

## Lesson 13: Basic Seated & Supine Positioning

Welcome to **Day 13** of the 11-month Kalari Uzhichil certification course. In this advanced lesson, we focus on mastering client positioning in **seated** and **supine** postures. Proper positioning is fundamental for effective Kalari Uzhichil – a traditional Ayurvedic massage integral to Kalaripayattu training. Kalari Uzhichil targets the body's 108 vital **marma** points (nerve centers) using precise pressure and rhythmic strokes with medicated oils. To maximize therapeutic benefits and maintain safety, both client comfort and therapist ergonomics must be optimized in each position. This module will define seated vs. supine positioning, outline setup steps (draping, bolstering, alignment), detail therapist body mechanics, discuss modifications for special populations, and integrate Kalari principles with modern massage science. We will also suggest visual aids (diagrams/flowcharts) and practical activities to reinforce learning. Let's begin by clearly distinguishing the seated and supine positions in the context of Kalari Uzhichil.

### Understanding Seated vs. Supine Positions

#### Seated Position in Kalari Uzhichil

In a **seated position**, the client sits upright (typically on a stool, chair, or mat) during the massage. The torso is vertical, with the buttocks supported on a flat surface and feet usually resting on the floor. This position is often used for upper-body work – for example, traditional Indian head massage (*shiro abhyanga*) is **usually performed with the client seated**, allowing the therapist to easily access the head, neck, and shoulders. In Kalari Uzhichil, a seated posture may be used at the beginning or end of a session to focus on the head, shoulders, and upper back. The seated client remains alert and engaged, so achieving comfort and stability is key. Unlike lying down, a seated client must support their own upper body weight, requiring additional support (backrests or pillows) for relaxation.

**Characteristics:** The client's spine should be neutral and upright, not slumped. Feet are flat on the floor (if on a chair) or legs comfortably crossed if on a mat, with support as needed. The head rests in a neutral position (not tilted forward or back), and arms can relax at the sides or on the lap. Seated positioning is ideal for treatments focusing on the upper body (head/neck) and is **preferred when a client cannot lie flat** (e.g. certain elderly or obese clients). However, it provides less full-body relaxation than supine, since muscles are active to maintain posture.

#### Supine Position in Kalari Uzhichil

In the **supine position**, the client lies flat on their back (face up) on the massage table or floor mat. The entire body is horizontally supported, allowing complete relaxation. Supine is one of the most common therapy positions and is used in Kalari Uzhichil to work on the front side of the body – chest, abdomen, arms, legs, and front-of-body marmas. The client's face and torso face upward at 0° incline. **Arms are usually relaxed alongside the body** (or optionally resting on the torso) and the legs extended. Supine positioning **fully supports the client's weight**, often making it more comfortable and secure for longer treatments. It promotes relaxation of the abdomen and enables head/neck work from above. In Ayurvedic massage practice, a full-body **Abhyanga** is traditionally performed in multiple positions including supine; many sequences begin supine after initial seated head massage, then progress to prone and side-lying positions.

**Characteristics:** The client's spine is in a neutral alignment against the table/mat, with no lateral twisting. The head is supported in line with the spine (often by a small pillow or cushion) to maintain a neutral neck. Because the client is completely supported, **supine is ideal for achieving deep relaxation and engaging the parasympathetic nervous system**, integrating well with Kalari's goal of rejuvenation. Supine position is preferred for accessing anterior marma points and for clients who might be unsteady or uncomfortable sitting. It is also considered one of the **safest positions for fragile clients**, such as the elderly, as it minimizes fall risk. However, supine might not be suitable for clients with certain conditions (e.g. those who cannot breathe easily lying flat or pregnant clients after mid-term, where a semi-recline is used).

#### Key Distinctions

- **Support & Gravity:** Supine allows full-body support by the table/floor (gravity distributed evenly), whereas seated requires partial active support by the client's muscles and skeleton. Thus, supine generally induces more relaxation; seated may require more props to ensure comfort.
- **Areas of Emphasis:** Seated positioning facilitates work on upper body (head, neck, shoulders, upper back) with

the client upright, often used for focused therapies like head massage. Supine grants access to the front of legs, arms, torso, and face – enabling comprehensive front-body massage and abdominal work (which is not accessible in a standard seated posture).

- **Client Experience:** Supine posture can feel more vulnerable (the client is looking upward and the therapist often works from above), so proper draping and client reassurance are vital. Seated posture keeps the client's orientation upright, which some clients find less vulnerable; however, if they have balance issues or feel faint, supine is safer (an elderly client may **avoid prone and favor supine or seated as safest options**).
- **Use in Kalari Uzhichil:** Traditionally, a Kalari massage session may include **both positions**. For example, a session might begin with the client seated for an invigorating head/neck massage to stimulate marma points in the head (this aligns with Ayurveda's practice of applying oil to the head first) and then transition to supine for a thorough front-body massage. The choice of starting position can depend on the client's needs – e.g. if the chief complaint is neck/back pain, one might start seated or prone to address that first, whereas for generalized therapy, one might start supine with face and head or feet to engage relaxation before deeper work.

By understanding these distinctions, a therapist can choose the appropriate position for each segment of the treatment, or modify the sequence based on individual client requirements. Next, we will delve into **how to set up optimal comfort for the client in each position**.

## Optimal Client Comfort and Positioning - Supine

Creating a comfortable and well-supported supine position is crucial for an effective Kalari massage. In this posture the client should feel **completely at ease and secure**, allowing them to surrender to the treatment. Below are detailed steps and guidelines for supine positioning, covering draping, bolstering, pillow placement, and body alignment:

**1. Draping in Supine Position:** Always ensure professional draping to protect the client's modesty and keep them warm. In supine, the client typically lies under a sheet or large towel with only the area being worked on exposed at any time. **Breasts and genitalia must be covered at all times** with appropriate draping. For female clients, use an additional chest cover (e.g. a towel or wrap) if the massage requires work near the upper chest, and for male clients ensure a towel/cloth covers the groin. **Drape men and women the same way** – with equal respect and coverage. Uncover **only** the body part being massaged, and re-cover it before moving on. For example, when massaging one leg, the other leg and pelvis remain covered; when massaging the abdomen or chest, use towel techniques to expose only that region and keep the rest of the torso draped. Tuck and secure sheets so that they won't shift if the client moves slightly. Good draping not only preserves modesty but also provides a sense of security, which is especially important when the client is face-up and potentially feeling exposed.

**2. Bolstering and Pillow Placement (Supine):** Use pillows, bolsters, or folded blankets to support the client's natural body curves and alleviate pressure points. A key support in supine is a pillow or bolster under the **knees**. **Place at least one pillow or a foam bolster under the client's knees (or thighs)** so that their knees are slightly bent. This pillow under the knees serves multiple purposes: it prevents the knees from locking into hyperextension and reduces the pull on the lower back. When the knees are bent and supported, the lumbar spine can relax into a more neutral position – **reducing excessive arching (lordosis) and easing tension in the low back**. Many clients immediately feel their back relax once a bolster is placed under their knees. Ensure the bolster is not too high; roughly 4-6 inches of lift under the knees works for most (or use a half-round bolster).

Additionally, support the **head and neck** with an appropriate pillow. The pillow should support the head in a neutral alignment – the client's chin neither tilting too far toward the chest nor pointing backward. Often a small pillow or contoured cushion is ideal; **pillows can be used to comfortably rest the head while keeping the neck neutral**. Make sure the pillow's thickness matches the client's needs (e.g. a client with forward head posture or a large upper back may need a thicker pillow to fill the gap and prevent neck strain, whereas a very flexible client might need only a thin cushion). The shoulders should rest comfortably on the table; you may need to slightly elevate the head/neck so that the shoulders aren't hunched.

For **arm comfort**, ask the client where they prefer their arms. Common options: by the sides with palms up, or hands resting on the abdomen. If a client's arms don't lie comfortably flat (e.g. tight shoulders causing arms to hover), you can place a small folded towel under each forearm or hand. This also avoids tension in the shoulders. If the client is cold or prefers more coziness, offer a light blanket. Make sure **heels and elbows** (bony areas) are resting on something soft –



sometimes a small fleece or towel under the heels prevents them from pressing too hard into a firm table.

**3. Body Alignment Checks:** Once bolsters and pillows are placed, take a step back and **visually check alignment**. The client's spine should be straight (no noticeable lateral curves) and centered on the table. The head and vertebral column should align; if the head is rotated or side-bent, adjust the head pillow or suggest the client gently nod the chin. Ensure the pelvis is level - sometimes placing a small towel roll under one knee or hip can compensate if one leg is longer or if the low back looks rotated. The feet will naturally fall slightly outward; this is fine as long as it's symmetric and comfortable. Ask the client if they feel any strain anywhere - if, for example, they feel pressure in the lower back even with a knee bolster, you might add a **small towel under the lumbar area** (some clients with very thin build benefit from a little padding in the low back curve). Confirm that **no joint is awkwardly positioned**: ankles neutral (toes up or slightly outward, not excessively pointed), arms not hyperextended, etc. The client should feel "cradled" by the supports - **completely at ease, as if they could fall asleep**.

#### 4. Step-by-Step Supine Setup: (A summary checklist)

- **Prepare the table/mat:** Place a clean sheet and have bolsters (knee bolster, head pillow) ready.
- **Position client on back:** Help them lie down safely. Ensure head is on the pillow, centered.
- **Apply bolsters:** Gently lift the client's knees and slide bolster/pillow underneath. Check that the bolster supports the legs from the heels to just under the knees (no gap under the thighs). Adjust head pillow for comfort.
- **Drape appropriately:** Cover the client with a sheet/blanket. For female clients, ensure breast drape is secure (you may use an additional towel across the chest). Tuck the sheet around shoulders/chest for security, but not too tight.
- **Final comfort tweaks:** Ask "Do you feel ok and fully supported?" Adjust anything as needed - maybe a small pillow under the **ankles** if the client finds that comfortable (some enjoy slight elevation of heels), or a towel under neck if more support is needed.
- **Check alignment and safety:** Confirm that no part of the body is pinched or dangling. For example, make sure the client's arms aren't hanging off the table - if the table is narrow, keep arms on top of the drape or support them. Check that the client can breathe easily (no pillow too high pushing chin down, and no drape constricting chest movement).

**Note:** Clients with special needs may require additional adjustments in supine. For instance, an **elderly client or someone with kyphosis** might need extra pillows under the head and perhaps under the shoulders to feel comfortable. Someone with lower back pain may prefer an extra small pillow under the **hips/abdomen** to further reduce lordosis (though usually the knee bolster suffices). Always communicate with the client - let them know they can request adjustments anytime. In supine position, comfort is paramount because it facilitates the **deep relaxation** that Kalari Uzhichil aims to achieve.

## Optimal Client Comfort and Positioning - Seated

Positioning a client in the seated posture for massage requires careful attention to support and draping, since the client isn't fully supported by a surface. Here we describe how to achieve **optimal comfort in seated position**, including how to seat and drape the client, use of bolsters or supports (like pillows or chair adjustments), and alignment tips:

**1. Seating Setup and Equipment:** First, choose an appropriate seat for the client. Options include a straight-backed chair, a low stool, or even sitting on the floor (cross-legged or with legs extended) if traditional floor work is being done. For most purposes, a chair with a back is recommended for seated massage, especially for clients who might need extra back support (e.g. older or weak clients). **The chair should be sturdy and at a comfortable height** so the client's feet can rest flat on the floor. If a stool with no back is used (common in some Kalari settings or for short duration, like head massage), be prepared to support or closely monitor the client to prevent fatigue or loss of balance. You can also place the stool near a wall or have a second therapist/assistant ready if needed for security. Ideally, **have the client sit with their back supported or have them straddle the chair and lean forward onto a pillow** (if doing back massage in seated position, for instance). In a spa or clinic setting, sometimes a specialized **massage chair** is used, but in Kalari training one may use simpler equipment - adapting with pillows and props is key.

**2. Seated Draping and Attire:** Draping a seated client can be a bit more complex because sheets can slip as the client sits upright. Often, seated massage (like head/neck work) is done with the client partially clothed or wrapped in a sarong/towel. Ensure the client's lap and torso are covered appropriately. One method: **wrap a large sheet or towel**

**around the client's torso** (under the arms for women, or across the chest) like a shawl, then secure it so it won't fall forward when they lean. The client may also wear a loose top that can be moved for shoulder access. If you'll be applying oil to the back/neck, you can drape a sheet over the client's shoulders like a cape and tuck it around to cover the chest. **Always keep the chest (especially female breasts) covered unless there is a clinical need to undrape (rare in seated work) and you have consent.** Since seated work often focuses on upper back and shoulders, you might undrape just that region: for example, have the client wear a tube top or wrap a towel around the chest, then you can fold it down a bit to access shoulder blades while still covering front. **Personal space and modesty** must be respected: communicate where you will be standing (often directly behind the client) and ensure they are comfortable with that proximity. Because the client is upright, they might feel more exposed if draping is not secure – take the time to tuck or pin drapes so they feel confidently covered.

**3. Bolstering and Support (Seated):** Even in a seated position, bolsters and pillows can greatly enhance comfort. Key supports include:

- **Lower back support:** If using a chair with a back, place a small cushion or rolled towel in the curve of the client's lumbar spine. This maintains the natural curve and prevents slouching.
- **Foot support:** If the client's feet don't reach the floor comfortably (common if using a high stool or if the client is shorter), provide a footstool or firm cushion under the feet. Dangling feet can strain the legs and lower back.
- **Arm support:** Depending on the massage technique, the client's arms might just relax at their sides. But if they are seated for a while, you can give them a pillow to **"cuddle" or rest their arms on.** For example, in a forward-leaning seated position (often used for back massage), have the client hug a pillow against a chair back or on a table in front of them. This supports the arms and chest. Even without forward lean, a pillow on the lap gives the client something to rest forearms on, reducing shoulder tension.
- **Neck/Head support:** If doing an extended head massage, you might have the client rest their head against your torso briefly or intersperse with gentle support. More commonly, ensure their neck isn't straining – you may ask them to slightly tuck their chin or rest the head straight. If a client has trouble holding their head up (due to weakness or relaxation), you might pause and have them lean back into a headrest or against your arm for a moment. In a chair with a high back, they could rest their head back on it between techniques.
- **Alternate seated postures:** If the client sits cross-legged on a floor mat (traditional style), use bolsters under the knees if needed to reduce hip strain, or allow them to straighten a leg if needed. A **folded blanket under the buttocks** can help tilt the pelvis forward for a straighter spine when sitting on the floor. If the client cannot sit cross-legged, they can sit with legs forward and you can bolster under knees for slight bend.

**4. Alignment and Stability:** Coach the client into a good seated posture at the start. **Their back should be comfortably straight (not rigid) with shoulders relaxed down.** Feet flat and legs uncrossed if on a chair, which provides a stable base. In a chair, **the client's head, shoulders, and hips should stack vertically** – if you drew a line from ear down to hip, it should be roughly straight. Encourage them to avoid leaning excessively to one side. If they are leaning, add support on that side (e.g. a firm pillow between their torso and the chair back) to straighten them. The client's **head position** is important: it should be balanced over the spine. Ask them to keep their head in neutral (imagine a book on the head) so that neck muscles aren't strained. As the massage progresses, periodically check that the client hasn't started slumping – gently remind them to adjust, or readjust supports to maintain alignment.

For **therapist access**, you might position the client slightly away from the chair back (if they are able to sit unsupported) so you can work on their back freely; if so, stay alert and perhaps place your own body bracing in case they relax too much (for instance, standing in front of them if they lean forward onto a pillow, or behind them if they might sway back). Comfort cues: The client should feel **stable and safe** – they shouldn't feel like they might tip over. If a client is frail, err on the side of *more* support (have them lean into the chair back or even keep one hand on the chair to steady them during treatment).

#### **5. Step-by-Step Seated Setup:**

- **Seat selection:** Choose and position the chair/stool. For a chair, ensure it's on a non-slip surface. For a stool, place near a wall or be ready to support.
- **Client seating:** Assist the client to sit. Guide them to sit **all the way back** in the chair so their thighs are supported and back touches the backrest (if present). Adjust height – if chair height is adjustable, set so hips are roughly level with or slightly higher than knees (90° at hips). Feet flat or supported.

- **Apply supports:** Place a lumbar pillow if needed behind lower back. Offer a pillow for their lap or to hug if they'll lean forward. Adjust any foot support. If they are leaning forward (for back work), have a table or another chair in front with pillows to rest on, and ensure the head can be supported (perhaps face resting on crossed arms on a pillow). If no forward lean, instruct them to keep shoulders relaxed and perhaps have them roll their shoulders a couple times to loosen posture.
- **Drape securely:** Wrap a sheet or large towel around the client's torso. One technique is to have a sheet around the back like a shawl, crossing over the chest and tucked under the opposite arm on each side. This keeps the front covered while you work on the neck/shoulders from behind. Alternatively, if the client is wearing a loose shirt you can work through the clothing (common in seated Indian head massage, performed through clothes for simplicity). Ensure the client's lap is covered with an additional towel so that if oil drips or if you work on an arm, their lap remains modest.
- **Confirm comfort:** Ask the client if they feel balanced. Check that **both feet are firmly planted** (or equally supported by a prop). Make sure their **arms are not hanging uncomfortably** - if so, adjust by giving that pillow to hold. Ask them to take a deep breath and relax their shoulders down. Often, you'll notice if a client is tensing to hold position; if you see it, add support or reposition.
- **During treatment:** Keep an eye on the client's posture. They may start upright, but as they relax they could slump. It's fine to pause and reposition them ("I'm just going to slide this pillow under your arm/back to make you more comfortable"). The goal is that they can receive the massage without having to consciously "hold" themselves up.

By carefully setting up the seated position, you create an environment where the client feels secure and can reap the benefits of the massage without discomfort. Now that we have addressed client comfort in both supine and seated positions, we will discuss **therapist posture and ergonomics** in these positions - equally important for delivering effective treatment **while preventing strain or injury to the therapist**.

## Therapist Posture and Ergonomics in Supine Position

Working on a client in supine position often allows the therapist to move around the table/mat and use a variety of techniques. However, it can also tempt the therapist to bend awkwardly over the client. Maintaining proper **body mechanics** is crucial to avoid strain and to deliver massage strokes with optimal pressure and flow. Here are guidelines for therapist posture while treating a supine client:

- **Use a Stable Stance:** Stand with your feet about hip- or shoulder-width apart for stability, and position yourself close to the client so you don't overreach. A common stance is a forward lunge (one foot in front of the other) when working on limbs, or a parallel stance when working at the head or sides. Keep your weight **evenly balanced** between both feet when standing directly, or if in a lunge, distribute weight through the front foot *and* back foot (avoid lunging so far that all weight is on one leg). Imagine a "tripod" on each foot (weight distributed between heel, big toe, little toe) for solid grounding.
- **Center of Gravity and Core Engagement:** Just as Kalari martial artists focus on their **hara** (core), a massage therapist should work from their center. **Keep your center of gravity low and over your base of support** - for instance, when leaning over the table, hinge at the hips and bend your knees slightly rather than bending your spine. Engage your abdominal/core muscles to support your lower back. This is in line with Eastern principles: in martial arts and yoga, the center (hara or *tanden*) around the lower abdomen is the source of power and balance. By staying centered (literally), you protect your back and generate pressure from bodyweight, not muscle strain. *Tip:* Breathe deeply from your belly as you work; this reminds you to utilize core stability.
- **Spinal Alignment: Keep your back straight (neutral curves) and avoid hunching your shoulders or neck.** For example, when working on the client's head/neck from the head-of-table, adjust the table height or use a stool so that you can keep a relaxed upright posture. Do not crane your neck forward excessively - keep your head aligned with your spine (your ears roughly over shoulders). If you notice your shoulders creeping up toward your ears (a sign of tension), pause and roll them down and back. Avoid twisting your torso to reach something; instead, move your feet and whole body to face the area you are working on.
- **Arm and Hand Mechanics:** In supine work, you might be doing a lot of effleurage (long strokes) on limbs or the torso. **Use your body weight rather than just arm strength** for pressure - this means lean in with a lunge stance for a stroke along the leg, for instance, rather than pushing with just your arms. Keep elbows relaxed (not locked) and wrists in a neutral position whenever possible. For example, if you are massaging the client's thigh while standing at their side, bend your knees and drop your weight as you glide upward, rather than muscling

through with your forearms. This not only saves your hands, it creates a more flowing stroke for the client. Always **keep your wrists in line with your forearm** (no sharp bends) to prevent strain or nerve compression in your own wrists. If you find a technique requires an awkward angle, adjust: perhaps switch to using your forearm or shift position.

- **Use Table Height and Tools:** If using a massage table, adjust its height to roughly mid-thigh level (or whatever height allows you to apply pressure without stooping). For detailed work (like face or neck massage), you can sit on a rolling stool at the head of the table – make sure to adjust stool height so that your **hips are at 90° and elbows can be comfortably bent** around 90° as well. This prevents shrugging your shoulders. Whether standing or sitting, **keep your head up** (not hanging down) and your **spine elongated**, as if a string is pulling the crown of your head toward the ceiling.
- **Flow and Rhythm Support:** Good posture contributes to a good massage flow. By using leg and body movements, you can maintain continuous contact more gracefully. For instance, when transitioning around the table, **shift your weight smoothly** from one foot to the other rather than shuffling abruptly. Therapists skilled in Kalari often resemble a martial artist moving around the client – balanced, fluid, and grounded. This allows you to execute the “**rhythmic strokes**” characteristic of Kalari Uzhichil with consistency. Maintaining a rhythmic motion is easier when you are not contorted or straining; posture and rhythm reinforce each other.
- **Protecting Vulnerable Areas (Therapist):** Be mindful of your own “weak links.” Keep your **knees unlocked** (soft) to avoid knee strain, especially if you’re in one position for a while. If performing a lot of bending, occasionally straighten up and reposition. Use a small **step stool** if you need to work on a higher surface (e.g. if the client is on a high table or you are short, stepping up can prevent reaching up awkwardly). If you need to reach across the client, either walk around to the other side or keep one hand on the client for stability and pivot – do not overextend your low back.
- **Example Posture - Supine Leg Massage:** Suppose you are massaging the client’s right leg (supine). Stand on the client’s right side in a lunge stance: right foot forward by the table, left foot back. **Keep shoulders relaxed and over your hips** (not collapsing forward). Place your hands on the leg and as you stroke upwards, **shift your weight from your back foot to your front foot**, keeping your back straight. This lets your body weight do the work. As you return (glide back lightly), you might shift weight back again. Your elbows are slightly bent and moving with you – not doing all the pushing. Your head stays up, eyes on the area but without jutting your chin out. This way, you can massage for an extended period without fatigue, and the client receives consistent pressure.

In summary, **work smarter, not harder**: harness gravity and bodyweight, maintain alignment, and move from your center. This not only prevents therapist injuries (back pain, carpal tunnel, etc.) but also improves the quality of touch. By following these ergonomic principles in supine treatments, you’ll be able to provide the deep, flowing Kalari Uzhichil strokes effectively and safely.

## **Therapist Posture and Ergonomics in Seated Position (Client Seated)**

When the client is seated, the therapist’s body mechanics require special attention because the working angles are different (often higher up) and there may be less surface stability (the client can move). The therapist may choose to **stand or sit** while treating a seated client, depending on the height of the client and the area being worked on. Below are guidelines for therapist posture during seated-position massage, along with an illustration of correct approach:

*Therapist maintaining an upright, relaxed posture while performing a seated head massage. The practitioner stands behind the client with a balanced stance (feet shoulder-width apart), knees soft, and spine elongated, ensuring no hunching. This alignment allows effective pressure application without strain.*

- **Standing vs. Sitting:** If the client is seated on a low stool or mat, the therapist might kneel or sit on a stool behind them. If the client is on a regular chair, the therapist often stands to work on shoulders and neck. Choose a position that lets you keep your arms at a comfortable working height. **Key principle: keep your shoulders level and relaxed, not reaching upward too high or stooping too low.** For instance, during a head massage on a seated client, many therapists stand because it allows using body weight downward for pressure on shoulders. If you are significantly taller than the client, you may widen your stance or sit slightly to avoid towering and to work more horizontally.
- **Footing and Balance:** **Place your feet shoulder-width apart** for a solid base. If standing, you might keep one foot slightly forward as you work on one side of the neck, then switch for the other side. Avoid crossing your legs or placing feet too narrowly, as you could lose balance if the client moves. If you sit (say, on a stool behind a client to

massage their back), keep both feet on the floor to distribute weight and sit upright (do not slouch against a backrest while working). Ensure your stool is at proper height so you're not shrugging your shoulders up to reach the client.

- **Use of Core and Stance:** As with supine, engage your core. When working on a seated client, you often apply pressure downward or sideways. **Maintain a slight bend in your knees and a flexible stance so you can lean in or out using your body weight.** For example, if you are pressing on the client's shoulders/trapezius from behind, stand in a lunge stance and **sink downward from your legs**, keeping your back straight, rather than just pushing with your arms. This way, your body weight delivers the pressure and your arms/hands act as tools without overexerting. If you need more pressure, you can lower your center of gravity (bend knees more) and lean in - do not simply push harder with arm strength, which could strain you and feel less smooth to the client.
- **Arm Position and Leverage:** When the client is seated, certain techniques (like neck stretches or upper back kneading) require you to use leverage. Keep your elbows close to your body when possible to use stronger muscles. **Avoid working with arms fully extended straight out**, as that will strain your shoulders and upper back. Instead, step closer to the client or adjust their position so you can work with bent elbows. If performing, say, a stretch where you have to hold the client's arm, **position yourself in line with the movement and use your body** - for instance, to gently pull an arm, step back and shift weight rather than tugging with your biceps.
- **Head and Neck (Therapist's):** Stay aware of your own head posture. It's easy to crane over a seated client, especially if you're checking their facial expression or working on the scalp. **Keep your neck neutral**; you can look down with your eyes rather than dropping your head excessively. If you need to get closer, hinge at your hips or bend knees instead of curving your spine forward.
- **Preventing Fatigue:** Seated client sessions can sometimes become static for the therapist (e.g., you might be standing in one spot for several minutes while doing detailed neck work). Remember to shift your stance periodically - even a small step or alternating which foot is forward can help circulation and prevent fatigue. If you feel strain in one position, modify it: for example, you might alternate between standing behind the client and standing slightly to the side for variety while working on the neck from different angles.
- **Utilize Breathing and Rhythm:** Coordinate your pressure with your breathing to avoid holding tension. For instance, press on shoulder muscles as you exhale (using body weight) and ease off as you inhale - this naturally prevents you from tensing your own muscles. Many Kalari techniques involve a rhythmic application of pressure; maintaining your own rhythm is easier when you are in a comfortable stance. A **balanced posture (head over shoulders over hips) helps you execute the characteristic continuous flow** without interruption.
- **Example Posture - Seated Shoulder Massage:** Imagine the client sitting in a chair and you are massaging their shoulders and neck from behind. Stand directly behind, feet about shoulder-width, one foot slightly forward. **Keep your back straight and knees slightly bent.** Place your hands on their shoulders. As you apply pressure (for instance, doing a compressive squeeze on the upper traps), **bend your knees and drop your weight downwards** - this presses your hands down through the client's shoulders without you hunching. Your elbows are pointing out to the sides slightly, not locked. Your shoulders remain down (not scrunched) and you keep your head upright, looking forward or slightly down. When you move to knead one side of the neck, you might shift your weight to that side foot and turn your body a few degrees - this keeps you **"stacked" (shoulders over hips) even as you work one side.** Throughout, you avoid poking your chin forward or rounding your upper back. This posture allows strong, controlled movements and protects your body. If at any point you find yourself in an awkward reach, pause and reposition either yourself or the client (e.g., rotate the client's chair slightly, or step to the side) rather than twisting your spine.

Overall, when working on a seated client, **think of yourself as a stable support** behind them, not unlike a second chair. If you maintain good alignment and balance, you not only prevent injuring yourself, but also subconsciously communicate a sense of stability to the client (if you are wobbling or straining, the client may sense it and not relax fully).

## Variations and Modifications for Different Body Types

Each client's body is unique. As a therapist, you must adapt positioning to accommodate body types such as obese clients, elderly clients, or those with mobility challenges/injuries. Below we explore how to modify seated and supine positions for these cases, including use of alternative supports like folded blankets and yoga bolsters:

- **Clients with Obesity or Larger Body Size:** Heavier clients may have difficulty with standard positions due to body contour or breathing issues. **Supine Position Modifications:** Obese clients often have a higher body mass that can compress the diaphragm when fully supine. To improve comfort, use a semi-reclined supine position: add

extra pillows under the upper back and head to create an incline (this can alleviate breathlessness). Ensure you have a **wider bolster** under the knees if needed – larger legs might require multiple pillows side by side. Also, check arm positioning: sometimes a heavy upper arm can roll outward; you might support it with a pillow so it doesn't pull uncomfortably on the shoulder. Monitor that **lying on the back doesn't cause breathing distress**; if it does, shift to side-lying or seated. **Seated Position Modifications:** For a larger client, a strong, wide chair or even having them seated on a massage table edge might be necessary (ensure the table is low or use a step for their feet). They may actually prefer seated (or side-lying) if supine makes breathing hard. When positioning an obese client seated, back support is crucial – the weight of abdominal tissue can pull the torso forward, so having a backrest or allowing them to lean forward onto a padded support can help. **Use of floor mats:** If the table has a weight limit or is too narrow, consider doing the session on a floor mat. In fact, one expert notes “*if you've gone as low as the table will go (and it's still too high), consider using a mat on the floor*” for heavy-set clients – this makes it easier for you to apply pressure and move around them safely. **Therapist Ergonomics with Obese Clients:** Be very mindful of your body mechanics – larger limbs are heavier to lift, so **bend at your knees when moving a body part** and keep your back neutral. For example, when raising an obese client's leg to place a bolster, squat and use your legs rather than bending over and straining your back. Working with larger clients can actually be very rewarding as your techniques (especially Kalari's deep pressure) can help them, but always adjust the positioning so **both client and therapist are safe and comfortable**. It may also be helpful to **limit position changes** for these clients; moving from supine to prone, etc., can be physically taxing for them. If possible, plan the session to minimize how often they must reposition (perhaps do seated + supine, and skip prone if not absolutely needed, or vice versa).

- **Elderly Clients:** Older adults may have stiffness, joint issues (like arthritis), and reduced mobility, so gentle support and minimal repositioning are key. **Supine Position for Elderly:** This is often the most comfortable and secure position for seniors – in fact, experts recommend **avoiding prone and favoring supine or seated for safety in the elderly**. When laying an elderly client supine, use plenty of cushioning: their skin may be thin and bones more prominent. Pad under the heels, elbows, and head. Use a bolster under knees to prevent low back strain (many older folks have some spinal degeneration and appreciate the support). Also consider a small pillow under the neck if they have an increased kyphosis (curved upper back) to fill the gap. Keep them warm with blankets as circulation might be poorer. **Seated Position for Elderly:** This can work well for short sessions or if the client cannot lie down easily (for example, if they have breathing issues lying flat). Use a chair with a back and possibly armrests for them. Keep the session time shorter; **limit the number of position changes** because getting on/off a table or moving from supine to sitting can be slow and strenuous for them. Always assist elderly clients when changing positions – e.g., help them sit up from supine slowly and let them pause sitting for a moment before standing (to prevent dizziness or falls). In seated, perhaps perform gentler techniques since their skin may bruise easily and joints are delicate. **Variations:** If prone work is needed (e.g., back massage), consider doing it side-lying instead, as prone can be uncomfortable for faces and possibly risky if they have breathing or neck issues. **Alternative supports:** A **reclining chair** can be great – some therapists do geriatric massage in a recliner where the client is halfway between supine and seated (semi-supine), offering support and ease of breathing. If in bed, side-lying with pillows or a hospital bed that inclines can mimic a seated/supine hybrid. Always check for medical devices (oxygen tanks, IV lines, etc.) and work around those carefully.

- **Clients with Mobility Challenges or Injuries:** This category includes clients with disabilities (e.g., wheelchair users), injuries (e.g., cannot lie on a certain side due to pain), or conditions like vertigo that affect positioning. **Supine Modifications:** If a client cannot fully extend a joint, accommodate that. For instance, if a client has a **knee contracture** and can't straighten their leg, don't force supine flat legs – let the knee stay bent and support it with a pillow in that bent position. If they have limited neck range, increase head support so they aren't uncomfortable. **Seated Modifications:** If a client is in a wheelchair and transferring to a table is difficult, you can perform a seated massage with them in their wheelchair. Lock the wheels, adjust any removable parts (e.g., take off armrests if they hinder access), and use the same draping principles (cover lap, around torso). You might incorporate the wheelchair's back as a support or have them lean forward onto a portable massage chair attachment if available. For clients who have **balance issues**, always have one hand ready to steady them or position them in a corner (chair against a wall) for security. **Alternative Supports:** Think creatively – **yoga bolsters, rolled blankets, or wedges** can assist unusual needs. For example, a client who cannot lie flat due to **severe kyphosis** may be placed supine but on a wedge cushion that supports the head and upper back, or even propped with several pillows such that they are almost in a “beach chair” position. A client with a **recent surgery or injury** might only tolerate a specific position – you adapt to that and perhaps do the entire session in side-lying or seated if supine/prone are contraindicated. The integration of modern rehab tools is helpful: **adaptive chairs**,

adjustable tables, or even a bed might be the venue for massage for a mobility-challenged person. Always ask them what positions they find comfortable in daily life (for instance, someone who sleeps in a recliner due to breathing issues will likely prefer semi-recline for massage too).

- **Pregnant Clients (Note):** While not explicitly asked, pregnancy is a common scenario requiring modifications, so for completeness in variations): After roughly 2nd trimester, supine can be uncomfortable due to pressure on the vena cava; one would modify to a semi-reclined supine or side-lying with bolsters. Seated is sometimes used for short periods (like shoulder work) but careful with balance. Use lots of cushions (pregnancy bolsters, etc.). Though this is beyond general "body types," it's an example of adjusting position for physical condition.

**Summary of Supports:** In all these cases, **communication and observation** are vital. Ask the client how each position feels and be ready to **use many cushions** – folded blankets and yoga bolsters are incredibly useful to customize support. A bolster isn't only for knees; you can use one vertically along the spine if someone is side-lying, or under the arm of a wheelchair client to elevate it for easier access. **Always prioritize the client's safety and comfort over sticking rigidly to a traditional sequence.** Kalari Uzhichil is traditionally done in certain positions, but a true practitioner adapts to ensure the client's well-being. For example, if an obese client can't lie prone, you might do more work supine and seated, incorporating stretches to address the back, rather than insisting on prone. This flexibility is also in line with modern inclusive practice, ensuring everyone can receive the benefits of Kalari massage.

## Integrating Kalari Principles with Modern Science

Kalari Uzhichil is an ancient practice, yet it aligns remarkably well with many modern physiotherapy and massage science principles. Integrating traditional Kalari wisdom with contemporary understanding enhances treatment efficacy and safety. Let's explore this integration and discuss **when one position is preferred over the other** from both traditional and modern perspectives:

### 1. Traditional Kalari Principles:

- **Marma Point Focus:** Kalari Uzhichil places heavy emphasis on stimulating marma (vital energy points) to restore balance. These points often correspond to nerve plexuses, joints, or muscle trigger points known in modern anatomy. For example, a marma near the shoulder might correlate with the brachial plexus region. Traditional teaching is very specific about avoiding injurious pressure on marmas – this dovetails with modern warnings to avoid compressing nerves and arteries. By knowing marmas, a Kalari therapist inherently knows "endangerment sites" (like not pressing the carotid artery in the neck or not digging into the armpit roughly where nerves and vessels run). Thus, **traditional knowledge guides safe and effective pressure:** stimulate but do not harm. Modern science can validate this by anatomy – for instance, avoiding "compression on vulnerable nerves or blood vessels" like the nerves in the armpit or the bundle in the inner elbow is both a classical and modern admonition.
- **Rhythm and Flow:** Kalari masters use **rhythmic, flowing strokes** often synchronized with the client's breathing or an internal count. Modern massage also recognizes the value of rhythmic, flowing techniques for promoting relaxation and parasympathetic response. Additionally, maintaining **flow** requires good body mechanics (as discussed) – here we see integration: a Kalari practitioner, trained perhaps in martial arts stances, naturally has good flow from movement, which modern biomechanics would applaud. The idea of continuous contact and smooth transitions in massage is something both perspectives value. We incorporate that by using proper posture so we can glide around the client without breaking contact abruptly.
- **Sequence and Energy Direction:** Traditionally, Kalari Uzhichil (like many Ayurvedic massages) might follow a specific sequence – sometimes starting at the head and moving down, or starting at the feet and moving up towards the heart/crown (in alignment with notions of energy flow or *prana*). For instance, one approach (from Ayurvedic Abhyanga) is to start seated with head oiling, then move to supine working from **head to toe**, or alternatively from **feet upward to head** depending on the lineage. Modern science would interpret this in terms of circulation: strokes moving centripetally (toward the heart) support venous blood return and lymphatic drainage, which is beneficial. So the traditional insistence on long strokes along limbs toward the center of the body aligns with circulatory anatomy. When considering **position**, if one wants to encourage blood flow from legs back to heart, supine with leg elevation (via bolster) is a great modern-supported method – and indeed it is used. Traditional texts might not phrase it in terms of blood pooling, but they inherently understood that, for example, massaging legs in supine with a slight elevation is rejuvenating. We explicitly integrate this by always bolstering and by massaging toward the heart.
- **Use of Gravity and Posture:** Kalari massage therapists historically are also martial artists; their training includes

strong stances (like horse stance, lunges) – these map directly to proper **body mechanics** in modern terms. The tradition that an **asan (master)** might even use feet (Chavutti Uzhichil) to deliver pressure speaks to understanding leverage and gravity well. Modern science agrees that using larger body parts (foot, forearms) can save smaller joints (hands) and deliver pressure more evenly. While our lesson doesn't cover foot massage techniques, the concept is that traditional practice evolved ways (including positions and therapist postures) to maximize effect and minimize effort, which is exactly the goal of ergonomics. We can explicitly draw on this by reminding therapists that **the principles of Kalari's martial art - balance, core strength, low stances - are your secret weapon for longevity as a therapist**. As one source notes, "*In martial arts and Eastern modalities, the center of gravity (hara) is key... remain grounded in this center*" during massage. Modern sports medicine would echo: engage your core, find your balance – two vocabularies, same concept.

- **When to Choose Seated vs. Supine (Traditional View):** Traditionally, the use of seated vs. supine might depend on the stage of the massage or the specific therapeutic need. For example, **seated position might be chosen to address certain marmas of the head and upper spine** at the start of a treatment when the client's energy is more alert, and to allow oil application on the head (Shiro abhyanga) without messing the table linens. Also, some stretches or mobilizations (like shoulder rotations or spinal twists) can be done effectively seated. **Supine position** would be chosen to work on vital front-body marmas (like **nabhi** (navel) center, or heart center) and to encourage a state of surrender and healing. Traditional lore might also suggest that doing the head first (seated) helps "calm the mind" so that when the client lies supine, they enter a deeper state of relaxation, allowing the oil and strokes to be more effective. Modern science can partially support this: starting with a relaxing scalp/neck massage (in seated) can reduce stress hormones and prepare the body for deeper work – essentially a form of pre-relaxation. On the flip side, an argument for starting supine in some cases could be if a client is very anxious or has low blood pressure (risk of fainting if sitting too long) – lying down first might be safer. So an integrated approach might modify the traditional sequence if needed for a client's medical condition.

## 2. Modern Physiotherapy & Massage Science:

- **Biomechanics & Joint Safety:** Modern science emphasizes *neutral joint positioning* to prevent strain. In our positioning, this means, for example, we avoid hyperextending the neck – we use a pillow to keep it neutral. It means we cushion the low back by bolstering knees, as discussed, to prevent excessive lumbar extension. It also means we avoid putting a client's limbs in positions that compress nerves: e.g., not having them sit with legs dangling painfully, or not leaving arms overhead in supine (which could compress the shoulder nerves). Traditional massage might not articulate it the same way, but it inherently followed comfort which usually correlates with safe alignment. We explicitly integrate this by performing a "**safety scan**" in every position: checking that no hands or feet are going numb (a sign of nerve compression), no joints are twisted. If a client has a known issue (say a knee replacement that doesn't fully straighten), we incorporate that knowledge by not forcing that position – modern clinical training complements the traditional "one-size" routine with personalized adjustments.
- **When Supine is Preferred (Modern View):** Modern reasons to use supine include: client has **hypotension or dizziness** – lying down prevents fainting (for instance, an elderly client may get dizzy if seated too long, so supine is safer for majority of session). If a client has **facial sinus congestion**, supine (with slight elevation) allows easier drainage than prone. If a client has certain **back pain** that is eased by knees bent (supine with bolster) as opposed to prone which might aggravate it, supine is chosen. If the goal is to work on anterior structures (chest mobility, abdominal massage for digestion), clearly supine is needed, and modern therapists recognize abdominal massage can aid peristalsis, etc., which aligns with Ayurvedic practice of belly massage for "agni" (digestive fire).
- **When Seated is Preferred (Modern View):** A modern therapist might choose seated if the client **cannot lie down due to respiratory issues** (COPD patients often can't lie flat – seated keeps them breathing easier), or if the session is a **short, focused treatment** (like 15-minute neck massage at a workplace – which indeed uses a massage chair). Also, certain stretches or mobilizations might be easier seated – e.g., stretching neck muscles with the client seated and actively participating. In physiotherapy, clinicians often treat patients in seated for neck and shoulder rehab, which can be integrated into a massage session. So if a client needs more active involvement or if you want to assess posture, seated is useful.
- **Combining Modalities:** Integrating Kalari with modern sports massage might mean combining the deep tissue oil techniques with therapeutic stretches. For example, after doing Kalari massage strokes on a client's shoulders (perhaps seated), a therapist might incorporate a gentle **PNF stretch of the neck** or a mobilization taught in physiotherapy. You ensure the position (seated, in this case) is stable for that – maybe having the client hold the chair seat with one hand to stabilize while you stretch the opposite side neck. This fusion yields a more comprehensive session: traditional muscle work plus modern stretching science. Another integration: using modern

massage tools or techniques (like **myofascial release** or trigger point therapy) at the marma points identified by Kalari. If a marma (say at the calf) corresponds to a trigger point in the gastrocnemius muscle, you can treat it with trigger point pressure while the client lies supine with knee bolstered – blending the old and new.

### **3. Position Choice Integration:**

Sometimes the traditional preference and modern reasoning converge. For instance, traditional wisdom might say “avoid prone for the very old, do seated or supine” – modern agrees, since prone can cause discomfort or fall risk for elderly. Traditional might start massage at the feet and move up in supine for a very stressed person (grounding them) – modern might explain that as activating the parasympathetic nerves in the feet first and not overwhelming a nervous client by touching head first. On the contrary, sometimes you adapt tradition based on science: e.g., if tradition would normally have a client sit for head massage, but you know the client has orthostatic hypotension, you may choose to perform the head massage with them *semi-reclined* instead, which is a modern safety tweak.

In summary, integrating Kalari Uzhichil with modern science means **honoring the essence of the traditional techniques (marma stimulation, full-body approach, flow, and use of intuitive positioning)** while **applying evidence-based adjustments (proper bolstering, individual contraindications, ergonomic principles)**. This ensures the massage is both deeply rooted in its healing origins and optimized for today's understanding of anatomy and health conditions. It's about being an informed therapist: knowing *why* certain traditional methods work (e.g., why we position a certain way) and being able to explain or modify them in scientific terms as needed.

#### **When to prefer Supine vs. Seated - A Unified View:**

- Choose **supine** when the goal is full-body relaxation, when the client's condition suggests safer lying down (weak, dizzy, very tense needing to fully let go), or when treating front-body areas (abdomen, chest, front legs). Supine is generally the go-to for the longest portion of a massage due to comfort and access. Traditional and modern agree it's a healing, restful pose for most.
- Choose **seated** when you need better access to upper back/neck (gravity assists in seated for neck work as head is upright), when the client cannot lie comfortably, or as a short preliminary/final position for focused work. It can also be used if incorporating certain active movements or for *consultation purposes* (some therapists like to begin seated to talk with the client, then seamlessly transition into massage – merging comfort with communication). In a long Kalari session, you might begin seated (head/shoulder marmas), go to supine (front body), then perhaps end seated again with a re-check of posture or some final head rub. Modern rehab would appreciate that final seated check to ensure the client isn't lightheaded and to reinforce good posture as they leave.

By blending the time-tested Kalari approach with modern knowledge, we uphold both **the spirit and the science** of healing. This integrated approach ensures that whether the client is seated or supine, the treatment is conducted in the safest, most effective manner, maximizing benefits and minimizing risks.

## **Visual Aids and Diagrams for Proper Positioning**

Visual learning is extremely helpful in mastering bodywork techniques. To complement the text, it is recommended to use **labeled diagrams or flowcharts** that illustrate correct setup for both seated and supine positions, including both client placement and therapist posture. Here we suggest a couple of visual aids and how to use them:

- **Diagram 1: Supine Position Setup (Client and Supports)** – This could be an annotated diagram or photo showing a client lying supine on the table. Labels should indicate: “A: Pillow under head (neck in neutral alignment)”, “B: Bolster under knees to support low back”, “C: Towel draping covering chest and pelvis”, “D: Therapist hand position example on leg”, etc. You might also mark angles (e.g., a small angle at the knees to show they're flexed about 20°). Additionally, the diagram can show the therapist's body positioning relative to the client – perhaps a therapist at the client's side in a lunge stance, with an arrow indicating weight direction in a stroke. A side-view schematic is useful to demonstrate how the spine is neutral with the bolster. **Include common mistakes** as small insets (e.g., an X over an image where no bolster is used and the client's back is arched, or therapist bending with rounded back) versus the correct image. This helps students visually compare.
- **Diagram 2: Seated Position Setup (Client and Therapist)** – This could illustrate a client seated on a chair and the therapist standing behind. Important labels: “A: Client's feet flat on floor”, “B: Pillow on client's lap for arm support”, “C: Towel wrapped around client's torso for draping”, “D: Therapist's straight back and balanced stance”,

*"E: Therapist's hands on client's shoulders", etc.* Show the therapist's feet placement (maybe footprints drawn to indicate shoulder-width stance). If possible, indicate the therapist's joint alignment (e.g., a vertical line through ear-shoulder-hip of therapist for posture). A front-view of the seated client could highlight symmetry (shoulders level, not leaning). A side-view could show the slight lean of the therapist from the knees, not from bending the back. Optionally, a flowchart can accompany this diagram showing steps to set up seated position: from adjusting chair height -> adding supports -> checking alignment (this could be a simple numbered list in a visual box format).

- **Flowchart/Table: Position Decision Guide** – Another visual could be a simple flowchart or decision matrix for when to use which position. For example: **"Is client able to lie flat? If yes -> Supine recommended for main massage. If no -> use seated or side-lying with support."** Or a table with two columns (Supine vs Seated) listing pros, cons, indications, modifications. This can help summarize the key differences in a quick reference format. For instance, under Supine: "Pros - full support, maximal relaxation, access front body; Cons - not ideal if breathing issues or late pregnancy; Preferred for - general full-body massage, elderly (with bolster adjustments)" etc. Under Seated: "Pros - easy access to head/neck/back, good for short treatments or if lying is not possible; Cons - client must tolerate upright posture; Preferred for - head massage, obese clients with sleep apnea who can't lie flat, etc." Seeing this side by side reinforces the earlier content.

By including such visual aids in your module (either as slides or handouts), you cater to learners who grasp concepts better through images. Ensure any diagrams of people use correct form – these images will stick in students' minds and guide their practice. Also, encourage students to sketch simple diagrams in their notes, as drawing the setup can reinforce memory of where bolsters go and how their posture should look.

## Safety Considerations

Safety is paramount in any bodywork practice. When positioning clients (and yourself), be continuously mindful of precautions such as avoiding compression of vulnerable structures and maintaining professional boundaries. Below are key safety considerations relevant to seated and supine positioning in Kalari Uzhichil:

- **Avoiding Compression of Joints and Nerves:** Proper bolstering and alignment help prevent unintentional pressure on joints or nerve pathways. In supine, the bolster under the knees not only relaxes the back but also **prevents hyperextension of the knees and compression of the low back joints**. Always ensure that no joint is pressed against a hard surface without padding – for example, the elbows and heels (as mentioned) should have cushioning to avoid pressure on the ulnar nerve at the elbow or calcaneus at the heel. Be cautious of the **brachial plexus** area (around the front of shoulders/armpit) – never trap the client's arm under their body or your body in a way that pinches this area; it can cause numbness or injury. Similarly, avoid direct sustained pressure on the **side of the knee** (fibular head) where the common peroneal nerve is superficial – this is more relevant when the client is side-lying, but even supine, be mindful if your positioning or a strap is near there.
- **Neck and Head Support:** The neck houses important blood vessels (carotid arteries, vertebral arteries) and nerves. When the client is supine, **never let the head flop back into extension** – lack of pillow or an over-large pillow could both be problematic (too much extension can compress arteries; too much flexion can compress the throat or cause discomfort). Keep neck neutral and supported. In seated position, watch that the client doesn't drop their head forward sharply if they become too relaxed; if you see them "nodding off" and head falling, support it and perhaps transition them to a different position. Never apply heavy pressure to the front of the neck (obviously, but worth stating) – certain marmas around the throat are very sensitive; only light touch or avoid direct pressure on throat structures.
- **Shoulder and Arm Safety:** When manipulating the client's arms (e.g., doing range of motion in supine), be cautious of the **shoulder joint** – support the limb well to avoid straining it. In supine, if you abduct the arm (move it out to the side), don't force it beyond what's comfortable, and ensure the scapula (shoulder blade) is not pinned in a way that causes impingement. Keep the client's hand and forearm in a neutral rotation when resting by their side – extreme internal or external rotation can, over time, irritate nerves (like the radial nerve if the arm is twisted). If the client mentions tingling in any limb at any time, stop and reassess position – tingling often indicates nerve compression or circulation cutoff.
- **Lower Back and Hip Safety:** In seated, the biggest risk is the client falling or their lower back tiring. As mentioned, use a back support or keep a hand ready. Also ensure that the seat is not too high causing legs to dangle (which puts traction on the lower spine) or too low causing extreme hip flexion (which could be painful in hips/knees). In supine, if a client has **low back issues like herniated disc**, be very diligent with knee support and perhaps even put a small **pillow under the hips** to prevent any excessive lumbar extension which could

compress spinal facets or nerves. If a client complains of any sharp pain or nerve pain during positioning, adjust immediately.

- **Personal Space and Boundaries:** Always maintain a **professional touch and clear communication**. Explain to the client what you are doing when adjusting pillows near sensitive areas (for example, if you need to adjust the chest drape or place a strap around the waist for seated support, inform them and get consent). **Respect cultural and personal preferences** – some clients might feel vulnerable lying supine (with someone looming over them). To mitigate this, you can maintain reassuring verbal contact ("How's the pressure?") so they know your presence and intent. Eye contact can also be a boundary/safety consideration: when a client is supine and possibly has their eyes open, be mindful not to invade their personal space by leaning directly over their face – position yourself slightly offset when working near the head so they don't feel stared down. In seated position, you are very close to the client's back; ensure that **only appropriate areas of your body contact the client** (for instance, avoid your torso pressing into them; adjust stance to keep a slight gap unless needed for support in a controlled manner).
- **Draping and Privacy:** We reiterate draping because it's a key safety (comfort) boundary: **always keep genitals and breasts covered**, and only uncover minimally when necessary. If you need to work near the gluteal area in supine (e.g., hip front), use towels to create a narrow window of exposure and constantly check in if the client is okay. A well-draped client feels secure and can relax, reducing the risk of emotional discomfort or misunderstanding. Remember too that Kalar Uzhichil uses oils that can make bodies slick – this can cause sheets to move more, so double-check tucks and perhaps use towel barriers as needed to ensure nothing slips exposing the client unexpectedly.
- **Therapist's Safety:** A safe session means therapist safety too. Use correct lifting mechanics if helping a client up (don't strain your back lifting them; get assistance or use tools if needed to raise them). Keep your workspace clear of tripping hazards – for example, if you place a bolster on the floor while not in use, ensure it's not where you or the client might step on it by accident. Maintain hygiene (oil can make floors slippery – wipe up spills promptly to avoid a fall when stepping around the table). And of course, **if you injure yourself by using poor posture, that becomes a safety issue for the client as well** (you could drop a limb, or be unable to support them properly). So following ergonomic guidelines is part of safety for both parties.
- **Monitoring and Feedback:** Encourage clients to speak up about any discomfort or anxiety. Sometimes a position might inadvertently put pressure on an old injury the client forgot to mention. Check in, especially after repositioning: e.g., "Is your arm okay like this? Any tingling or is it comfortable?" or "Let me know if your neck feels supported." This invites them to participate in their safety. For clients who are quiet or non-verbal, watch their body language – grimacing, fidgeting, or tensing up can be signs something is uncomfortable or painful. Adjust accordingly even if they don't verbally request it.
- **Emergency Preparedness:** While rare, consider what to do if a client becomes faint or dizzy (particularly in seated). If a client says they feel lightheaded in seated position, **immediately help them to a safe posture** – preferably supine with legs slightly elevated (modified shock position) and ensure airflow. It's good practice to have water and perhaps a cool towel handy for such cases. Similarly, if a client has a medical emergency (like angina or an asthmatic episode) while on the table, knowing how to quickly sit them up or roll to side (if supine) is important – this is beyond positioning technique, but being mindful of it is part of ensuring safety.

In essence, safety considerations are about **vigilance and adaptation**. By setting up positions thoughtfully (to avoid physical pitfalls) and maintaining an environment of trust and awareness (to avoid emotional or ethical issues), you create a safe container for healing. The motto is: "If in doubt, pad it out (add support), slow down, and communicate." It's better to take a moment to adjust a pillow or ask a question than to allow a potentially unsafe discomfort to continue. This way, both you and the client can focus on the positive outcomes of Kalar Uzhichil without distractions or injuries.

## Practical Activities and Exercises

To solidify your understanding of seated and supine positioning, this section outlines practical activities. These exercises will help you apply the concepts learned, engage in self-assessment of posture, and practice setting up a client (or classmate) with a critical eye for detail. Incorporating these into your training will build muscle memory and confidence in real sessions.

### 1. Therapist Posture Self-Check (Mirror or Partner Drill):

Perform a series of common massage actions in both seated and supine scenarios while checking your posture. If available, use a full-length mirror or have a partner observe and give feedback. For example:

- Stand as if working on a supine client's leg (one foot forward). Freeze and check: Are your **shoulders relaxed and aligned over hips**? Is your **back straight** or is it rounded? Are your **knees slightly bent**? Is your head in line with your spine or tilted? Use a checklist to mark each point. Now do a simulated stroke – did you maintain alignment throughout? Have the partner call out any drifting (e.g., "Your shoulder raised on that stroke" or "You started bending at the waist at the end"). Repeat this for a scenario at the head of the table (checking if you hunch) and at the side.
- Next, simulate working on a seated client. Stand behind a pretend client (you can use a chair with a pillow on it as a "client" for posture purposes). Practice the motion of squeezing shoulders or doing percussion. Again, assess: **feet stance** (are they shoulder-width?), **weight distribution** (are you leaning awkwardly?), **arm position** (elbows bent or locked?), **neck** (neutral or craning?). It might help to videotape yourself for a minute while doing pretend massage motions and then review it – often you'll catch a habit like a forward head posture you didn't realize.
- **Outcome:** Write down 2-3 corrections you need to consistently remember (e.g., "Keep knees soft," "Don't elevate shoulders," "Use lunge more on leg strokes"). Refer to this list before each practice session as a personal reminder.

## 2. Partner Positioning Practice with Critique Checklist:

Pair up with a classmate. Take turns setting each other up in supine and seated positions as if preparing for a massage, then use a checklist to critique the setup. The checklist (which can be provided by the instructor or created as an assignment) should include items like:

- **Supine Checklist:**

- Head supported in neutral (yes/no)
- Bolster under knees placed correctly (yes/no)
- Low back feels comfortable (client feedback)
- Arms supported or positioned comfortably (yes/no)
- Draping secure and covering private areas (yes/no)
- Therapist can reach all regions without straining (test by the "therapist" moving around the table)
- Overall alignment straight (observe)
- Any pressure points? (ask client if any spot feels pressure from table)

- **Seated Checklist:**

- Chair height allows feet flat (yes/no)
- Back support provided (pillow or chair back, yes/no)
- Client feels balanced, not like they will tip (client feedback)
- Lap draped and chest draped properly (yes/no)
- Pillow or support for arms if needed (yes/no)
- Client's head/neck neutral (observe)
- Therapist access: can you reach client's neck/back easily without contortion (yes/no)
- Client reports comfort in this position (yes/no)

- One student positions the other (who acts as the client). The "client" should pay attention to how it feels too. Then both students go through the checklist. Discuss any "No" answers and what could be improved. For instance, if the client says "I feel a little strain in my lower back supine," maybe the bolster wasn't positioned right – adjust and see if it fixes it. If the drape was gapping at the armpit, figure out how to tuck it better. This immediate feedback loop teaches not just theory but problem-solving: "If X is uncomfortable, try Y." Switch roles and repeat.
- As an added challenge, have the "client" alter something about themselves for the scenario – e.g., "Pretend I have a very stiff neck and can't lie flat" or "I am 8 months pregnant" or "I'm very ticklish on my feet so don't uncover them." Then the "therapist" student must adapt the position or draping accordingly, and the partner can critique if that was done well.

## 3. Role-Play Scenarios - Position Decision Making:

In small groups, role-play intake scenarios where you must choose a position and justify it. For example, one student plays a client who is obese and has knee pain; the therapist student must decide how to position them (maybe side-lying or seated for parts) and explain to the "client" why: *"Because of your knee pain, I'll keep you supine with a cushion under your knees to ease the pressure. We won't do prone today as it might be hard on your breathing; instead, I can do your back massage side-lying or with you seated – whichever is more comfortable."* The client (and observers) then provide feedback – did the therapist choose appropriately? Was the explanation clear and reassuring? This exercise builds confidence in real-life application, especially in communicating adjustments to clients. Do multiple scenarios: an elderly



client with osteoporosis (likely avoid prone, more gentle supine/seated), an athletic client with tight hamstrings (maybe they can handle prone but see if bolsters help supine hamstring stretches), etc. Discuss as a group the different valid approaches.

#### 4. Anatomy Identification on Positions:

On a classmate in supine, have students gently palpate and identify bony landmarks and potential risk spots – e.g., locate the spine of scapula when client is supine (notice it's harder to feel than prone), find the ulna at the elbow to remind why padding is needed, feel the pulse in the wrist to realize where not to compress for long. In seated, feel how the clavicles are positioned, or how the vertebrae in the neck move as the client nods. This refreshes anatomical awareness in each position, reinforcing why alignment matters. For example, note how in seated position, if the client slumps, the cervical spine juts – correlate that with potential nerve compression or muscle strain, thus driving home the importance of upright posture.

#### 5. Reflection and Group Discussion:

After these activities, students should reflect: what did you find most challenging about positioning? Did anything surprise you about what was uncomfortable or about your own posture? Share tips that were discovered (maybe one student found a great way to tuck the sheet for seated draping that others can learn from). This could be done as a quick presentation or a bulletin board where each student pins one “Positioning Pro Tip” they learned.

By actively engaging in these practical exercises, you will transform the theoretical knowledge of positioning into practical skills. Over time and repetition, tasks like placing bolsters correctly or maintaining your posture will become second nature. Remember, **hands-on practice with feedback is one of the best ways to master these fundamental skills**. Your goal is that by the end of this course, setting up a client in any position and maintaining your own ergonomics will feel easy and intuitive – these exercises are the stepping stones toward that mastery.

## Conclusion

In this module, we explored **Basic Seated and Supine Positioning in Kalari Uzhichil** in depth. You have learned the definitions and differences between these positions and why each is used, detailed methods to ensure client comfort (through draping, bolstering, and alignment), and guidelines for your own posture to deliver massage safely and effectively. We also addressed modifying techniques for special populations – reinforcing that one size does not fit all – and how to integrate the treasured principles of Kalari (like marmavidya and rhythmic flow) with modern anatomical and biomechanical knowledge. By utilizing visual aids and engaging in practical activities, you will cement these concepts into practical ability.

As you proceed to future lessons (e.g., prone and side-lying positioning, or specific Kalari techniques), remember that these fundamental positioning skills underlie everything. A well-positioned client and therapist is the foundation of any successful treatment – it maximizes the therapeutic effect and minimizes the risk of injury or discomfort. In the spirit of Kalari, think of positioning as the **stance and footing** of your massage “martial art.” When your stance is strong and centered (literally and figuratively), the healing energy can flow freely through your hands as intended.

**Homework/Reflection:** Before the next class, observe how you sit or lie down in everyday life or how family members do. Can you spot any alignment issues or discomforts that a small pillow might fix? Practice arranging pillows on your own bed for a “perfect supine” and notice the difference in how your back feels. These awareness practices will make you an even more empathetic and skilled therapist.

With this knowledge and continuous practice, you are well on your way to becoming a proficient Kalari Uzhichil practitioner who honors the tradition while upholding the highest standards of modern care. Carry these lessons forward, and may your hands bring comfort and balance to all, in any position they find themselves.