

# **Unit 2: Advanced Massage Techniques and Applications**

Subject: Massage & Acupressure

### **Unit 2: Advanced Massage Techniques and Applications**

(Gliding & Kneading Techniques • Tapotement & Vibration • Regional Applications: Foot, Leg, Arm, Abdomen, Chest, Throat/Anterior Neck, Back, Head & Posterior Neck)

## 2.1 Foundations for Advanced Work

**Clinical aim.** Advanced techniques deepen effects on **circulation, fascia, and neuromuscular tone** while staying safe and patient-centred. Technique choice changes **what tissue you influence** (skin, superficial fascia, muscle belly, tendon) and **which nervous-system response** you invite (calming vs activating).

### Three levers you control every minute

- **Pressure** (light ↔ deep)
- Pace (slow ↔ brisk)
- Direction (toward heart for venous/lymph return; along/ across fibres for specific work)

#### Comfort scale (0-10)

 $0 = \text{no pressure} \cdot 3-4 = \text{comfortable working depth} \cdot 6 = \text{firm but acceptable} \cdot \text{Stop} > 7 \text{ or if guard/pain appears}.$ 

# 2.2 Gliding, Kneading & Mobilizing Techniques

# 2.2.1 Quick map of techniques and their primary effects

Technique	Hand contact	Tissue focus	Primary effects	Typical use	Avoid/Modify
Effleurage	Whole palm/forearm glide	Skin, superficial fascia, venous/lymph	Warmth, drainage, rapport	Open/close segments; between deeper work	Acute infection, open wounds
Stroking	Feather-light fingertips/palm	Cutaneous nerves	Down-regulation, soothing	Transition after deep work; sensitive areas	None (keep contact clean, slow)
Petrissage	Lift-squeeze-release	Muscle belly, fascia	Decongestion, pliability	Large muscles (thigh, shoulder)	Acute tears, severe edema from heart failure
Kneading	Circular/elliptical compress-glide	Muscle + fascia	Local circulation, tone modulation	Paraspinals, calves, forearms	Acute inflammation, severe pain
Friction	Thumb/finger/palm small circles or cross- fiber	Tendon/ligament, adhesions	Local hyperemia; adhesion mobilization	Iliotibial band insertions, rotator cuff	Osteoporosis over bony prominences; anticoagulants—light only
Wringing	Two-hand opposing pulls	Muscle groups	Fascial glide, circulation	Hamstrings, forearms	Skin fragility
Twisting	Spiral skin-fascia mobilization	Superficial fascia	Improves glide, desensitizes	Trunk, arms	Dermatologic conditions
Rolling	Skin/muscle rolling between fingers	Superficial fascia	Detects/reduces adhesions	Thigh, upper back	Low pain threshold—go slow

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Technique	Hand contact	Tissue focus	Primary effects	Typical use	Avoid/Modify
Shaking/Rocking	Whole-limb oscillation	CNS/tonic reflexes	Releases guarding; resets tone	Post-isometric relaxation	Vertigo—gentle amplitude

**Clinical tip:** Light-slow ↓ arousal (parasympathetic); brisk-percussive ↑ arousal (sympathetic). Match to goal.

# 2.3 Tapotement, Joint Movement & Vibration

## 2.3.1 Tapotement family

Туре	Hand form	Effect	Best for	Cautions
Hacking	Ulnar edges, alternating	Stimulating, brief hyperemia	Athletes (end of set)	Bony areas, varicose veins
Tapping	Fingertip pads	Mild stimulation	Face/scalp energizing	Avoid over thyroid, carotid
Clapping/Cupping	Cupped palms trap air	Rhythmic loosen of secretions; invigorating	Chest PT (gentle), large muscles	Avoid in osteoporosis, acute pain
Beating/Pounding	Loose fists	Strong stimulation	Thick muscles (glutes, quads)	Never over kidneys, spine, abdomen
Pounding-Joint Movement	Percuss → gentle passive ROM	Improves tissue readiness then mobility	Stiff shoulders/hips	Acute inflammation, instability

Keep tapotement **brief (10-30 s per area)**. Always **re-soothe** with effleurage after.

### 2.3.2 Vibration & Breathing coordination

- Fine vibration: isometric micro-oscillation via fingertips/palm—use over trapezius, masseter, paraspinals to down-regulate.
- **Breathing-paired contact:** rest hand lightly on lower ribs/abdomen; **cue exhale** during release stretches (promotes parasympathetic shift).
- **Joint movement (Grade I-II style):** small-amplitude oscillations in **pain-free range** reduce guarding; stay within scope (no thrusts).

# 2.4 Application by Body Region

**Draping and consent** are assumed. Always screen for **red flags**: fever, DVT signs (calf heat/swelling), open wounds, unhealed fractures, active skin disease in the area.

#### 2.4.1 Foot

- **Position:** Supine, knee bolstered.
- Sequence (8-10 min/foot):
  - 1. Warm effleurage (soles  $\rightarrow$  dorsum  $\rightarrow$  ankle).
  - 2. Thumb walking along **arches** (medial → lateral).

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- 3. Metatarsal spreading (interdigital glide).
- 4. **Ankle circumduction** + dorsiflexion/plantarflexion.
- 5. Finish with gentle toe traction and stroking.
- Cautions: Diabetes neuropathy (reduced sensation); avoid deep pressure over acute plantar fasciitis flare; check ticklish sensitivity.

### 2.4.2 Leg (calf & thigh)

- **Position:** Prone or supine; pillow under ankles/knees.
- Sequence (per limb 12-15 min):

Effleurage  $\uparrow \rightarrow$  petrissage/kneading (gastroc-soleus)  $\rightarrow$  cross-fiber friction at Achilles (short bouts)  $\rightarrow$  wringing of hamstrings/quads  $\rightarrow$  rolling along IT band edge (not on trochanteric bursa)  $\rightarrow$  shaking to reset  $\rightarrow$  soothing effleurage.

• Cautions: Suspected DVT—do not treat; varicose veins—light strokes only; avoid popliteal fossa with deep pressure.

#### 2.4.3 Arm & Forearm

- Position: Supine; arm supported.
- Sequence (10-12 min):

Effleurage  $\rightarrow$  petrissage biceps/triceps  $\rightarrow$  friction at lateral epicondyle (tennis elbow) short, graded  $\rightarrow$  forearm kneading (flexors/extensors)  $\rightarrow$  wrist joint mobilization (pain-free)  $\rightarrow$  stroking.

• Cautions: Epicondylitis—limit intensity; recent IV cannulation sites—avoid.

#### 2.4.4 Abdomen

- Position: Supine; knees flexed, abdomen draped; obtain explicit consent.
- Sequence (5-8 min, light):

Warm clockwise effleurage (follow colon path)  $\rightarrow$  clockwise circular kneading (umbilicus periphery)  $\rightarrow$  diaphragmatic release (hands under lower ribs with exhale)  $\rightarrow$  finish with slow stroking.

• Cautions (major): Pregnancy (gentle only; avoid deep work), hernia, recent surgery, IBD flares, abdominal aortic aneurysm, severe pain—defer and refer.

### 2.4.5 Chest

- Position: Supine; careful draping.
- Sequence (5-8 min):

Light **effleurage** from sternum  $\rightarrow$  axilla (toward nodes)  $\rightarrow$  **pectoral kneading** (borders only, respect boundaries)  $\rightarrow$  **clavicular release** (gentle)  $\rightarrow$  re-soothe.

• Cautions: Never press over xiphoid; avoid deep pressure over breast tissue; post-surgery scars—work only with medical clearance.

## 2.4.6 Throat / Anterior Neck

- **Position:** Supine; pillow under knees; head neutral.
- Sequence (3-5 min, ultra-gentle):

**Stroking** along sternocleidomastoid borders  $\rightarrow$  **suboccipital hold** (posterior) for release  $\rightarrow$  **suprahyoid light glide** with swallow cues.

• Cautions (strict): Avoid carotid sinus, thyroid gland, trachea; clients with carotid disease, uncontrolled HTN—no anterior deep work.

### 2.4.7 Back (thoracic-lumbar, scapular region)

- **Position:** Prone; abdomen supported (pillow under hips) if needed.
- Sequence (15-20 min):

Broad forearm effleurage  $\rightarrow$  paraspinal kneading (stay off spinous processes)  $\rightarrow$  friction at rhomboid/medial scapular border  $\rightarrow$  scapular mobilization (arm across back, glide borders)  $\rightarrow$  wringing across erectors  $\rightarrow$  optional tapotement (brief)  $\rightarrow$  long soothing effleurage.

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• Cautions: Osteoporosis—no heavy percussion; kidneys—avoid pounding; acute disc pain—keep neutral, gentle.

#### 2.4.8 Head & Posterior Neck

- **Position:** Supine or seated; head supported.
- Sequence (8-10 min):
  - Scalp effleurage (circular pads)  $\rightarrow$  temporal kneading  $\rightarrow$  occipital base friction (tiny circles)  $\rightarrow$  suboccipital hold (sustained)  $\rightarrow$  upper trapezius kneading  $\rightarrow$  finish with stroking.
- Cautions: Migraine onset—dim lights, gentle only; avoid vertigo triggers (big head swings).

# 2.5 Dosing, Sequencing & Documentation

#### A simple 45-60 min full-body template

- 1. Intake (3–5 min) → Goals, contraindications, comfort scale.
- 2. **Posterior chain**: back (15) → legs (12 each).
- 3. **Supine**: feet (8 each) → arms/forearms (10) → chest (6) → abdomen (5).
- 4. Head & neck (8).
- 5. Re-assessment & home care (2–3).

  Adjust times by client needs; leave buffer for draping and transitions.

**Documentation essentials**: region treated, techniques/dose, oils/blends (with %), client response, any modifications or adverse signs, home advice.

# 2.6 Safety Snapshot (Applied Anatomy)

- Vascular: DVT signs (unilateral calf swelling, warmth, pain) → no massage; urgent referral.
- **Neuro:** radicular pain, progressive weakness, numbness → refer.
- Dermatology: rashes, infections—avoid area.
- **Bone:** osteoporosis—avoid strong tapotement/friction over bony areas.
- Medical devices & scars: avoid recent surgical sites; respect ports, catheters.
- **Medication:** anticoagulants/antiplatelets → lighter pressure; steroids → fragile skin.
- **Special populations:** pregnancy (positioning, avoid deep abdomen/sacrum), elderly (skin fragility), diabetes (neuropathy—check heat/cold, pressure).

# **Unit Summary**

Advanced massage is the **artful pairing** of technique and intent. Gliding and kneading (effleurage, petrissage, kneading, wringing, rolling, twisting, shaking) prepare and remodel soft tissues; focused **friction** addresses adhesions; **tapotement** and **vibration** shift arousal and tone when used briefly and purposefully. **Regional protocols** balance circulation, mobility, and nervous-system comfort while respecting **local cautions** (abdomen, throat, chest). Thoughtful **dosing and documentation** keep sessions safe, reproducible, and client-centred.

# **Key Terms**

- Effleurage, Petrissage, Kneading, Friction, Wringing, Rolling, Twisting, Shaking
- Tapotement (hacking, tapping, clapping, beating/pounding) Vibration
- Joint mobilization (Grade I-II concept) Parasympathetic down-regulation

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• Guarding • Adhesion • Venous/lymph return • Contraindication

### **Self-Assessment**

#### **MCQs**

- 1. **Petrissage** primarily targets:
  - a) Bone periosteum b) Muscle belly & superficial fascia c) Deep arteries d) Skin only
- 2. The safest sequence for **abdomen** is:
  - a) Anti-clockwise circles with deep pressure
  - b) Clockwise light effleurage following colon path
  - c) Random deep friction
  - d) Tapotement over epigastrium
- 3. **Tapotement** should generally be:
  - a) Long and continuous to maximize effect
  - b) Applied directly over kidneys
  - c) Brief and followed by soothing glides
  - d) Used for people with osteoporosis
- 4. A **strict local no-go** for deep work is:
  - a) Upper trapezius tension
  - b) Fresh surgical scar (2 weeks)
  - c) Tight calf after training
  - d) Mild forearm soreness
- 5. Cross-fiber friction is most suitable for:
  - a) Acute muscle tear within 24 h
  - b) Chronic tendon adhesion sites (short, graded bouts)
  - c) General relaxation at session start
  - d) Over varicose veins

**Answer key:** 1-b, 2-b, 3-c, 4-b, 5-b

#### **Short Answer**

- 1. Differentiate **effleurage** and **stroking** in contact, purpose, and clinical use.
- 2. Outline a 10-minute protocol for posterior neck & head including at least four techniques and one caution.
- 3. List three signs that your pressure is exceeding safe limits and how you will adjust in real time.
- 4. Explain how **pace and pressure** change the **autonomic response** of a client. Give one example for calming and one for activation.
- 5. Describe the **sequence and cautions** for **anterior neck** work.

### Reflective/Application

- 1. Design a **20-minute leg session** for a runner 48 h after a long run (no injury). State techniques, order, pressure range, and why.
- 2. A client on **anticoagulants** asks for deep friction over the lateral elbow. How do you adapt the plan and what education do you provide?
- 3. Create a **SOAP-style note** for a back session today: include region, techniques, oils, client response, and home care (2-3 lines each).

End of Unit 2: Advanced Massage Techniques and Applications

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