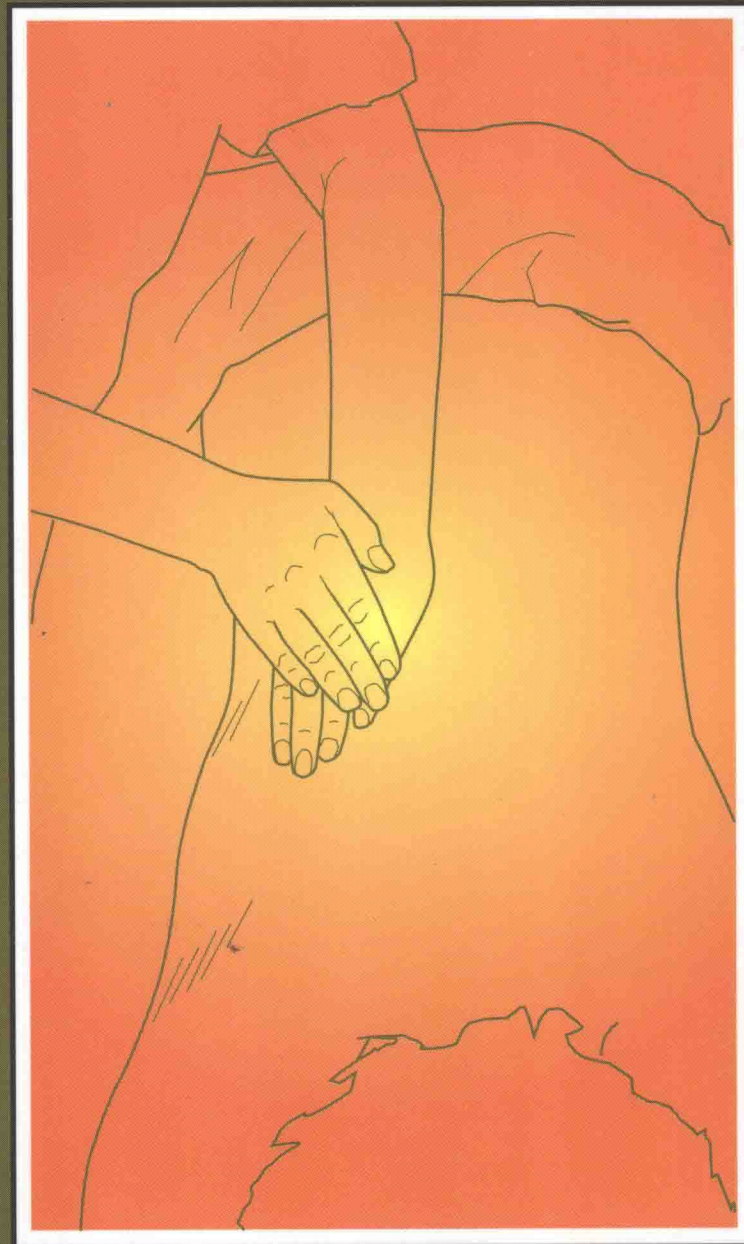


# CLINICAL MASSAGE THERAPY

**UNDERSTANDING, ASSESSING AND TREATING OVER 70 CONDITIONS**



**Fiona Rattray • Linda Ludwig**

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**Fiona Rattray, RMT**  
**Linda Ludwig, B.A., RMT**

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*To the one-fifty  
and our families*



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Tanis Day, for integrating heart and spirit energy, and introducing the one-fifty.

# PREFACE

***Clinical Massage Therapy*** is designed for both the massage therapy student and the professional therapist in practice. The book covers the requirements of a treatment-based curriculum for a professional massage therapy training program that is a minimum of 2,200 hours in length. It also includes conditions that are frequently seen in clinical practice.

The word “client” is used in this book instead of the word “patient” to describe the person who is being treated. A client is a person who is able to make choices about health care.

Symbols used in this book:

-  The open hand graphic denotes what the therapist does to treat the client.
-  The writing hand graphic denotes what the therapist records or performs in an assessment, or writes down for the client to do as self-care.

## Using This Text

***Clinical Massage Therapy*** is designed to make the information necessary for an individual massage therapy treatment as accessible as possible. Most of the treatments in this text are organized in sections that follow a standard format:

- ◆ There are five “Strategies” chapters which provide a foundation for the chapters within that section of the book. It is recommended that these “Strategies” chapters be read in conjunction with the specific treatment in a particular section.
- ◆ Background information about the condition or disease is given first, so the student or therapist can understand the anatomy, process or pathology and medical intervention as it relates to the treatment.
- ◆ The Symptom Picture summarizes the client’s symptoms.
- ◆ The Assessment section includes health history questions, observations, palpation and testing to be performed, and the expected results where relevant. Differential testing

results are also listed to help the therapist rule out other conditions that the client may have. The student may use this as a guide for an assessment protocol; the therapist may use this as a reference or refresher with conditions she or he does not often treat.

- ◆ Contraindications to treatment are also highlighted.
- ◆ The Treatment Goals, Treatment Plan and Self-care information are treatment guidelines for the student or therapist.
- ◆ For some conditions, a brief treatment plan and contraindications only are described, because these are modifications of other treatments. These chapters are indicated in the text by a < ^ > logo on the chapter number.
- ◆ The Appendices are reference tools.
- ◆ Appendix C: Special Orthopedic Testing comprises information compiled from orthopedic assessment textbooks, presenting the most agreed-upon versions of tests and their clinical results.

Manual medicine and massage therapy are in a state of growth and change. Some information, ideas and approaches to treatment are in conflict — either real or apparent. New information about the body, treatment protocols, medical approaches and medications are constantly being reported. A variety of massage therapy approaches are possible for a given condition; we describe treatment plans as samples that are effective based on research results, academic principles and clinical practice.

At the time of writing, the information in this book is as up-to-date as possible. We are happy to hear your comments and suggestions for future publications.

We have profound respect and love for this profession and are aware of the amazing impact that massage therapy has had for so many people. All kinds of health care — alternative and allopathic — have in their essence an underlying goal: health of body, mind and spirit.

We hope ***Clinical Massage Therapy*** can create a standard for the massage therapy profession. We also hope it can demonstrate the profound effects of massage therapy, and perhaps even provide a basis for research projects on the effects of massage in this new millennium.

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**A**

# **INTRODUCTION TO MASSAGE**



# A BRIEF HISTORY OF MASSAGE THERAPY

Fiona Rattray

The origin of the word “massage” is obscure. The word is derived from either the Arabic “mass”, to touch, or the Greek “massein”, to knead (*Basmajian, 1985*). For thousands of years, literature from all over the world has mentioned kneading, pressing, anointing or rubbing as a healing practice. ***The Yellow Emperor’s Classics of Internal Medicine***, written in China in about 1000 BC and probably the oldest medical book in existence, mentions the treatment of paralysis and reduced circulation using massage. The information is attributed to Huang Ti, the Yellow Emperor who died in 2598 BC. During the T’ang dynasty (619-907 AD), there were professors of massage at the Imperial Medical Bureau. A three-year training program for doctors of massage included treatment of fractures, diseases, injuries and wounds. Massage was combined with breathing and postural exercises.

Hippocrates, circa 460-375 BC, discussed “gently rubbing” a dislocated shoulder following reduction to aid in healing (*Basmajian, 1985*).

Massage, exercise and hydrotherapy were promoted by the Greek physician Asclepides. The ancient Greeks used massage on athletes before and after sport. It was thought to prepare the muscles before activity and remove extra fluid and metabolites after sport, a theory which is in use today. Galen of Rome (129-199 AD) wrote 16 books on frictions (the term for massage) and gymnastics (remedial exercise), describing the pressure, direction and frequency of treatment. Both rich and poor Romans used massage, which was often practised in the Roman baths. Massage was performed with the hands, and also with cloth of various textures, both rough and smooth. Instruments of bone or wood were also used to rub, polish or tap the skin, drawing circulation and warmth to the skin. Strigils were curved instruments, while ferrules were straight. A reference is also made to treating the edematous legs of pregnant women using massage with rose water (*DeLisa, Gans, 1993*).

In India, a ninth century temple carving shows Bhudda being treated by a masseuse. The Hindi term *champna* (to press) means massage; it is likely the origin of the word

## A BRIEF HISTORY OF MASSAGE THERAPY

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shampooing. Used by English writers in nineteenth century India to describe massage, it now means to wash, rub or lather the hair (*Basmajian, 1985*).

Massage terms in the Islands of Tonga include *fota* and *toogi-toogi*, while in Hawaii massage is called *lomi-lomi* (*Wood, Becker, 1981*).

In Europe during the Dark and Middle Ages, massage and remedial exercise were barely mentioned in literature until the French surgeon Ambroise Pare (1510-1590) published a book on massage and its application for surgical patients (*DeLisa, Gans, 1993*). He translated Galen's works on massage, and added information on treating those immobilized by their injuries; for example, the leg of a man whose femur had been fractured by a bullet was treated with light frictions and hydrotherapy to help resolve the congestion.

The pressure indicated for massage depends on the author cited (*Basmajian, 1985; Tappan, 1961; Wood, Becker, 1981*). For example, vigorous and even painful techniques were advocated by Admiral Henry (1731-1823), while his contemporary, the physician Lorry, thought that techniques should be applied with gentleness. A balance between these extremes was suggested by William Beveridge of Edinburgh, who thought the therapist should adjust the pressure to the client's symptoms and tissue health.

The terminology currently used to describe the different techniques, such as petrissage, stroking and tapotement, gradually emerged during the eighteenth and nineteenth centuries in the writings of different authors. Per Ling, a fencer and physical education teacher in nineteenth-century Sweden, turned Stockholm into a centre for therapeutic exercise, which was called medical gymnastics, and massage therapy. The Royal Institute of Gymnastics was established in 1813 by the Crown to reward Ling's efforts. Medical gymnastics, including massage, were embraced by many physicians. Although Ling created a system for exercise and massage, he wrote little on the subject. However, one of his pupils, Augustus Georgii, published a book in French on Ling's system after his death in 1839. By the end of the nineteenth century, Swedish massage was internationally known thanks to his many enthusiastic followers (*Basmajian, 1985*).

Johan Metzger, a physician in Amsterdam, successfully treated the Danish crown-prince for a chronic joint problem using massage. He helped move massage therapy into higher esteem among his European colleagues by combining physiology, pathology and anatomy with massage. His doctoral dissertation in 1868 was titled "The Treatment of Foot Sprain by Friction." Metzger moved to Germany in 1889 and interested many German physicians in what was now being called manual medicine.

In the United States, massage was being adopted due to the writings of the Boston physician Douglas Graham, and John Kellogg of Battle Creek, Michigan.

At the end of the nineteenth century, E. Kleen of Sweden wrote one of the earliest books that distinguishes massage from remedial exercise. Often, little distinction was made in earlier medical history between the two.

In the United Kingdom in the nineteenth century, massage became a specialized branch of nursing (*Boyling, Palastanga, 1994*). This therapeutic practice quickly became popular. Unfortunately, it was plagued by a series of scandals involving poorly trained nurses who were lured into working in "houses of ill repute". In response, a group of nurses who recognized the therapeutic usefulness of massage therapy formed the Society of Trained Masseuses in 1895. This Society established training courses and examinations to standardize therapeutic massage practices. It is interesting that this group eventually