravate their condition, or what helps improve their condition. A closed-ended question seeks a ‘yes’ or ‘no’ answer to a therapist’s question. Examples of this may include “Does it hurt your shoulder when you raise your arm from your side?” or “Do you experience numbness or tingling along with your pain?” Something important to remember is that according to research, most communication between people is non-verbal. For the therapist, this may mean that something like an elevated shoulder on one side of the body may be impacting the client’s condition in some manner. For the client, they may not be as forthcoming with information to a therapist who interviews them with their arms folded across their chest. Finally, in conducting the interview, stay focused on your client’s health and do not let the conversation stray into other topics. This will minimize the time spent conducting the interview and leaves more time for the session. With a client with numerous health issues and with whom an interview may take upwards of ten minutes, it may be practical to leave more time between massages so that a client can receive as much treatment time as possible within a specified time frame.

PPALM

PPALM is an acronym that stands for Purpose of Session, Pain, Allergies and Sensitivities, Lifestyle and Vocation, and Medical Information. PPALM is a means of organizing the interviews so that the most relevant information can be obtained and a course of treatment planned.

The first ‘P’ – Purpose of Session – is meant to discover why the client is getting a massage. A common question put to clients is, “What is your goal for today’s session?” This gives the client a chance to state exactly what they would like their therapist to do. If the client is unsure how to answer, a closed-ended question may help guide them; ask the client, “Would you like me to reduce your lower back pain today?”

The second ‘P’ – Pain – has several domains that should be answered to rule out contraindications. Pain should be discussed in terms of when it started, where exactly is the pain, how severe it is on a scale from 1-10, what makes it worse, what makes it better, whether the pain is acute or chronic, if the pain radiates to another location and how often is the pain present. These questions for the client will be discussed in more detail in the next section. ‘A’ is for Allergies and Sensitivities. As alluded to earlier, sometimes clients forget to include allergies on their intake form. However, this information is vital as many clients have peanut or other nut or seed allergies. Many massage oils and lotions are made with nuts and seeds and may cause an allergic reaction during the massage. Other clients may be allergic to latex, meaning that the use of latex gloves during a massage will be ruled out. (A therapist might wear a latex glove to protect a scrape or cut.) Some clients may be so sensitive to certain products that an allergic reaction can be life threatening, so it is worth double checking before the massage begins. ‘L’ is for Lifestyle and Vocation.

The way a client uses their body throughout the day, during exercise, or during their job can have a profound impact on their muscles and skeleton. In many cases, long periods of sitting with arms reaching forward in conjunction with computer use may lead to tension in the hamstrings, chest and deep abdominal muscles, strain the lower back, and overstretch the upper back muscles. A client who enjoys cycling may have hypertension and/or soreness in their quadriceps and hamstrings as well as having overstretched upper and lower back muscles from leaning forward towards their handlebars.

‘M’ is for Medical Information. This is where your client’s health history is annotated. The most relevant information to collect in this area is twofold; most current or recent illnesses or injuries and medicines the client may be currently taking or have prescribed. (Over-the-counter and prescription medicines will be discussed in more detail below.) If the client has recently seen their physician, it is relevant to ask why. If the client talks about a disease or condition in which you are unfamiliar, the pathology should be looked up prior to beginning the massage to be sure there are no contraindications. If the client is having restrictions in movement or range-of-motion difficulties due to hypertensive muscles or joint problems, the discovery of past injuries may be illuminating and may influence the degree to which a client’s limbs may be safely moved without causing harm.

A massage therapist should also have a working knowledge of pathologies, particularly of the integumentary system (the skin), and observe any skin condition the client is aware of prior to the massage to be sure they are not coming into contact with infectious diseases. Note, however, that clients are often unaware of skin condition on their posterior body, which means that on-the-spot assessment may have to be conducted while performing the massage.

Assessing pain
Before any other question of pain is asked, the particular quality of a client’s pain is important to know. There is acute pain and there is chronic pain. In layman’s terms, this is the equivalent of short, sharp, emergency type pain and dull, achy, long-term pain, respectively. For the therapist, a client experiencing acute pain may still be in the initial stages of an illness or injury, perhaps ruling out massage altogether if not just locally. It is best to avoid areas of acute pain with a client even if it is determined that a massage may proceed, particularly in regards to some regularly used techniques such as petrissage (kneading) and tapotement (percussions) which may cause muscle guarding which may lead to further pain. The quality of a client’s pain is the ‘Q’ part of the acronym OPPQRST which is used to gain more detail about the client’s discomfort.
Beginning with ‘O,’ the other letters stand for Onset, as in, when did the client’s pain begin? If acute pain began within the last 72 hours, this is further indication that an illness or injury may be too recent for the therapist to treat. ‘P’ stands for Provocative, in effect asking if there anything the client does that makes the pain worse. ‘P’ stands for Palliative, which asks the client if there is anything that makes the pain lessen or go away altogether. ‘Q’ for Quality was discussed earlier. ‘R’ is for Radiation and seeks to answer whether the client’s pain radiates or travels to other areas of their body. For example, acute or chronic pain that radiates from the lateral side of the neck to the medial border of the scalp on the same side may indicate trigger points in the Levator Scapula Muscle. In another instance, pain accompanied by a burning or tingling sensation which radiates from the inferior (lower) gluteal region down the outer thigh to the knee may indicate an injury or hypertension in the Piriformis muscle which is innervating the sciatic nerve below it.

Naturally, we also want to know the Site of the pain, indicated by the ‘S.’ ‘T’ is for the timing of the pain or how often the pain is present. The less often the client experiences pain may indicate a client is in the recovery phase of an illness or injury and that a massage is more likely to proceed safely. In addition to these questions, whether the pain is keeping the client awake at night could potentially indicate a lack of sleep for the client and that a relaxation massage may actually be the best course of treatment for a particular session.

Medications
Along with allergy information, clients often forget to include any over-the-counter or prescription drugs they are taking. However, this information is highly relevant to discovering contraindications. For example, over the counter drugs like aspirin may not only reduce a client’s sensitivity to pain, but is also a blood thinner; this is something to consider during a massage. According to Brent A. Bauer, MD, the director of Complementary and Integrative Medicine Program at Mayo Clinic, there are considerations therapists should take note of when the client is taking medicines that thin the blood. Bauer says, “One common medication that may require treatment alterations is anticoagulant medications [blood thinners] like Warfarin because they may make your clients more prone to bruising and internal bleeding” (AMTA).

Prescribed pain killers like narcotics such as Codeine, Hydrocodone and Oxycodone are high in strength and will likely cause a client to misjudge a therapist’s depth of pressure. This could lead to severe soreness for the client days after the massage has been given. These same medications often induce nausea in clients which may mean the therapist avoids using rocking or vibration techniques. Anti-inflammatory drugs (NSAIDS) such as Naproxen or Ibuprofen will mean the avoidance of techniques that cause inflammation like cross-fiber friction, or vasodilation which will occur during the use of hot compresses or hot stones.

Other possible side-effects of pain relieving medication may include dizziness and low blood pressure, meaning that a more upbeat or faster paced massage is indicated. Corticosteroids taken by a client may come in the form of Cortisone or Prednisone and are most often used to treat inflammation. The side-effects of Corticosteroids include swelling of the limbs, thinning of the skin and high blood pressure. Lymphatic massage, light effleurage or tapotement may be ruled in for the massage for each of these respective side-effects. In addition, although they can be taken orally, Corticosteroids are sometimes injected at the site of an injury. For the therapist, this means that again, techniques that typically cause inflammation are contraindicated and the injection site should be avoided altogether so that the absorption of the medication is not interfered with. This same consideration applies to clients who are diabetic. If they are injecting insulin, the site of the injection should be avoided for six hours so as not to increase the absorption rate.

Clients with cardiovascular diseases are sometimes prescribed lipid lower drugs, diuretics or anticoagulants. These three drug types sometimes cause gastrointestinal stress in which case the therapist should avoid massaging the abdomen or putting the client in a semi-reclining position (for massage tables that have this feature). Conversely, a client with a respiratory problem who is on a bronchodilator (an inhaler) would benefit from the semi-reclining position while the prone position is avoided.

Female clients taking estrogen as part of hormone therapy are often prescribed estrogen, which can have the effect of making a woman’s breasts tender. If this is the case, place a pillow under the chest if the prone position cannot be avoided if the client suffers this condition. Also note that estrogen, when prescribed, can have additional effects such as rashes, hot flashes, leg pain, phlebitis (inflammation of the veins) or a blood clot in the lower limbs. If these conditions are present or suspected, the session should be postponed until a physician clears the client for massage.

Lastly, there are occasions when a therapist encounters a client on medications for anxiety or depression. Antidepressants, for example, can make a client either tired and lethargic or restless. The therapist must adjust their massage strokes accordingly to either end the session with energetic techniques like tapotement or use slow, gliding effleurage respectively. In cases where a client is taking an anti-anxiety drug, the client usually has a diminished sense of touch upon their body, in which case the therapist should use caution if attempting firm or deep pressure. There is no shortage of medicines a client may be taking, so it is worthwhile to double-check with the client and make note of them.

Once the interview has concluded and the therapist has gathered all the necessary information, the therapist should incorporate their critical thinking skills to determine which techniques to apply during the time allotted so that the client can have a satisfactory outcome for their massage. Along with an understanding of massage techniques, anatomy and physiology leads to what is called clinical reasoning. This is the process of applying skills and knowledge in order to obtain the client’s goals. Since no two clients are the same, clinical reasoning must be used in order to customize a treatment plan for each individual. Overall, the elements of a treatment plan will include but may not be limited to:

- Techniques that may be used during the massage.
- Length of the massage.
- Length of time on a particular area of the body.
- Methods by which to assess improvement during and after the massage.
- The need for special bolstering or propping.
- The need for tools or a hot- or cold-compress.
- Observations of the client’s reaction to treatments.
- Post-massage self-care suggestions.
- The need for a referral to another health practitioner (e.g. an acupuncturist or nutritionist).

As therapists who possess medical knowledge, there is a broad range of techniques, applications and tools a therapist can use. Exactly what a massage therapist can do in a session is discussed in our next section, Scope of Practice.

Scope of practice
A massage therapist’s scope of practice details what a therapist may and may not do as far as massage therapy is concerned. A therapist’s scope of practice is defined at the state level as almost all states have a regulatory committee governing massage. Depending upon the state,
Assessments for treatment planning

In order to plan a treatment information is gathered during the interview. This facilitates long-term solutions to dysfunctions and/or injuries and requires knowing what tissues are at fault or involved and how. While this might seem simple and obvious (ex: pain in the neck is due to some neck muscle dysfunction) cause can be more complex. While it may not always be possible to know exactly what tissues are the primary fault, the more a therapist understands about the causes of dysfunction and injury, the higher the therapist’s success in treating dysfunctions or injuries. This level of treatment planning requires critical thinking skills which are rarely taught in massage school. Before conducting soft tissue assessments, a knowledge of kinesiology – muscles and their actions – is as is a solid grounding in anatomy and physiology. Working knowledge, that is, being able to identify tissues accurately and immediately in a clinical setting takes a commitment to learning and experience.

Effective treatment also relies on applications of massage techniques that fit the goals expressed by the client. Not all massage techniques are beneficial for some injuries. Massage itself can be a contraindication and poorly thought out. Improper treatment plans can be ineffective for the client at the least, and at worst, make the condition or pain worse. Effective massage techniques come from multiple massage modalities. These techniques include but are not limited to the previously listed methods.

The point of these assessment tests that are commonly used by physicians and physical therapists is to narrow the focus of treatment so as to treat dysfunctions and injuries more quickly. Although massage therapists cannot diagnose, therapists can pinpoint soft-tissue dysfunctions in planning treatments for clients or even insurance patients in a more clinical setting. This section will focus on some of the most accurate and widely used tests in order to help therapists gain insight into the value of assessments during the interview process of treatment planning. Initial treatment protocols are given in each case as well.

Assessments for the head and neck muscles

Anterior neck flexors test
(Tests for dysfunctions of the sternocleidomastoid aka SCM and anterior scalenes.) The therapist begins by having the client in the supine (face up) position on the table with their arm abducted (raised laterally) to 90 degrees, elbow flexed to 90 degrees and with the back of their hand resting on the massage table. Client lifts their head off the table, attempting to tuck their chin to their chest and holding it there. The anterior neck muscles are weak or injured if the client cannot keep their head in flexion against gravity.

Anterior-lateral neck flexors test
(Testing for dysfunctions of the anterior-lateral neck muscles.) The client is supine on the table with their arm abducted to 90 degrees, elbow flexed to 90 degrees, with the back of their hand resting on the table. The client rotates their head away from the side being tested. Client tries to laterally flex their head against gravity. The anterior-lateral neck muscles are weak or injured if the client cannot keep their head in flexion against gravity.
Posterior-lateral neck flexors test
(Testing for dysfunctions of the posterior-lateral neck flexors.) The client is supine on the table with their arm abducted to 90 degrees, elbow flexed to 90 degrees, with the dorsal surface of their hand resting on the table. Client extends their neck and rotates their head towards the side being tested while the therapist holds the head in position at the temporalis muscle (above the ear). Weak or injured posterior-lateral neck flexors are indicated by the client not being able to hold their head against the therapist’s resistance.

Cervical compression test
(Testing for cervical nerve compression in the lower cervical spine.) The client is sitting with neck relaxed, and the therapist is behind the client. Therapist compresses the head inferiorly. A positive result is indicated by pain or numbness radiating down one arm, or pain or numbness locally to the neck or shoulder.

Cervical distraction
This is not a test, but it is used to relieve stress on cervical vertebrae that are compressing a nerve. The client is supine on the table. Therapist gently grasps the client’s head at the occiput (base of skull) and temporalis and slowly provides traction (pulling away from the body) for 30 seconds. Pain or numbness due to cervical compression should subside.

Swallowing test
(Testing to see if difficulty swallowing is due to trigger points in the SCM.) The client is supine on the table. The therapist grasps one side of the SCM between their first two fingers and their thumb and asks the client where the most tender point in the SCM is. Once the most tender point has been found, the client is asked to swallow. A trigger point will be indicated by reduced pain or tenderness when the client swallows. Note: Difficulty swallowing may also be a symptom of an infection, hematoma, boney cervical growth, or a tumor.

First rib mobility test
(Testing for displacement of the first rib.) The client is supine on the table with their arm abducted to 90 degrees, elbow flexed to 90 degrees, with the back of their hand resting on the table. The client rotates their head away from the side being tested. Client tries to laterally flex their head against gravity. Limited neck flexion may indicate a displacement of the first rib or hypertension of the scalene muscles.

Assessments for the shoulder

Upper trapezius strength test
(Testing for dysfunctions of the upper trapezius muscles.) The client is supine on the table. Client abducts their arm to 90 degrees, flexes at the elbow to 90 degrees, and places the back side of their hand on the table. The therapist rotates the client’s head away from the side being tested, then applies light anteriorly directed pressure while the client resists the motion. Weak or injured upper trapezius muscles will be indicated by the client being unable to resist the therapist’s pressure.

Middle trapezius strength test
(Testing for dysfunctions of the middle trapezius.) The client is in the prone (face down) position on the table. Their arm is abducted to 90 degrees then their elbow is flexed to 90 degrees. The client is asked to hold this position, then extend their arm (moving their elbow toward the ceiling) while the therapist resists the movement. Weak or injured middle trapezius muscles are indicated by the client being unable to hold their arm in abduction or pain when moving their elbow.

Rhomboid strength test
(Testing for the dysfunctions of the rhomboid muscles.) The client is in the prone position on the table. Their arm is abducted between 45 and 90 degrees and the client’s arm is flexed at the elbow to 90 degrees. The client holds their arm in this position, then the client resists the therapist’s forward motion at the elbow. Weakness or injury of the rhomboid muscles is indicated by the client’s inability to hold arm in abduction or if they cannot resist the therapist’s directed pressure.

Shoulder adductors test
(Testing for the hypomobility of the teres major and latissimus dorsi muscles.) The client is supine on the table. The client bends their knees to 45 degrees so that their feet are resting flat on the table. The client then fully flexes their arms over their head until their arms are resting on the table. Hypomobility of the teres major and latissimus dorsi muscles is indicated if the client cannot rest their arms on the table. Employ active-assisted movements to strengthen muscles.

Obicularis oculi strength test
(Testing for Bell’s Palsy aka inflammation of Facial Nerve VII.) The client is in the supine position or seated and closes eyes. The therapist attempts to open the affected eye with clean or gloved hands while the client resists. Bell’s Palsy may be indicated by the client being unable to keep their eye closed against the therapist’s resistance. If Bell’s Palsy is suspected, the client should be referred to a physician after lymphatic drainage is used on the face to reduce inflammation.
Adhesive capsulitis abduction test
(Testing for the Frozen Shoulder / ROM at the glenohumeral joint.)
The client is in a seated position. The therapist stands behind the client
and, palpates the inferior angle of the scapula with one hand.
The therapist’s other hand holds the client’s arm above the elbow and
abducts the client’s arm slowly out to 90 degrees. Frozen shoulder
will be indicated by pain with a limited ROM before 90 degrees. The
therapist should massage any hypertensive muscles around the affected
shoulder, but should advise the client that massage cannot help this
chronic condition since its cause is unknown.

Drop arm test
(Testing for a dysfunction of the supraspinatus muscle and tendon.)
The client is in a seated position. The client abducts their arm to 90
degrees, holds, then slowly adducts (adds) their arm to their body. A
supraspinatus muscle dysfunction is indicated by pain or the client being
unable to slowly or smoothly adduct their arm. Apply hot or cold
therapy as the client’s muscle indicates.

Hawkins Kennedy impingement test
(Testing for injury to the supraspinatus muscle or tendon.) The client
is in a seated position. The client abducts their arm to 90 degrees then
internally rotates their humerus at the elbow. A supraspinatus muscle
dysfunction or injury is indicated by pain at the acromion. Apply hot or cold
therapy as the client’s muscle indicates.

Assessments for the arm

Speed’s test
(Testing for tendonitis of the biceps brachii muscle.) The client is in a
seated position. The client fully extends their arm and supinates their
forearm. The therapist stands behind the client and resists the client’s
attempt to flex their arm at the elbow. Tendonitis of the bicep brachii is
indicated by pain at either the muscle’s origin or insertion. Apply cold
therapy to reduce inflammation and use cross-fiber friction to massage the
area.

Yergason’s test
(Testing for the integrity of the bicep brachii tendons.) The client is in a
seated position. The therapist stabilizes the client’s arm against the
client’s body. The client then actively supinates and extends their
forearm at the elbow while externally rotating the humerus. Pain at the
humerus’ bicipital groove indicates a tendon dysfunction of the (long	head of the) biceps brachii. Apply cold therapy at the affected shoulder and
avoid ROM movements.

Upper limb tension test 1
(Testing for nerve impingement at C5-C7 as a cause of upper limb or
shoulder pain.) The client is supine on the table with their arms at
their side. The therapist applies compression to the affected shoulder while taking the client’s wrist and abducting the arm to 110 degrees. The
therapist then extends the arm posteriorly 10 degrees while externally rotating the arm to approximately 60 degrees. The therapist then slowly extends the client’s fingers. A nerve impingement between C5-C7 will cause pain of the arm or shoulder. The therapist should massage the base of the neck to relieve hypertension which may relieve the impingement.

Upper limb tension test 2
(Testing for nerve impingement of median nerve or axillary nerve as a
cause of upper limb or shoulder pain.) The client is supine on the table with their affected arm near the edge of the table. The therapist applies compression on the affected shoulder then abducts the arm to 10 degrees. The therapist then extends the fingers while supinating the forearm and extending the elbow. A nerve impingement of the median nerve or axillary nerve will cause pain of the arm or shoulder. The therapist massages muscles near the lateral border of the scapula, the scalene and pec minor area of the affected side to relieve hypertension near the axillary nerve.

Functional / structural scoliosis test
(Testing for whether the cause of scoliosis is functional/muscular or
structural/skeletal in nature.) With their shirt removed, the client is standing. The therapist stands behind the client and observes client’s
spine and its curvature. The client is asked to bend their trunk into lateral flexion on the convex side of their spine, then return to the
neutral position. Then the client is asked to flex their trunk forward. Functional scoliosis is indicated if the spinal curvature corrects itself

Infraspinatus strength test
(Testing for the strength of the infraspinatus muscle.) The client is in a
seated position. The client abducts their arm to 90 degrees then flexes
at the elbow to 90 degrees. The therapist tries to internally rotate the
client’s humerus while the client resists by externally rotating their
humerus. An infraspinatus muscle dysfunction or injury is indicated by
pain in the infraspinatus muscle or along the superior lateral border of the
scapula.

Painful arc test
(Testing for a supraspinatus tendon and subacromial bursa
impingement.) The client is either seated or standing. The client
abducts their arm through its full ROM. A positive result is indicated by
pain at the acromion starting at 70 degrees of abduction and easing after 130 degrees of abduction. Apply hot or cold therapy as the
client’s muscle indicates.

Subscapularis strength test
(Testing for a dysfunction of the subscapularis muscle.) The client is
in a seated position. The client flexes their elbow to 90 degrees. The
therapist directs pressure towards external rotation while the client tries to resist by internally rotating the humerus. Weakness of the
subscapularis will be indicated by pain or the client being unable to resist external rotation of their humerus. The therapist should employ active-assisted exercises to strengthen the subscapularis muscle.

Assessments for the trunk

Functional scoliosis test
(Testing for the cause of scoliosis is functional/muscular or
structural/skeletal in nature.) With their shirt removed, the client is standing. The therapist stands behind the client and observes client’s
spine and its curvature. The client is asked to bend their trunk into lateral flexion on the convex side of their spine, then return to the
neutral position. Then the client is asked to flex their trunk forward. Functional scoliosis is indicated if the spinal curvature corrects itself

when the client laterally flexes their trunk or if the curvature reverses when the client flexes their trunk forward. Structural scoliosis is indicated if the curvature does not correct itself during either action. In either case, the massage therapist can massage hypertensive muscles, but long-term results can only be gained if the client’s scoliosis is functional in nature. It is outside a therapist’s scope-of-practice to attempt structural corrections.

**Scoliosis short leg test**
(Testing for uneven leg length that may be causing functional scoliosis.) The client is standing. The therapist is in front of the client noting positions of the bilateral hips and shoulders to see if there is any tilting due to scoliosis. Therapist places a thin book under the foot of the suspected shorter leg. A positive result is indicated if the curvature disappears after the book is placed under the shorter leg’s foot. Massage and traction of the lower back muscles and hips of the affected side are indicated.

**Assessments for the hip**

**Thigh adductor length test**
(Testing for shortness or hypertension of the adductors of the femur.) The client is on the table in the supine position. On the adductors side that is being tested, the client places the plantar surface of their foot on the medial portion of the opposite knee. (Client should be in a “Figure-4” position.) From this position, the therapist brings the thigh of the adductors that are being tested into flexion at the hip while applying posterior pressure on the knee of the side being tested. (A hand may be placed on the opposite leg’s inferior quadriceps muscles for stabilization purposes.) Shortened adductors or hypertension of the adductor muscles will be indicated by a limited range of motion on the side being tested. The therapist massages hypertensive muscles as indicated.

**Iliopsoas strength test**
(Testing for weakness of the iliopsoas muscles.) The client is on the table in the supine position. Knees are in full extension; no bolster is placed under the knees. The client actively brings their leg off the table while flexing their knee to 30 degrees with a slight external rotation. The client is asked to maintain this position. If they cannot, the iliopsoas are considered weak. Active-assisted exercises may be employed to strengthen the iliopsoas.

**Iliopsoas length test**
(Testing for the length of the iliopsoas muscles.) The client is on the table in the supine position. The therapist places the foot of the side being tested on the opposite knee (again, a “Figure-4” position). Shortened iliopsoas muscles are indicated if the hip of the leg being tested rise above the unaffected knee. Active-resisted stretches may be used by the therapist to lengthen a hypertensive iliopsoas.

**Hip range of motion test**
(Testing for complete ROM of the acetabulum/hip joint.) The client is on the table in the supine position. Knees may be bolstered. The client’s thigh is brought into flexion at the hip and circumducted through the joint’s ROM at approximately a 45 degree angle. Limited ROM, pain or crepitus (cracking) at any point through the ROM will indicate a dysfunction in that area. Apply heat therapy to lengthen hypertensive muscles that may be limiting ROM. The therapist should avoid performing ROM and stretches if crepitus is present.

**Ober’s test**
(Testing for hypertension of the iliotibial band aka IT Band and tensor fascia latae aka TFL.) The client is in side-lying position. Their bottom leg, the leg not being tested, is flexed to 90 degrees at the hip and knee. The leg being tested is kept straight. The client’s entire leg is abducted with a slight extension to 45 degrees and then the client is asked to slowly lower their leg to the starting position. If the client is unable to lower their leg, this indicated hypertension of the IT Band or TFL. The therapist will massage affected muscles as indicated. Myofascial Release, a light to medium broad application of effleurage along the IT Band from knee to hip may be beneficial.

**Kemp’s test**
(Testing for nerve root compression due to disc herniation in the lumbar region.) The client is standing. The client extends their back then returns to the neutral position. Client goes into lateral flexion towards the affected side then rotates the trunk towards the affected side. A positive result is indicated by pain, numbness or tingling down the leg of the affected side. Traction of the neck and lower limbs is contraindicated.

**Quadratus lumborum (QL) length test**
(Testing for the length of the QL.) The client is seated. The therapist stands behind the client and notes the position of the hips. Client laterally flexes the trunk to one side then the other while the therapist notes which side has a reduced ROM. A reduced ROM indicates a shortened QL. All massage strokes are indicated.

**Straight leg test**
(Testing for the cause of lower back pain.) The client is supine on the table. Beginning with the client’s leg adducted and mediadly rotated, the therapist grasps the client’s heel and keeping the knee in extension, slowly raises the leg until the client feels pain or discomfort. The leg is slowly lowered until there is no pain felt. (Note that the foot may be placed into dorsiflexion in order to test for a sciatic nerve impingement.) Tension in the hamstrings will be indicated by pain in the posterior thigh and/or the posterior knee. A lumbar or sacral dysfunction will be indicated if the client is in pain after 70 degrees of flexion at the hip. A herniated disc will be indicated if the client...
experiences pain down the leg not being raised. A sciatic nerve impingement will be indicated by pain down the client’s leg when the leg is lowered and the foot is dorsiflexed. If a herniated disc is the source of dysfunction, the therapist will not attempt to correct the hernia and not move the client through any ROM at their hips. Tension in the hamstrings can be treated with any of the massage techniques listed below.

**Beginning the massage: Palpation as a tool**

By definition, palpation means to touch with a purpose and intent. This tool can be used before the massage begins during the interview in such instances the client describes an area of pain or other dysfunction. The therapist can palpate the area the client indicates with varying depths of pressure to get a sense for what protocols may be necessary to treat the condition. If the therapist feels hypertension, trigger points (irritable knots), spasms, swollen lymph nodes or edema, an appropriate plan can be developed or necessary tools gathered before actually performing the massage. Palpation as a tool is an ongoing process, though, and must be used during the massage as well to assess changes to the client’s tissues.

There are certain aspects of the client’s body the therapist can palpate before and during the session in order to understand the client’s condition. Foremost among these aspects are anomalies: Does the client’s body display a condition that is outside what is normal for the public at large? If so, the client can be asked if they are aware of the anomaly and what may have caused it. Some anomalies, such as certain small lesions on the skin, may indicate the presence of a skin parasite and thus rule out massage for that day. A therapist is also looking for restrictions in the client’s superficial fascia (underlying connective tissue). Does the client’s skin move easily over their superficial muscles? If not, the therapist should consider using a non-lubricated technique such as myofascial release to loosen superficial restrictions before applying a lubricant and working on deeper muscles.

The next question is to determine the temperature of the client’s skin. Skin that feels cool to the touch may mean the client is suffering from ischemia, that is, a lack of blood flow to their skin or muscles. Friction, hot stones or hot compresses will usually correct ischemia. Warm or hot skin may indicate the client has local inflammation or even a fever is the warmth is even throughout the body to the therapist’s touch. While inflammation can be reduced with ice or a cold compress, the presence of a fever is an absolute contraindication. Along with inflammation, is edema (swelling) present and how widespread is it? Are the areas mushy or spongy to the touch? For clients who indicate a heart or kidney problem, a massage might be contraindicated depending upon their medication, and they may need a physician’s approval before proceeding with a massage. The therapist may also attempt to sense any twitching or trembling of the client’s muscles in order to locate trigger points, with trigger point therapy having its own unique protocol. Finally, how is a client reacting to being touched? Are certain depths of pressure painful or uncomfortable to the client? Is the pain or discomfort restricted to one area? The therapist may have to adjust their touch accordingly or consider the use of specific tools. Collectively, these aspects will influence how the massage is conducted by indicating what techniques can and cannot be used.

**Common massage techniques used during treatment**

The following list of massage techniques that fall within a therapist’s scope of practice may be used in treating clients. An important point to remember is that not all techniques work equally well on all clients and in some cases, depending upon information given by a client, may not be used. Also, depending upon client preferences, varying degrees of pressure may be used with certain strokes and this too can influence how effective massage is in treating a client’s condition.

**Effleurage**

This is perhaps the most common massage technique and used in the application of lubricants to a client body. Its strokes are long, broad, calming, and gliding, and are often used to cover large areas of the body with a single stroke. Usually, effleurage is done with light to medium pressure since it is primarily considered a preparatory stroke. The purpose of these strokes is to provide a general sense of relaxation and prepare the muscles for any deeper massage that may take place. On occasion, a deep effleurage may be attempted with forearms in an attempt to use a variety of strokes and to ease wear on the therapist’s hands and thumbs. This technique is effective for relieving tension associated with stress or anxiety, but is not usually effective in reducing hypertension associated with injuries (e.g. strains or sprains) unless the stroke is deep.

**Petrissage**

This is effective for relieving chronic stress and hypertension. It is characterized by a kneading or squeezing motion in which portions of either skin or muscle are handled in the entire hand between the fingers and thumbs. This technique can stimulate blood flow and loosen muscles, as well as assist the lymphatic system to move lymph through the body to be filtered by the lymph nodes, spleen, and liver. Moderate to firm petrissage can be performed on large muscle group such as the biceps or quadriceps as they are lifted away from the body, squeezed and released in a slow, circular, rhythmic fashion. Although this stroke targets the belly or center of a muscle or muscle group, petrissage can also be used upon small areas using the first two fingers and the thumbs.

**Friction**

This can loosen tension at the joints by realigning muscle fibers near their attachment sites; basically, by massaging the muscle where the muscle’s tendon meets its bony attachment in a direction perpendicular to the muscle/tendon fibers. It is effective in breaking down restrictions in superficial fascia and scar tissue are among its other uses. This technique is usually done with medium to firm pressure with the thumbs or fingertips and may be uncomfortable for the client as well as produce inflammation locally, so the therapist should inform the client ahead of time of the benefits and considerations of this stroke.

**Tapotement**

This is done by rhythmically striking the muscles with light to moderate force with a medium to quick pace. It is used to tone up hypertensive muscles as well as stimulate the nervous system bring the client out of a deep relaxation. There are several variations of this technique and it can be applied with either the fingers, fists, palms, or the edge of the hands. Cupping the hands and striking the chest or mid-back, for example, may have the effect of loosening mucous from the lungs of a client with respiratory difficulties. Other variations include pounding, diffused, pincement, pecking, slapping and hacking. Take care not to strike the lumbar region or spine with too much force as the kidneys may become bruised. Also note that when using any variation of tapotement, do not prolong its use for clients using anti-anxiety medicines; too much tapotement may induce more stress.
Vibration
This is the general term used for any application of rocking, shaking, or trembling muscles or joints. Vibration, typically used at either the beginning or end of a massage or as a transitional tool, can be soothing and is suited for clients suffering from stress. Variations such as shaking or trembling can be done gently but with a more vigor pace. When vibration is used for relaxation purposes, it should be performed for no more than 10-15 seconds. Prolonging vibration is often included in Sports Massage since sustained shaking is generally stimulating to the nervous system. As with tapotement, do not use prolonged vibration for clients or patients using anti-anxiety medicines. Vibration should also not be used on the abdomen for clients on certain medications (see Medications, above) as it may induce nausea.

Stretching
This is used to lengthen muscles and increase a client’s range-of-motion (ROM). There are two methods of stretching a therapist is likely to use during the session; passive (or static) stretching and Proprioceptive Neuromuscular Facilitation (often referred to as a PNF stretch). With passive stretching, a muscle is pulled away from one of its boney attachment sites by the therapist so that it is at its maximum length. This stretch should be held for seven to ten seconds, which is the time it takes for receptors in a muscle to relax into a greater length. More effective than passive stretching is Proprioceptive Neuromuscular Facilitation. This technique actively takes a client through several rounds of contracting and relaxing target muscles while the therapist resists the client through their full ROM. There are several variations or methods to conducting PNF stretches, though it is usually conducted by resisting a client’s movement with the target muscle held half way through its ROM. PNF stretches tend to have a larger effect than passive stretching.

Compressions
These are usually performed with the entire palm of the hand but can also be done with forearms, knees or feet to push muscles down into or down and away from the body. Since this technique uses broad pressure, it can be used with medium to firm pressure and will affect a larger area. Compressions can increase blood and lymphatic flow and help initiate the stretching of a muscle. Fast-paced compressions may also release acetylcholine (ACh), a chemical messenger that helps muscles contract more quickly by exciting the nervous system. Compressions are normally performed before lubricants are applied to the client or as a preparatory and transitional technique as the therapist moves to a new area of the client’s body. Compressions should not be used over the thorax (upper back and chest area) if the client has difficulty breathing, when the client has spider- or varicose veins in their lower limbs, or over bruises.

Feathering
This is a technique of very light pressure commonly used on the skin to calm and soothe nerves. This technique is also sometimes associated with lymphatic massage or can be used to reduce edema. To affect the lymph flow or to reduce edema, light force is applied by stroking towards the heart from areas closest to the heart and working away from the upper chest to either the top of the head, towards the feet, or towards the hands or feet. Feathering can also reduce the appearance of bruising when applied in a circular fashion for one to three minutes. Since feathering can be ticklish to the client, the therapist should monitor the client’s reactions when proceeding.

Post massage treatment
After the session has concluded, the therapist has several options regarding the client’s treatment. It is common practice to advise the client to receive more massages, typically once a month for maintenance purposes. However, depending upon the client’s specific condition, more sessions in quicker succession might be advised. Whereas client’s whose insurance is paying for their sessions, it is not
unusual for massage to be prescribed two to three times a week over the course of one or two months. For client’s paying out-of-pocket, though, how often they can schedule a massage is highly dependent upon financial constraints and their desire to correct a dysfunction. For a client for whom money is no object, so to speak, who wants to correct a dysfunction as fast as possible and is not sore from treatment the following day may receive a massage every day if they so desire. For a client with financial restrictions who also seeks to remedy a dysfunction quickly may be advised to schedule a session once every other week while being recommended self-care techniques.

Self-care techniques should be things that are practical for a client to do. This may involve recommending the application of hot or cold therapy, but the therapist should keep in mind that the client will probably not have something like hot stones on hand and will have to substitute a towel that has been heated with hot tap water. Similarly, for the client to apply cold therapy, the client may use a bag of ice cubes from their freezer. When recommending hot or cold therapy, the general rule is that either should be applied for 15 to 20 minutes or within the client’s tolerance for such therapy. Other practical recommendations may include any self-stretches the therapist may know.

Another recommendation would be self-massage for the client by using tennis-, golf- or racquetballs which the client can either stand or lay on to treat hypertensive muscles. A fourth recommendation would be to have the client wear a sports wrap or sports taping which will prevent injured joints from moving too much and stabilize muscles. Fifth, a therapist can recommend postural changes that are negatively influencing a client’s body mechanics. Last but not least, a therapist may refer a client to other health care professionals such as physicians, surgeons, chiropractors, physical therapists, nutritionists or mental health councilors if the therapist feels they are unable to treat the client effectively on their own. A therapist should remember, though, that they can only make recommendations and cannot diagnose or prescribe any course of treatment that is not directly massage related.

The intake and interview process, assessments, the massage itself and post massage recommendations can altogether provide a client with a planned treatment. It is a process of discovery, application, revision and mitigation that is on-going and should never be assumed to be complete.

References

## Final Examination Questions
Select the best answer for each question and mark your answers online at Massage.EliteCME.com.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
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| 1. What is an intake form also known as? | a. A medical release form.  
   b. A health history questionnaire.  
   c. An informed consent form.  
   d. SOAP notes. |
| 2. Which of the following is a guideline for writing client notes when they are not being recorded electronically? | a. Use any color ink.  
   b. Write legibly.  
   c. Write everything longhand.  
   d. Use general terminology. |
| 3. Where is the paragraph regarding informed consent located on the intake form? | a. At the top.  
   b. In the middle.  
   c. On the bottom.  
   d. On the back. |
   b. Severe, On occasion, All the time, Periodically.  
   c. Subjective, Objective, Adjective, Plan.  
   d. Subjective, Objective, Assessment, Plan. |
| 5. When does the verbal portion of the intake process take place? | a. Before the client arrives.  
   b. After the massage.  
   c. After the intake form has been reviewed.  
   d. There is no verbal portion to the intake process. |
   b. Long lasting or chronic pain.  
   c. Non-emergency pain.  
   d. Sharp pain. |
| 7. If a client is taking anti-anxiety medication, what kind of pressure does the therapist have to be careful about using? | a. Fast pressure.  
   b. Slow pressure.  
   c. Light pressure.  
   d. Deep pressure. |
| 8. Why are assessment tests conducted? | a. To see how much pain a client can take.  
   b. To know what can’t be massaged.  
   c. To narrow the focus upon what tissues are dysfunctional and how.  
   d. To tell the therapist where to start the massage. |
   b. Triceps brechii.  
   c. Supraspinatus.  
   d. Deltoids. |
   b. Decrease pain.  
   c. Warm soft tissues.  
   d. Harden soft tissues. |