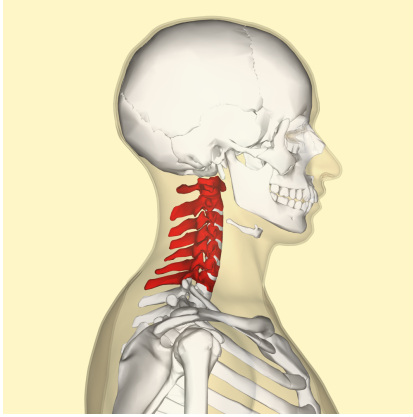


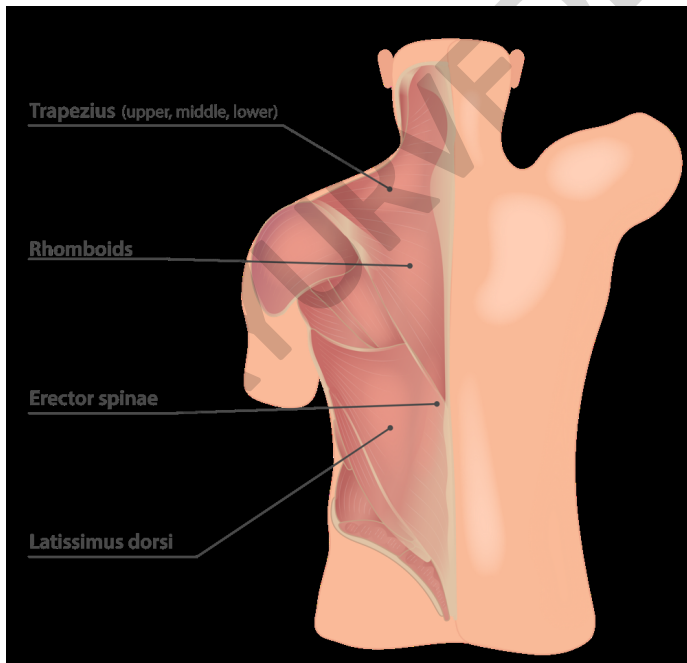
## Lesson 26: Upper Back & Neck Techniques & Cautions (cervical area safety)

### Anatomical Overview of the Cervical Spine & Upper Back Musculature



Cervical spine highlighted (red) in the skeletal neck. The human cervical spine consists of 7 vertebrae (C1-C7) connecting the skull to the upper back.

The **cervical spine** (neck region) is a delicate yet flexible structure made of seven stacked vertebrae (C1-C7). The top (C1, the *atlas*) supports the skull, and C2 (the *axis*) provides rotational pivot; together they allow head movement. The lower cervical vertebrae link the neck to the thoracic spine around shoulder level. Between each vertebra lie shock-absorbing discs and openings for nerve roots. This neck structure houses the spinal cord, carries arteries (vertebral arteries through transverse foramina), and supports a ~10-pound head, all while permitting a wide range of motion (flexion/extension, rotation, lateral flexion). Surrounding ligaments (like the **atlanto-occipital** and **nuchal ligaments**) and tendons provide stability, preventing overextension or collapse.



Major muscles of the upper back and neck. The trapezius (upper fibers at the neck/shoulder), underlying levator scapulae and rhomboids, and other supporting muscles stabilize and move the cervical spine and shoulder girdle.



Key **muscles** in the upper back/neck include:

- **Trapezius (upper fibers)** – A large, superficial kite-shaped muscle spanning from the base of the skull down the neck into the upper back. The upper trapezius elevates the shoulders (the motion of shrugging) and assists in neck extension (looking upward) and side-bending. It covers deeper muscles and connects the skull, cervical spine, and shoulder blade.
- **Levator Scapulae** – A strap-like muscle running from the top four cervical vertebrae (C1–C4) diagonally down to the upper inner corner of the shoulder blade (scapula). It *elevates the scapula* (hence the name), and also aids in bending the neck to the side and slight rotation. Tight levator scapulae often contribute to a “stiff neck” feeling.
- **Rhomboids (major and minor)** – Deeper, between the spine and shoulder blades in the upper back. They attach from the lower cervical and upper thoracic vertebrae (C7–T5) to the medial border of the scapula. Rhomboids retract the scapula (pull shoulders back), assisting posture, and stabilize the shoulder blades. Releasing rhomboid tension can relieve upper back tightness and improve shoulder alignment.
- **Other supporting musculature** – The **erector spinae** (cervical portion) run along the spine and help with neck posture and extension. Small **suboccipital muscles** at the skull base control fine head movements. Anterior neck muscles like the **scalenes** and **sternocleidomastoid (SCM)** (from mastoid to sternum/clavicle) flex and rotate the neck, though these are mostly addressed in front or side of the neck. Collectively, these muscles work in layers to support the head’s weight, stabilize the cervical joints, and produce smooth neck and shoulder movements.

**Marmani (Vital Points):** In Ayurveda/Kalari tradition, specific “marma” points correspond to critical anatomical locations in this region. Two primary marmani for the upper back/neck are **Amsa Marma** and **Krikatika Marma**. **Amsa Marma** is located where the neck and shoulder meet (roughly at the midpoint of the upper trapezius, near the junction of clavicle and scapula). **Krikatika Marma** lies at the base of the skull on either side, at the craniocervical junction (atlanto-occipital joint). These points are richly innervated and vascular, and are considered gateways for relieving neck and shoulder ailments when properly stimulated. (We will apply this in techniques below.)

## Step-by-Step Kalari Uzhichil Techniques for Upper Back & Neck

This section outlines a **sequence of Kalari Uzhichil massage techniques** to address upper back and neck tension. Kalari Uzhichil is the traditional massage of Kalaripayattu, focusing on **marma activation**, deep tissue oil massage, and rhythmic movement. Modern parallels (like trigger-point therapy or myofascial techniques) are noted in parentheses.

**1. Preparation & Positioning:** Ensure the client is **prone (face down)** on a massage table with a face cradle to keep the neck neutral. Use proper draping – for prone work, the back is exposed from waist to head, with a sheet covering the legs and a towel over the buttocks for modesty. The arms can rest comfortably at the sides. Check that the head and cervical spine are in alignment (no extreme rotation or extension). Place a small rolled towel under the client’s ankles for comfort and under the shoulders if needed to slightly elevate the chest (reducing neck strain).

**2. Oil Application (Thailam):** Warm a medicated massage oil (traditional **Ayurvedic thailam** such as Karpasasthyadi or Mahanarayana oil, known for musculoskeletal benefits). Begin with **effleurage** – broad, gliding strokes from the mid-back up to the neck. Use both palms to spread oil across the upper back, trapezius, and neck. This introduces your touch and warms the tissue. In Kalari tradition, oil application is generous to facilitate smooth strokes and energetic flow. (*Modern parallel: Swedish massage effleurage to increase circulation and warm the muscles.*)

**3. Superficial Warm-Up Strokes:** Using your palms and fingertips, perform gentle **circular rubs and stroking along the paraspinal muscles** (erector spinae) from the upper thoracic spine up into the cervical region. Then focus on the **upper trapezius**: use alternating hand strokes from the base of the neck out to the shoulders, almost as if “ironing out” tension. This warms the fascia and muscles, preparing them for deeper work. Encourage the client to take slow breaths as you do this, establishing a calming rhythm.

**4. Deep Tissue Techniques & Marma Pressure (Prone):** Now apply deeper pressure to release muscle knots and stimulate marma points:

- **Kneading the Shoulders:** Use your thumbs or knuckles to knead along the upper trapezius, from the neck out toward the acromion (shoulder tip). Work in small circles, gradually increasing pressure to client tolerance. This relieves the common “ropey” tension in upper traps that contributes to neck stiffness and tension headaches. (*Modern parallel: trigger point release in upper trapezius.*)



- **Amsa Marma stimulation:** Locate the Amsa Marma on each side (at the juncture of neck and shoulder, roughly behind the clavicle where the upper trap attaches). Using your thumb or middle finger, apply gentle but firm pressure downward and slightly inward on this point. Hold for ~5-7 seconds, have the client breathe out, then release. Repeat 2-3 times. This traditional pressure helps “release” the shoulder-neck junction - relieving neck ache, shoulder stiffness, and even symptoms of frozen shoulder or migraine associated with tension. (*Modern note: Amsa Marma corresponds broadly to a trigger point in the trapezius or an acupuncture point (like Gallbladder-21) often pressed to alleviate neck/shoulder pain.*)
- **Rhomboid & Levator Work:** With fingers or thumbs, trace along the medial border of the scapula to address levator scapulae and rhomboid attachments. Use stripping strokes from the top inner corner of the scapula (lev scap insertion) downward along the shoulder blade (rhomboids area). If the client has tight “knots” here, use sustained pressure for a few seconds on tender spots, followed by small friction circles. This technique helps improve scapular mobility and upper back posture.
- **Spinal Marma along Neck:** In Kalari, along the sides of the cervical spine there are points akin to **Manya Marma** (near the sternocleidomastoid origins) - but since the client is prone, instead access the suboccipital area. Place fingertips just below the skull on either side of the spine (where neck muscles attach). Press and vibrate gently - this area corresponds to Krikatika Marma as well as suboccipital trigger points. Traditional lore says stimulating here clears “energy blockages” that contribute to headaches. Practically, it relaxes the suboccipital muscles that often cause tension headaches.

Throughout the deep work, maintain communication: ensure pressure is within tolerance and watch for any discomfort or referral sensations (e.g., numbness or tingling which could indicate nerve pressure - see Safety section).

**5. Neck Mobilization (Prone):** After muscles are loosened, incorporate gentle neck movements with support: Stand at the head of the table and place one hand on the occiput (back of the head) and the other on the chin or shoulder. Guide the neck through **slow passive rotations** or tilts. For example, gently turn the client’s head left and right (within a pain-free range) to stretch the sternocleidomastoid and scalenes. Or slowly tilt the ear toward the shoulder to stretch the opposite side. Each movement should be done on an exhale, staying within comfort range. **Never force a movement.** This step integrates flexibility gains and assesses how the neck is responding - if any dizziness occurs, stop immediately (see Safety).

*(Modern parallel: This resembles gentle manual therapy or proprioceptive neuromuscular facilitation stretches used by physical therapists to improve neck range of motion.)*

**6. Transition - Supine Position:** Have the client slowly turn over to **supine (face up)** for the next phase. Support the head as they turn to protect the neck. Re-drape appropriately: in supine, place a towel across the chest for modesty, and ensure the sheet covers the lower body. A small pillow or rolled towel can be placed under the head or neck if needed for comfort, but often a flat position is fine for neck work. The therapist can sit at the head of the table for better ergonomics during supine techniques.

**7. Supine Neck Techniques & Marma (Anterior/Upper Neck):** Working from the head of the table, perform the following:

- **Neck Traction and Support:** Cradle the client’s head with both hands, placing one hand under the base of the skull (occiput) and the other under the chin or just cradling the sides of the head. Gently apply a slight traction (pull) toward yourself, lengthening the neck. Hold for a few seconds, then gently release. This decompresses the cervical vertebrae and often gives the client a relieving stretch. Encourage an inhale before traction and slow exhale during the gentle pull, to engage breath relaxation.
- **Krikatika Marma pressure:** With the client supine, you can more directly access **Krikatika Marma** at the junction of neck and skull. Using your thumbs, find the hollows just below the occipital bone, about 2-3 inches apart (lateral to the spine). Apply steady inward/upward pressure here for ~5 seconds on an exhale and then release. This stimulation is believed to improve neck muscle tone and circulation, and correlates with relieving suboccipital tension (often reducing headache intensity). Many clients experience a release of deep tension with this hold.
- **Side-of-Neck Massage:** Gently turn the client’s head to one side to expose the side of the neck. Massage along the **sternocleidomastoid (SCM)** muscle from behind the ear down to the collarbone with soft pinching or fingertip kneading. Also, gently press in the groove behind the SCM where the scalenes lie (taking **great care** to



avoid the throat/carotid artery on the front). Keep pressure light to moderate – this releases frontal neck tension but avoid any deep pressure on carotid sinuses (which can cause dizziness or a drop in blood pressure). Repeat on the other side.

- **Shoulder & Chest Opener (optional modern stretch):** Place one hand on the client's shoulder (acromion area) and the other hand on the side of the head. Gently guide the head away while pressing the shoulder down, creating a stretch in the upper trapezius/levator scap. Hold 10 seconds with client breathing, then release. This mimics a physical therapy stretch for upper trapezius. In traditional terms, it helps “open” the Amsa region by simultaneously stretching and activating it.

Throughout supine work, maintain a slow pace. Use oil as needed for glide, but sparingly on the neck front to avoid oil getting on throat or face.

**8. Conclusion of the Session:** Finish with soothing **effleurage** strokes: with the client supine, you can perform gentle stroking from the center of the chest (upper sternum) out to the shoulders, and from the neck upward to the base of the skull. If appropriate, include a brief **head massage** or scalp rub (many neck muscles attach to the skull, so this is a relaxing finish). Wipe off any excess oil from the neck and shoulders with a warm towel. Help the client sit up slowly – remind them to move cautiously after neck work, as sudden movements can cause dizziness.

## Cervical Area Safety Protocols and Cautions

Working around the cervical spine requires vigilance and adherence to safety guidelines. The neck houses vital neural and vascular structures, so **therapists must observe “red flags,” use proper pressure, and know when to refer out** rather than treat. Below are key safety protocols:

- **Monitor Red-Flag Symptoms:** During the session (especially when manipulating the neck or applying pressure near the spine), watch for any signs of **vertebrobasilar insufficiency (VBI)** or nerve impingement. *Dizziness, sudden nausea, blurred or double vision, ringing in the ears (tinnitus), or a feeling of faintness* are all red flags – these can indicate reduced blood flow in the vertebral arteries. If a client reports feeling dizzy or lightheaded when you rotate or extend their neck, **stop immediately** and support the head in neutral position. Likewise, any **numbness, tingling, or electric “shooting” pain** radiating to the arms or hands could suggest nerve compression (for example, pressure on a nerve root from a herniated disc). Cease that technique and reassess. Pain that is sharp or extends beyond a “good hurt” should not be pushed through. Always err on the side of caution with the cervical area – when in doubt, discontinue the motion or technique causing symptoms.
- **Pressure Limits:** Unlike broad back muscles, neck structures are smaller and more sensitive. Apply pressure **gradually** and mindfully. Avoid pressing directly on the cervical vertebrae or the front of the neck (throat area). For example, when stimulating suboccipitals, do **not** compress both sides forcefully at once or with the neck in extension – this could occlude both vertebral arteries. Use one thumb at a time or alternate, and keep the head in neutral (or slight flexion) during suboccipital work. When working near the carotid artery (side of neck), use only gentle pressure and avoid any prolonged compression to prevent vagal responses or blood pressure drops. A good rule: on a 0–10 pressure scale, neck work should stay around a 5–6 for therapeutic pressure, and *never* beyond a 7 out of 10. Continuously ask for feedback (“How is this pressure on your neck?”) and observe the client's body language (grimacing, tensing up, holding breath are signs to ease up).
- **Contraindications – When to Avoid or Refer:** Certain medical conditions involving the cervical spine warrant extreme caution or avoidance of massage in that area. If a client has a **known cervical herniated disc** with neurological symptoms, **cervical stenosis**, or **severe cervical spondylosis (arthritis)**, advanced techniques should be avoided unless you have clearance from a healthcare provider. For instance, in severe cervical spondylosis (degenerative arthritis of neck joints and discs), only very gentle massage is indicated – deep pressure or aggressive mobilization could exacerbate pain. **Never attempt high-velocity manipulations (“cracking” the neck)** – that is outside the scope of massage and can risk vertebral artery injury or spinal cord trauma. If a client presents with acute neck trauma (e.g., whiplash from a recent accident) or signs of upper cervical instability (e.g., from rheumatoid arthritis or Down syndrome affecting the C1–C2 ligaments), avoid neck massage altogether and refer to a physician. Similarly, **vertebral artery insufficiency** or **history of vertebral artery dissection** is an absolute contraindication – such clients should be managed by medical professionals, not massage therapists, due to stroke risk. In cases of **herniated disc with nerve compression**, many sources recommend only light, supportive massage; direct deep pressure on the neck is contraindicated and referral to a specialist is wise. Always obtain a thorough health history: if there's any doubt (e.g., client has dizziness or known bone spurs impinging



arteries), require medical clearance before proceeding.

- **In-Session Best Practices:** Maintain good ergonomics so you are in control of your pressure (e.g., don't drop your body weight onto a client's neck). Move the neck within normal ranges – avoid extreme end-range rotation or extension during stretches. Use pillows or bolsters to support the client (like under shoulders in supine if needed to prevent overextension of neck). Encourage the client to breathe and *never hold the breath* – holding breath could indicate they are bracing against pain. If the client is very frail or elderly (possibility of osteoporotic bones or arthritic spurs), limit neck range of motion work and stick to soft tissue techniques.

Lastly, **know when to stop and refer out:** If the client experiences worsening symptoms (like increasing arm numbness) during the session, stop the treatment. If any *red flag* neurological signs (e.g., changes in vision, muscle weakness, loss of balance) occur, that client should be evaluated by a doctor. As a practitioner, it's better to miss one massage than to risk injury – safety first, always.

## Integration of Breath and Rhythm in Upper Back/Neck Work

In Kalari Uzhichil (and massage therapy in general), **breath** is a powerful tool to enhance the effectiveness and safety of techniques, especially in the sensitive neck region. Practitioners at the advanced level synchronize their massage **rhythm** with the client's breathing to promote relaxation and neuromuscular release:

- **Guiding the Client's Breath:** At the start of the session, invite the client to take a few slow, deep breaths. This not only calms the nervous system but also sets a tempo. Throughout the massage, remind the client to breathe into tight areas. For example, when pressing on a tender knot in the upper trapezius, you might say, "Take a deep inhale... and as you exhale, let that area soften." Exhalation is when the parasympathetic response is greatest – muscles naturally relax slightly, allowing you to sink deeper without resistance. By timing deeper strokes with the client's exhale, you achieve more release with less force.
- **Practitioner's Breath & Movement:** As a Kalari practitioner, you maintain your own breathing rhythm to stay centered. Movements are performed in a **flowing, rhythmic manner**, almost like a dance around the table. For instance, you might use a rocking motion or a repeated stroke in a consistent tempo (e.g., kneading the shoulders in a 1-2, 1-2 rhythm). In traditional teachings, this rhythmicity and breath focus align the therapist's energy with the client's, creating a meditative quality to the massage. A steady rhythm also prevents surprises – the client can predict the flow and stay relaxed. If one hand is working on the neck and the other on the upper back, alternate in a regular pattern rather than erratic pokes.
- **Breath-Linked Techniques:** Certain techniques explicitly use breath: when doing a neck stretch, you might ask the client to inhale, and then during the slow exhale, gently deepen the stretch. In marma therapy, some practitioners quietly chant or have the client visualize sending breath to the marma point as it's pressed, enhancing the mind-body connection. The **rhythm of stimulation is often matched to respiration** – for example, a text on marma therapy notes that repeating pressure pumps about 15–20 times per minute (approximate breathing rate) can be effective. This suggests not rushing through point work, but rather applying it in a paced, rhythmic manner.
- **Why It Matters for Safety:** Integrating breath and rhythm is not just about relaxation, it's a safety mechanism too. A tense, breath-holding client is more likely to guard or spasm when the neck is touched. By keeping the client breathing and by using smooth continuous strokes, you avoid triggering the "startle" response or causing involuntary muscle tightening. Additionally, focusing on breathing increases oxygenation and can reduce dizziness (important when manipulating the neck – good oxygen and blood flow help prevent lightheadedness).

In summary, treat the session like a *synchronized flow*: **inhalation** often accompanies lighter touch or preparation, **exhalation** accompanies deeper release. This ebb and flow creates a harmonic experience. Many advanced Kalari healers say this is how they "honor the ancient rhythm of breath, touch, and energy". As you practice, you'll find the client's body almost "invites" deeper pressure on exhales and "resets" during inhales. This natural cadence makes the treatment more effective and deeply relaxing.

## Therapeutic Outcomes and Benefits

When upper back and neck techniques are applied skillfully – respecting anatomy, marma points, and safety – clients can expect significant therapeutic benefits. Some key outcomes include:



- **Relief from Neck Stiffness and Pain:** By releasing chronic muscle tension (particularly in the trapezius, levator scapulae, and suboccipitals), the neck regains a freer range of motion. Clients often report that the “stiff neck” they walked in with feels looser immediately. Trigger points that refer pain (for example, those suboccipital points causing tension headaches) are deactivated, reducing pain. Gentle traction and alignment can also relieve pressure on cervical discs and nerves, easing conditions like cervical spondylosis or disc bulges. In fact, stimulating Amsa Marma has been noted in Ayurveda to alleviate neck stiffness and even help in cervical spondylitis management. Many will feel that formerly difficult motions (like looking over the shoulder while driving) are now easier.
- **Reduction of Tension Headaches and Shoulder Pain:** The upper back and neck work addresses two common headache contributors: tight suboccipital muscles and upper trapezius trigger points. By working on these, tension-type headaches or cervicogenic headaches often diminish in frequency and intensity. Clients prone to stress-related headaches may feel immediate relief or a “clearer” head after the session. Additionally, the referred pain to shoulders/upper arms (often from levator scap or trap trigger points) is reduced. Marma stimulation in the neck region is traditionally said to help with head-related issues – e.g. clearing sense organ function – and practically, we observe fewer tension headaches and less jaw tightness as neck muscles release.
- **Improved Posture:** Chronic tightness in the chest and weakness in upper back can lead to a hunched posture with forward-head. By massaging and stretching the **upper back muscles (rhomboids, trapezius)** and encouraging the shoulders to fall back, we help correct that imbalance. Massage therapy has been shown to relax tight muscles and **improve postural alignment by correcting muscle imbalances.** After a proper upper back/neck session, clients often notice they can stand or sit more upright comfortably – the head feels better balanced on the shoulders. Over time, regular treatment may help break the cycle of neck strain from poor posture (especially tech-neck from computer use).
- **Greater Range of Motion (ROM) in Neck and Shoulders:** Loosening the soft tissues and reducing adhesions around the cervical joints leads to better mobility. Clients frequently demonstrate an increased ability to turn their head farther or tilt it without strain. Likewise, releasing the levator scapulae and trapezius improves shoulder girdle motion (e.g., easier to shrug or raise arms overhead). Massage literally helps *elongate and stretch muscles*, allowing better mobility. Improved ROM can be measured by simple before/after tests (how far the client can rotate the chin to each side, ear to shoulder, etc.). This benefit is crucial for those with mild cervical spondylosis – by maintaining soft tissue flexibility, we mitigate the joint stiffness that comes with arthritis.
- **Relief of Cervical Spondylosis Symptoms:** Cervical spondylosis (neck osteoarthritis) often causes muscle guarding, neck pain, and sometimes nerve compression symptoms. While massage cannot reverse degenerative changes, it can significantly relieve secondary symptoms. By reducing muscle spasms and improving local circulation, massage eases the pain and stiffness associated with spondylosis. Some clients report fewer radiating pains or tingling in the arms as hypertonic muscles pressing on nerve roots relax. Marma Chikitsa (marma therapy) specifically has been researched for cervical spondylosis management, with **Krikatika and Amsa Marma** stimulation noted to alleviate pain and possibly slow progression by improving regional balance. Thus, our techniques have a basis in both tradition and modern rationale for aiding this common condition.
- **Overall Relaxation and Stress Reduction:** Beyond targeted outcomes, an upper back and neck session induces deep relaxation. Tension in this area is often stress-related; by nurturing these muscles, we activate a parasympathetic response. Clients may feel not only physical relief but also mental calm, better sleep, and reduced anxiety. The integration of breath work amplifies this effect, leaving the client with a sense of lightness and wellbeing. A relaxed neck can also positively influence the rest of the spine (it’s the top of the chain), so sometimes low-back or jaw discomforts indirectly improve too, as the body comes into better alignment and ease.

Encourage clients to take note of these improvements post-session and over the next day. Often the benefits compound: improved posture leads to less strain in daily life, which means fewer pain cycles. This lesson’s techniques, when applied consistently and with care, empower clients to break free from the chronic pain-tension-posture loop that so many with desk jobs or high stress are stuck in. It truly exemplifies how Kalari Uzhichil is both an art and science – combining ancient knowledge of marmani with modern understanding of anatomy to heal and restore function.

## Practical Tips for Practitioners

Lastly, to ensure both client and practitioner have a safe and comfortable experience, here are **practical tips** addressing draping, positioning, and body mechanics specific to upper back and neck work:

- **Draping in Prone Position:** When the client is face-down, fold the top sheet down to about the mid-back (around T7 level) to fully expose the upper back and neck. Tuck or secure the sheet at that level so it won’t shift. If the



client's hair is long, request them to tie it up or you can gently move it aside to access the neck. Always ensure the lower body is well-covered – you can use an additional towel across the low back if needed as a “belt” to prevent any draft. Good draping not only preserves modesty but also helps the client feel warm and safe, which is crucial for neck relaxation.

- **Draping in Supine Position:** In supine, you'll be working on the upper chest (for shoulder release) and neck. Keep the client's torso covered up to the clavicle area. You can place a small towel across the front of the shoulders/clavicles – this allows you to slide your hands under it to reach the upper pectoral region if doing any anterior work (like brief pec stretches to complement upper back release), without exposing them. When focusing on the neck and face-up marma points, consider placing a tissue or thin cloth under your hands if the client is uneasy about direct contact on the front neck. Assure that no oil drips toward the face; have a towel handy near the hairline.
- **Supporting the Head and Neck:** Neck support is critical when repositioning or stretching the client. Always **assist the client when turning over** or adjusting the headrest – have one hand cradling under their head as they move from prone to supine. When performing traction or any lift of the head, make sure your hold is secure: one hand under the occiput and the other either also supporting occiput or gently stabilizing the chin/neck (avoid pressure on the throat). The client's neck should feel *cradled*. If working unilaterally (e.g., rotating the head), you can use a pillow or your forearm to support the side of the head as you work on the opposite side. Never let the head flop or hang off the table; if the client scoots down, pause to reposition them so the head is fully supported by the table or your hands. Proper bolstering: some clients with kyphotic (rounded) upper backs are uncomfortable face up because the head tilts back – in such cases, place a small pillow under the head or a rolled towel under the neck curve to maintain neutral alignment. In face-down position, ensure the face cradle is adjusted so that the neck isn't overly flexed or extended – the client's nose should point straight down. A well-supported head = a more relaxed neck.
- **Therapist Body Mechanics:** Work *with your whole body*, not just your hands. When applying pressure on upper back muscles, lean in from your legs or use your body weight rather than just arm strength – this prevents hand fatigue and gives more consistent pressure. For example, when pressing Amsa Marma with your thumb, lock your thumb by bracing it with your other hand or using your body weight, and keep your wrist neutral. If you are shorter and working on a broad-shouldered client, don't hesitate to use a small step stool to gain height so you can angle downward on the neck muscles (this can help in prone position). Keep a lunge stance when working the back to allow a rocking motion. When seated at the head (in supine work), maintain an upright posture; consider raising the table slightly for neck work so you're not hunched – your own neck and shoulders should stay relaxed to convey calm energy to the client.
- **Communication and Feedback:** Encourage the client to speak up if they feel any discomfort such as a “pinch” or if a position is unpleasant. Often clients may not mention mild dizziness or weird sensations unless asked – so check in: “*How are you feeling? Any tingling or light-headedness?*” especially after any neck traction or stretch. This not only ensures safety but builds trust. Also, explain what you are doing when working in sensitive areas (e.g., “I'm going to gently press the base of your skull now; let me know if it's tender.”). Clients relax more when they understand the purpose of a technique and know that you welcome their feedback.
- **Aftercare Suggestions:** Advise the client on some self-care to prolong the benefits. Simple neck stretches (demonstrate ear-to-shoulder stretch), awareness of posture (maybe suggest ergonomic improvements if they sit at a computer), or a warm compress that night can all help. If you performed intense work, remind them to **hydrate** (flushing out released metabolic wastes) and to rise slowly from the table. In Kalari tradition, sometimes a **herbal steam** or warm shower is given after massage to further relax muscles – you can suggest a warm bath at home if feasible. Also mention that mild soreness the next day can be normal if a lot of knots were worked out, but it should feel like “good soreness” and they should contact you if anything feels concerning.

By adhering to these practical tips, you create an optimal healing environment. Draping and support provide **physical security**, while clear communication and professional touch provide **emotional security** – together, these allow the client's neck and upper back to truly let go. As an advanced practitioner, your attention to such details distinguishes your treatments and ensures that therapeutic results are achieved **safely and comfortably** for everyone involved.