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www.SgShopper2030.com

The Beautiful Art of Classic Massage
Beginner's-Course Text Volume 3

August 4, 2022



Basic Full Body
Therapeutic Massage
For Budding Professional Therapists
& Loving Couples

Thank you for joining us. We're all life-time students together.
Contact me if it pertains to massage here:
SteveNewdell.orders@gmail.com

Get access to the course here:

<https://sgshopper2030.com/free-booklet-classic-massage-therapist-career-discovery-report/>

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<p>If you're still confused and uncertain...I promise, when you work on a few people, and re-read a little here and there, and move from a theory-based education into “Doingness,” an activity-based education, suddenly all of this will make great sense for you and seem perfectly clear, and within two or three weeks it will feel like you've been doing this and always knew you should, all of your life.....</p>	
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I wish you would please go to this URL and see this 5-minute illustrated lecture about the spine.

<https://www.youtube.com/watch?v=0qR-Yfw9fOI&t=77s> This gives you a better understanding of how the spine is designed AND built.

I recommend you run a Google search for this phrase: “gray’s anatomy images interspinal muscles”, and look at the photos carefully.

The address is HUGE but you may see this picture:

bound up in those muscles will be more efficiently used for other work.

The patient might say he is more comfortable and more energetic.



“Rocking Horse”

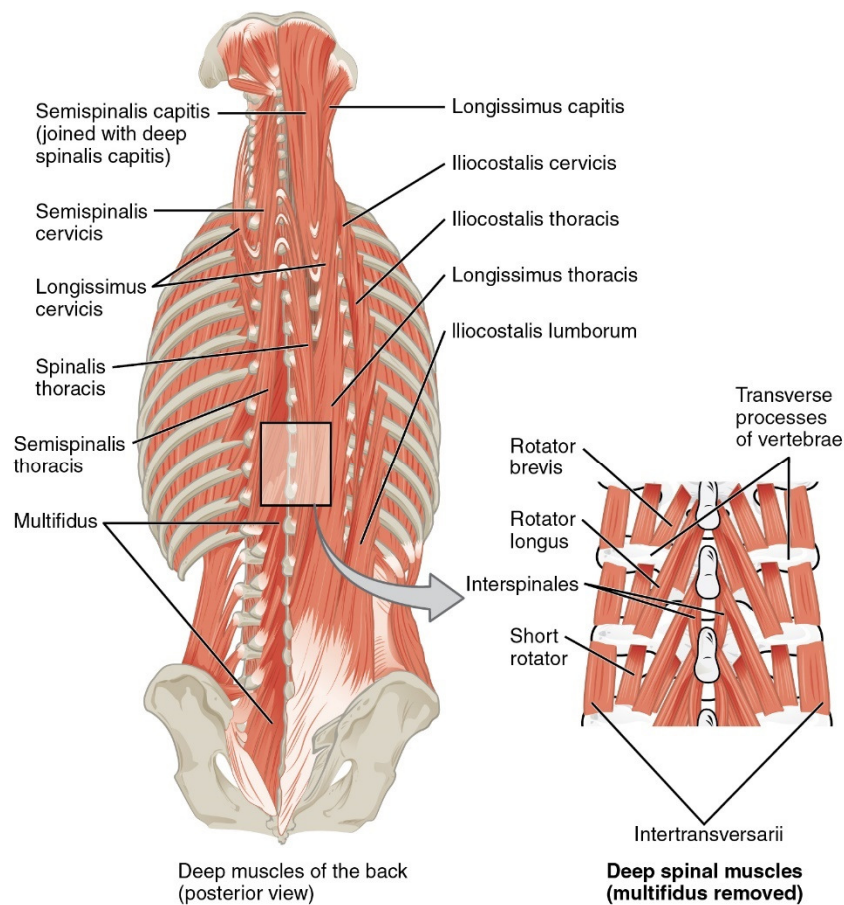
Rest one hand on top of the other and glide both firmly up from the base of the spine to the neck. Using your index and middle fingertips (A) press down on either side of the spine, with one hand overlapping the path of the other, so that you ripple gradually down along the whole spine and off at the coccyx. Do it a second time from the base of the neck down, only time, move your right hand down about an inch so it's always “a step” ahead of the left. This will help create more independent motion of one vertebra opposite the other. And....now you're wondering

why. I'll show you.

Put your hands together like in prayer. Interlace the fingers. Squeeze the middle digit joints together softly, spread your palms a little. Your fingertips represent the spinus processes. This is what the spine does when you bend down to reach the floor. It's much more complicated when you twist and bend or lean to one side. You're encouraging this motion while the patient is lying flat and you're working up and down his/her spine. You

can do it once more this time moving up right hand higher than the left, leading up the spine.

Finally, do 1.5 inch diameter circles along the length of the spine both sides and ask the patient to wiggle, rock, or move like a fish as you do. You're working together to cause these small rotator muscles to lengthen and shorten. We're getting the spine to adjust and restore itself back to it's correct position. Believe me this: What I just wrote is revolutionary. No Chiropractic college teaches this and Massage schools don't say much about it either. YOU are one of the world's first to understand it. I found a very helpful picture for this.



We're talking about Multifidus, Rotator brevis, Rotator longus, and Interspinales. These are those I called the "Laces of a boot." (from: <https://open.oregonstate.education/aandp/chapter/11-4-identify-the-skeletal-muscles-and-give-their-origins-insertions->

actions-and-innervations/) Good for you to read through. The more you get to know these muscles, names, connections and what they do the more tools you'll have to become a master in this work, and believe me, being a master gets results and pays a big weekly income.

You know, whatever pains and difficulties you've been through, I empathize. I've been through very difficult times in my younger life too. THIS study and mastery is your way out of the pain and up to the sky, so just remind yourself, "I Can" and study it. You CAN learn anything you set your mind to do and diligently continue working on learning it, and putting it to successful use.

Continue making circular motions over tender points while rocking the pelvis side to side. This will allow the lengthening and shortening of muscles. If you're doing small circles over trigger points, you'll provide great benefit to the patient. There's no need to press hard. If you press with about the same weight as an empty coffee cup, that's enough. (It has to be the weight of an empty coffee cup in the early morning ☺.)

A moment to clue you in on something very important. Coffee and coffee with milk and sugar get into and under the mouth gums and gum line where they cover the teeth. In an hour your breath smells like a sewer! Nothing could kill a practice faster! Brush and if you can get accustomed to it, brush your teeth, gums, all of that mucus membrane between your lips and teeth, and your tongue WITH SALT. It takes a few days to get comfortable with it but will bring you much better results than you imagined. The first time you smell/taste all that tarter and plaque stuff coming off your teeth and it's bad! But, it's from coffee and other foods and cleaning it will do much good for your health and make you more socially acceptable when you're working on patients.

Always remember, when you do such good work, those patients know you're better than others they've met and they'll refer more

patients to you. If you advertise in various printed materials you'll spend perhaps \$400 to get one new patient. Ohhhh that hurts. Get a referral with a business card from a patient and give her a thank you visit. Each new patient reduces her visit fee today by half. Or the patient just walks in and says, "I heard about you from several friends on Social Media." Now you got that patient for No Charge. What a wonderful difference! This method builds practices very quickly! I could write an entire book on practice building but this alone can do it! Get good looking cards printed, or work up your own design, take it to a sign maker or printer using Adobe Photo Shop and ask him to make it look better and print it onto 3" x 5" colored card stock and that is your new business card. Oh, that gets noticed, remembered, resides in a wallet. For 1 or 2 cents to make the card you eventually get a patient. Give these to friends and patients. Tell them, "Write your name across the corner of the card on the back. When a new patient comes in and presents this card, you 'll get credit for half my fee for a visit. Get me two new patients and you have a visit from me for free, 4 new patients brings you 2 visits free and so it will continue, with my thanks!"

I want to get into spinal realignment done by YOUR hands, but it's too soon yet. It has to be in the 2nd course for Backpain Massage. But, what I've just shown you will do wonders and make a big improvement for the patient, and all of that improves your reputation and brings you more business.

YOU WILL improve many back pain patients with what you're learning here. Just DO IT and you'll see many will return and say you're improving their condition. Dare I say it? You do not need a Chiropractic Doctorate degree to get people's backs to improve. You can learn most of what you need here and in the next course on Back Pain Massage and make a living that way for many years.

The foundation for all of this *appears to be* the feet, hips, and sacrum. **That's a good place to work but it's not the complete**

foundation of the problem. When you fix the REAL foundation the patient gets great improvement, and will likely come back to you every month for “a maintenance visit.” That’s why I am mentioning the value of the Backpain Massage Course. It will pay for its cost a thousand times over.

I was living for a while in Florida, USA and thought I’d look into getting a Florida Massage Therapy License. The required course is 750 hours and the price was over \$10,000. I thought that was too expensive, and I thought they wanted to teach me what I already knew, so I declined their offer.

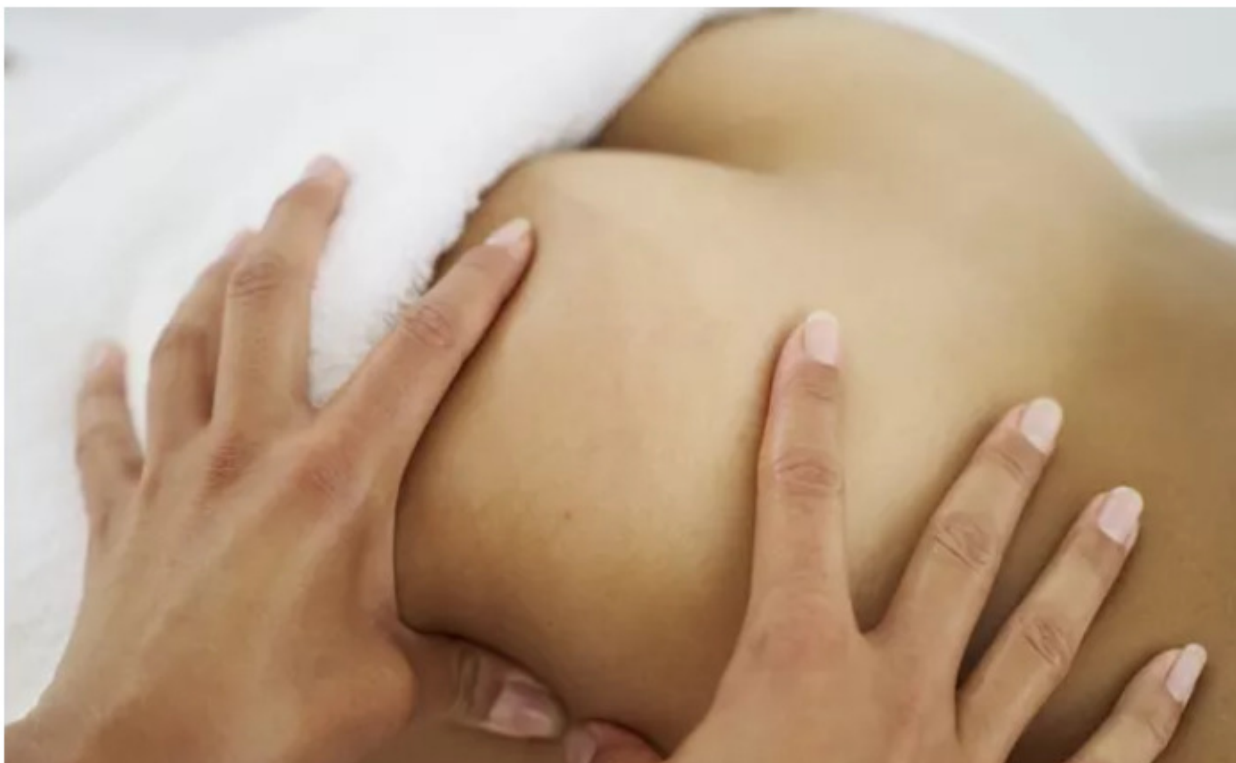
I can educate you to be a better local community Massage Therapist for about \$300 Singapore Dollars (including the books and videos), and the entire course will repay its cost in 6 patient visits. Take the two courses and become a real master at this. The entire education will be repaid in one or two days of your work. It’s really an educational bargain.

You can pay for most of it when you want, on the schedule you want using Pay-Per-View payments to see videos. Oh, I know business people who would say I’m crazy and should charge much more. I don’t need to do that. I’m happy to help you get a new career together within a reasonable price range. The price will rise a little bit eventually, to keep up with inflation. Study diligently and continue through course #2 while the price is low. You’ll be glad you did and will say, “It’s a very good investment.”

Discover how to find the source of, (the foundation of) the patient’s problems and you’ll do extremely well in practice for the rest of your working life.

We’ll get into more discussion and massage of the spine but I want to give you this information about massaging the Gluteus muscles and we need to chat more about your position beside your massage table BEFORE you develop bad postural habits.

How to Massage the Gluteal Muscles



You'll see me doing this on video. As I write I'm planning my own little TV studio here at home. I have a 2-year-degree in TV Production. I know how to set up a three-camera small studio and we'll teach there. It will be like getting private tutoring. For now, we have an article from someone else and that's good for you. I want you to have several good teachers in print and on video helping you learn technique. I have my additional helpful technique instructions mixed in. This is a valuable lesson and I want you to get all you can out of it, particularly my comments about the patient's neck and feet.

How to Massage the Gluteal Muscles.

The gluteus maximus is commonly known as the butt cheek. It is the largest, strongest and uppermost of the gluteal muscle group. Massage is helpful in relieving post workout pain and can prevent muscle atrophy, when it is not being used for prolonged periods of time. If you work on older people, perhaps visiting an

assisted living facility, nursing home or similar facility comforting those who are near the end of their lives, this information is helpful for you and for the patients. Here are methods for massaging a patient's gluteus maximus as well as a self-massage technique.



You can work on the patient's neck a bit, then down the length of the spine, and then press here as this photo shows. Press and wiggle, get the sacrum moving a bit. The sacrum requires more attention which I'll cover in Course #2.



Find the exact position of the gluteus maximus. It is located at the top of the gluteus, beginning at the center of the lower back. This muscle runs over gluteus medius and piriformis and others (in picture below.) It is a thick band of muscle that runs diagonally from the center of the lower back down toward the hip.

Knead the muscle beginning gently and gradually building up pressure as tolerated. Use the base of your palms and your fingers to dig into the muscle and work the knots out.

No, the first author didn't find these additional pictures. I'm the guy who demands excellence. I go find it. I also take English sentence structure that's a mess and make it readable. That's why I'm the best online teacher you can find for this study. I'm just giving you more supporting reasoning for why you should buy my Course #2 and the Practice Building materials and videos. I'll provide lectures, and explanations on the videos as we watch them. This is real college grade material you should have in your mind.

There are three layers of gluteal muscles on the posterior hips, just like there are three layers of muscles in the abdominal trunk. The largest of them is the most superficial muscle, the **gluteus maximus**. Its origin is on the ilium of the coxal bone, and it inserts part-way down the shaft of the femur. It helps maintain erect posture, abducts the thigh, and rotates the thigh outward.

Below the gluteus maximus is the smaller **gluteus medius**. The gluteus medius muscle helps abducts the thigh along with the gluteus maximus, but can rotate the thigh inward where the gluteus maximus rotates the thigh outward.

Beneath (anterior to/deep to) the gluteus medius are several muscles, one of which is the **gluteus minimus**, the smallest of the gluteal muscles. It is a synergist for the gluteus medius.

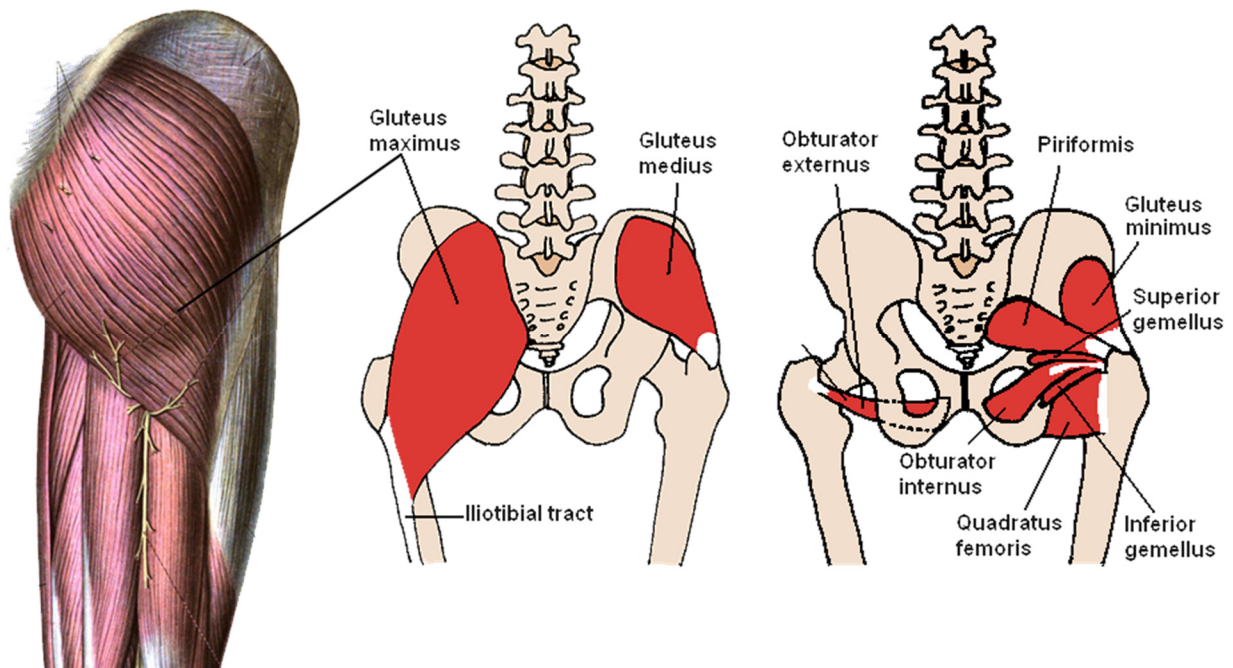


Figure 9-7. The three layers of gluteal muscles, gluteus maximus, gluteus medius, gluteus minimus.

You can stand with the table top at about your mid thigh level, bend over from the hips, your elbows out to the side, and press the heels of your hands into these several muscles using your chest/pectoralis muscles to give you more driving force.



Please now, touch your right hand and left hand finger tips together. Now swing your elbows out so they're nearly level with your shoulders, somewhat like this woman doing a pushup. Keep the elbows there and lift the backs of your hands so the palms face one

another like your about to squeeze a pillow or a coconut (good exercise for you.) That's the position you'll use driving your palms and heels of your hands into the patient's gluteal muscles. Bend low, press in and rotate with the opposing circles I've shown previously. You'll get stronger and the patient will get healthier. The picture of the women pressing her palms to her ears is similar (but of course, pressing the patient, not your head...)



Don't hurt the patient, but use enough force to get into these muscles and make a change. The patient may say, "It hurts but it's a good hurt." Just continue and lighten your pressure when she says it's a bit too painful Request that she give you feed back as you go along so you're both participating in this endeavor.

Explain to her what these muscles do. This is a good explanation:

These muscles help move the pelvis and sacrum as you walk, which is to say they keep the movable foundation for your spine moving correctly. If it does not move correctly, everything above it goes out of balance and out of proper alignment. This is connected to nerves in the neck I was earlier working on, and it's also intimately related to your feet. You should have very good, higher arch supports in your shoes to prevent your feet from going flat as you step down. Sometimes you can tear the inner

sole out of your running shoes and glue in/replace it with something thicker with more arch.

Lower-back pain is often caused by or related to tension in your gluteal muscles. Cover the patient with clothing or a big towel to maintain modesty, and then massage that area vigorously.

Massage your own gluteus muscles by using a tennis ball. Lie on your back with the tennis ball under your glutes and roll on it. Good IF the ball doesn't stick to and slide on the floor. If it does try a carpeted floor, a floor with rubber matting on it, or a sidewalk where you won't be seen.

Control your body weight with your arms to avoid too much pressure before you're ready for it. Move your hips in a circular motion over the ball to massage the area. There is other furniture around you can lean into like the corner of a couch, desk or table, or perhaps a door knob if you're tall or standing on a foot stool.

See the videos: Still photos are not sufficient. You need to SEE massage therapists in action and I have videos for you to see. The course without PROPER video instruction is not enough.

The free videos on the net are not intended to teach. They mostly entertain and then the practitioner promotes herself at the end. They skip nearly all of the most important details. That is why I am editing together various video clips and adding my own voice overs, anatomy charts, and explanations of what the therapist is or should be doing. That's what makes the difference and makes the videos I provide like a college technique course, and worth the price I am requesting. This is like getting private tutoring for a ridiculously low price.

When I was a boy, I went to a private tutor for music lessons. That was 56-years ago! The dollar doesn't buy half that much now! I'm selling the video lessons for the same price!

You'll get great benefit at a low price and become a much better practitioner by seeing the videos and then applying what you see on a patient from outside or by massaging one of your family members.

I worked on sisters, brother-in-law and my parents. They remained dressed. There was never a problem about modesty or my motives, and they all said I helped them feel much better. They're likely to tell potentially paying patients. Working on your family members is a great place to start.

The Educational Difference

From what I have seen of other courses, those teachers also teach too little and are not talented at explaining carefully what You need to know. Sometimes their sound is too soft to hear.

They are not going to pause and show you pictures as I do. This continual reminding and picture display is teaching you more anatomy names and muscle locations than anything else you've probably seen and it is much easier to learn by connecting the seeing, the reading/hearing, and then doing the massage on a live patient and on the muscles you've been seeing.

I have had a natural inclination to good communication and teaching most of my life. I differ because I bring in other examples from all of my life experience in an attempt to help you *Get a Full Picture* instead of sticking to ONE line of thought leaving you a text like the millions of others, that left you with 40% of what you need to know to be functional.

What we are doing here is an OUTCOME based education (as opposed to a THEORY based education)

I want for your Outcome, to be the ability to function in this work and make an extremely good living for many years. **You will actually earn MUCH more than I ever did**, because I was constrained in technique and what I could charge. The Chiropractic licensing board for Washington State was run by two Chiropractors that wanted everyone to use the same old-fashioned techniques and charge the same prices, so no one really got the care they needed and that we were capable of providing.

In Singapore, there are few constraints and you can do fabulous work, get great results, and slowly raise your price to the same price as the General Practitioner, Medical Doctor charges and make a terrific income.

He dispenses pills and gets a sales commission every time the patient goes to the drug store and buys his prescription again and again. He doesn't massage and probably never has. He has no training, no experience, no interest, and in his estimation no time for this. He'll never do it. **YOU** will do it and you're worth the same price he charges.

Some MD's do the entire visit, diagnosis, and prescription in 5-minutes. As he leaves the treatment room he says, "Pick up the prescription at the front desk. Thank you, bye." He's gone! 5-minutes and he charged \$50. When you figure it all up the medical doctor can be making \$805,000/year **PLUS** the kick-back commissions he gets from the drug companies. He's doing shoddy work and is paid nearly a million dollars per year. By comparison....

...You spend 20 to 30 minutes doing real, valuable work. Of course, you're worth that price! Arguing about this is ridiculous. Just charge what the General Practitioner charges or **S\$2** less and you'll get accustomed to it when the patients continue paying, hugging you and saying "Thank you!" Probably many

patients will hear your charge is \$45 and they'll give you a \$50 bill. So, you just smile and say, "Thank you for helping me keep up with the bills. That extra helps me."

And if the patient wants a quick hug, give it to him/her. It's OK to do that.

Believe it or not, they want to buy that smile and the emotional feeling they get from your "thank you." If every patient gives you a tip, it becomes an additional \$50 or \$70/day and could become an additional \$3,000/year. If you find the \$45/visit price works for you, just say that's the charge and at the end if the patient gives you a \$5 tip, be sincerely thankful, smile and tell him/her that you really appreciate the help. On their way out they'll be thinking, "This practitioner does great work. I appreciate the help too, and I want him/her to stay in business for many years." Patients will come back to YOU just because they get a smile and *thank you* at the end.

This older lady I have on some video clips has been doing this work for at least 40-years. It's a career and it pays a very, very, good income.

Watch the first two or three videos with your friend, lover, family patient, someone watching too, and then go to work on that patient. Do it and do it until it becomes natural for you.

No one gains a manual skill by doing it once. When you put in repeated hours for days, it becomes a natural activity like walking and running.

We call this "unconscious competence." Let me explain unconscious competence for you.

Let's assume you were learning to drive a car built in 1940. It has a manual clutch, a gear shift, the steering wheels were very

big and that's because the steering system was not hydraulically powered to help you.

So, you start the beast and it takes a lot of thinking and timing to push the clutch in, set the transmission into first gear, get it into first (very slow) gear, easing up slowly on the clutch, get "monster machine" moving, push the clutch in, switch to 2nd gear, get moving a little faster. We're going to have to turn right at the corner. Remember to click on the turn signal at least 200 feet before we reach the corner, push the clutch in to disengage the engine, push on the brake to slow down, look both ways, turn right, the right foot gets off the brake and onto the gas pedal, the left foot rises off the clutch slowly, but smoothly, and engages 2nd gear and then we're going faster now, so clutch again and switch into 3rd gear. Oh, there's another corner to turn before we get onto the faster speed "highway."

Now you might downshift to slow down, and brake, and double clutch and down shift again, and....

It's complicated and you get mixed up and the car jolts and maybe you stall the engine and have to start again. It takes hours, even days of practice to get this right. Later you have to do this and parallel park, backing up, and turning the steering wheel at just the right moment to slip neatly into a parking space (between two big plastic garbage cans to learn.)

So, you started as a complete Incompetent, and then you finally got to a point that you can do this if you were alone and thinking of what you're doing, watching your speed, maybe minding a fuel and air mixture on a "choke" (old carburetors). At this point you are conscious of your every step but competent. We say you are "consciously competent."

Finally a few weeks later you're out for a drive and talking to a friend and driving and turning corners, passing slower cars, watching out for kids and dogs running across the street and you

do all of it like an expert. You aren't even aware (consciously) **THINKING** about it. You just do it. You have become unconsciously competent.

There are stories about men drunk out of their mind. They don't remember driving home! They don't remember pulling into the driveway, shutting the engine down and falling asleep right there behind the wheel! (Oh, if the police see this your "finished!") But it shows us how the *sub*conscious mind can take over and drive the car for you.

Similarly, the subconscious mind takes over and does most of the massage. You are "doing the massage intuitively." You don't think about it. You feel what needs your attention and "just work on it." Over time you have become Unconsciously Competent.

With what I'm teaching you'll be **FAR MORE COMPETENT** than any ordinary luxury relaxation massage practitioner. I'm teaching real healing to you, and you need to know that and learn it from the videos.

Your First Massage Practice Sessions

As a Student Massage Therapist, you should be massaging your patient every day for an hour - or two patients a half hour each, getting consciously competent, and comfortable about touching a body without bringing into your mind all sorts of sexual images or shyness. Approach this as any medical doctorate student would.

Just do the job, think about the muscles, their shape, their name, what they're attached to, and continue from the feet to the legs, the buttocks, low back, up the back to the neck. Turn the patient over, work on her neck and perhaps her scalp and face, pectoralis muscles, deltoids (shoulders) down her right arm, work on her right hand, ...

...switch to the left pectoralis, left deltoid, left arm, left hand, her sides, perhaps her abdomen but most people are a bit too sensitive there and, in any case, it's done very lightly, down to the front of her legs and continue massaging down to her feet.

That's one sequence that would work for a full body. You covered everything. Don't worry about this business of massaging toward the heart. Let her body take care of that by itself. You just handle all the muscle issues. If you don't want to do the full body in regular practice, work on patients clothed and work on their neck, spine and all the muscles of the back and gluteal muscles. You can make your fortune doing a back-pain-care practice.

Save the arms, chest, breasts, legs and pelvic massage for your lover. I intend to offer courses for the private side of your life, later. First, we need you making a good living that will boost you into prosperity. I hope Mr. Banker at DBS will call you and say, "We should be talking about investing your earnings for your retirement funding. What day is good for you to visit with me?" When that happens "you have arrived." (If the bank management is not requiring that of their executives, someone is missing something serious!) It's YOUR job to be a Massage Therapist. It's their job to be investment advisors.

I'll have a business section at the end of this book in the appendix.

If you do as I recommend here you get your mind and body ready to do much more of it. Eventually you and your patient friend, and family members, will send someone to you with real back pain and you tell him the charge is something like 75% of what a MD charges. The information on Google comes from year 2018 so it's irrelevant now. Call around and talk to a few doctor's receptionists. Find an average figure and charge that average or a little higher.

Continue promoting and get 10-new patients and you'll be making a beginning income even before we move into the Back Pain Massage course. (Course #2)

You're earning enough to pay for a basic flat table framed in steel or wood, and a side cabinet, pictures, a clock on the wall, a shelf for you to write upon or place your computer upon, paying for more pillows, bolsters, more education from me, and you're getting established. You're earning enough to begin, if you want that, in your home or apartment or a small medical office in a building that rents to several doctors along the road to the hospital. That's a good location if you're doing a lot of advertising or have many people speaking for you.

I discuss much more of this in the Appendix.

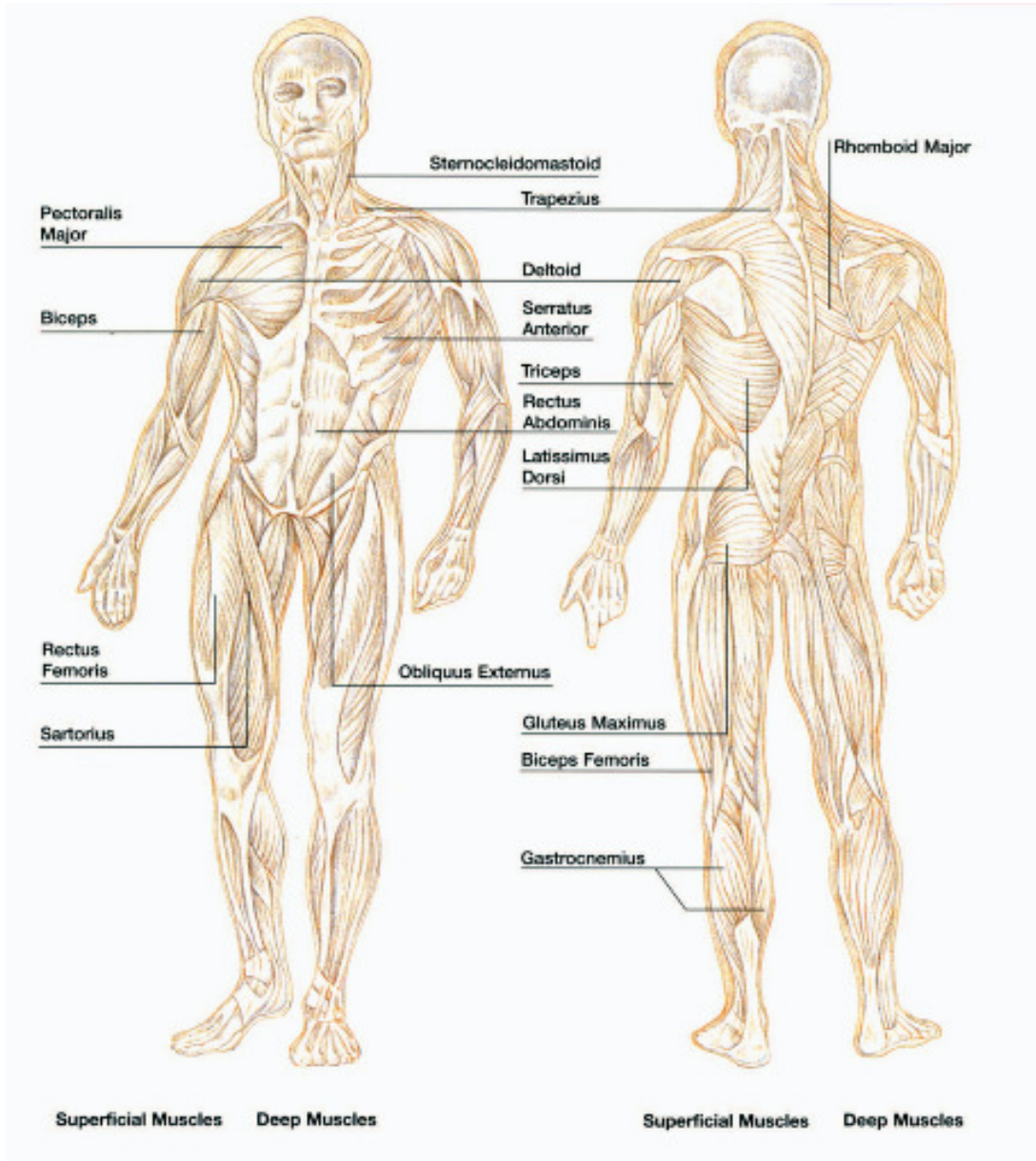
The more you study the better you get and the more patients are recommended. You get calls from new ones and when they ask about money you should charge close to what the MD, General Practitioner charges for a visit. The charge is the same for 15 minutes to 20, minutes, and may be a bit more if you run over 20-minutes. Work your schedule so you can comfortable see 2-patients per hour.

Get paid decently but don't be greedy. We want those patients getting well and finally coming back to you every 2nd week or once every month. I would like them to think of your care as part of their normal cost of living, just like house and car maintenance.

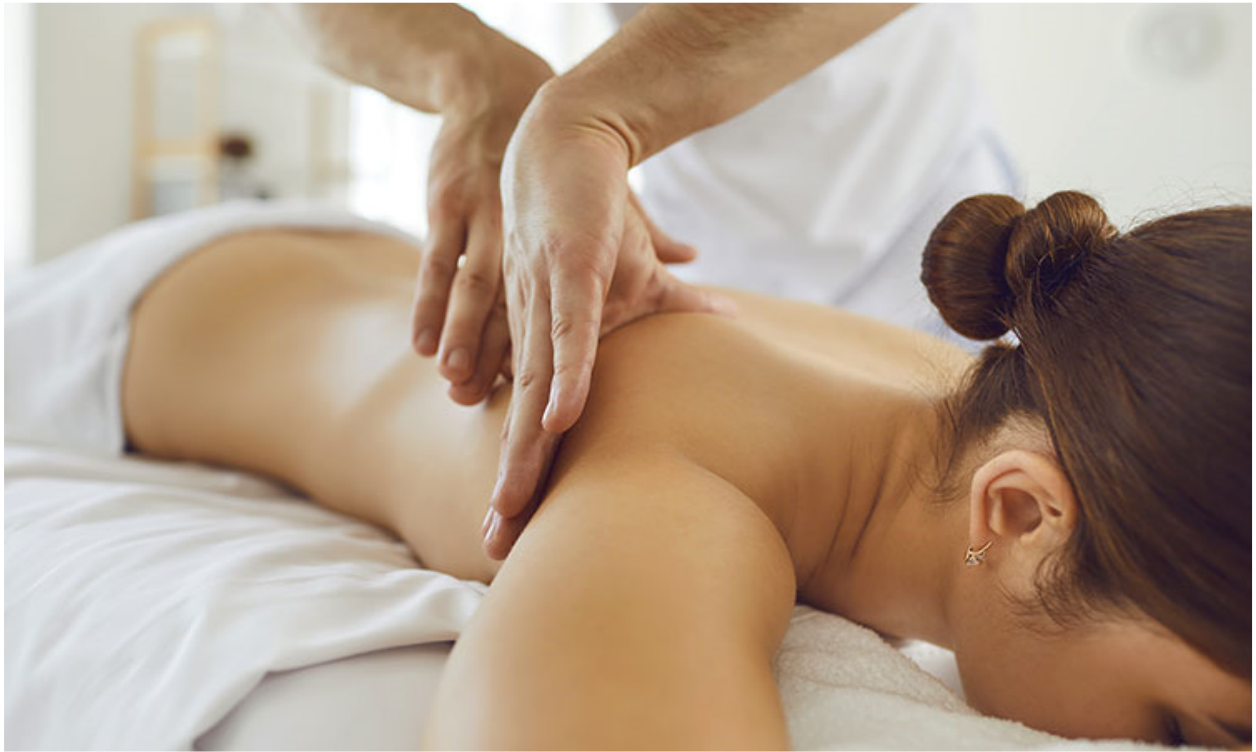
This next chart is provided just to help you with names of muscles

and other anatomical features. When you see this in two or three different forms and review the labels a few times you'll learn the names and places without trying. 80% of any study is learning the terms, the words used.

When you know the terminology (the shop talk) it all begins to make good sense. If you're still in college and taking new classes, get as many of the new terms defined as soon as you can. When you hear those terms used by the teacher it all makes better sense for you and you won't get confused.



I have been waiting to get this article to you, AND THEN we'll talk more about the complete massage.



MT Body Mechanics: Right and Wrong Ways to Stand at Your Table

- October 16, 2020 Billie Topa Tate



Even as an experienced MT, it's easy to forget proper body mechanics—although they are key to giving an excellent massage as well as protecting your own body from injury.

The images shown in this article depict an incorrect way, and then the correct way to position your body while giving a massage. I'll also talk about things like protecting your thumbs, using your forearms, and not putting too much pressure on your lower back.

Proper body mechanics begin with your massage table — so we'll start there.

Maintain the Right Table Height For Your Back Comfort

If you know your patients and their needs, you want to make sure your table height will optimize the sessions. If it's someone who needs some deeper work, you might want to adjust it a little lower than normal.

However, my perspective is that we always have the table at a height where we're not going to be leaning over the patients so much. In other words, adjust it so that your shoulders are resting, and that when you're applying pressure you can use the entire force of your body, not just your shoulders. If your body shape is a bit top heavy, you may want to adjust the table height a little higher so you need not lean over so much, thus taking some leverage off your low back muscles.

This will allow you to use your entire body, as opposed to just your arms, your wrists and your shoulders, which is typical of most massage therapists — they forget that they can use their entire body to put pressure into their work. I find typically that students set their tables too low. Then they're not using their entire body.

It is very important for body mechanics to use leverage. When you're setting the table, you want to make sure you are able to

place both feet very comfortably in a position where you can use your entire body. Test to see what height is going to be good for you.



Maintain comfortable height for your back. She is sitting crouched as an example of the wrong way to sit.

Massage therapists want to do a wonderful job. And when they put their earnest effort into either a site-specific massage or just in general, applying effort to the spine, I see that the lower back is usually the place where they have the biggest problem.

That's because therapists usually position the table too low; they're trying to put a lot of pressure into the work. This lends to a natural tendency that we must lean over and place more focus where we can gain the strength. This causes great strain on our lower back. Instead, we need to balance and use the whole body.

Protect Your Shoulders

The shoulders are also an area of concern for massage therapists, because they tend to use the shoulders and the elbows, the muscles in the arms and wrists and hands, as opposed to allowing the body to create the pressure they need. They use too much of their shoulders, which affects their neck and their spine.

(1) Shoulders are hunched, which places the neck out of alignment and lower back crouched. The entire spine is under strain in this position. It is necessary to brace your arms on the table. Do that, but be sure to sit up straight.



(2 above) Now Billie has her spine comfortably straight, shoulders are back and feet are evenly positioned.



Use Your Forearms (3 above) Shoulders are hunched over, causing tension in the neck and shoulders, with feet unevenly positioned.

(Below) Shoulders are back and in with the center of the body. The spine is balanced with hips comfortably positioned. Weight of the feet is distributed evenly, with one leg stretched back to balance the weight of the body.

One table manufacturer recommends the table height be the height of your clenched fist and hanging arm from the floor, about the same as the bottom edge of a man's suit jacket. Billie has her table set approximately that height too. For many of us it will be about two inches below the bottom of the pubis.





(Above) The shoulders are too high pressed to the neck and arms are bent. The neck is not in line with the center of the body and is out of alignment with the spine. Billie's head leaning forward places more leverage on the upper back muscles, particularly rectus capitus longissimus. The practitioner will have some exhaustion and pain in these upper back muscles because of the table height setting and poor posture.



(Above) Shoulders are aligned with the spine. This allows the massage therapist to use her whole body and upper body weight for the massage. Arms are an extension of the power coming from proper body positioning.

I wish you would remember this. Some of you might be martial artists and you probably already know. When your position is right you are using the energy of gravity, balance of body parts, and even the opponent's energy to help you. This is most notable in tumbling type arts like Aikido, Judo, and Jujitsu, Hapkido, and some forms of Gung fu, Tai Chi and, Wing Chun. Using the energy and body mechanics properly you can do this work for years and enjoy it.

If your position is wrong, you are burning energy to stand in the wrong place, with your body twisted into the wrong shape. You are fighting gravity which is weighing you down, AND adding to this your effort to work on the patient. You can't survive that for many

years. Gravity will vanquish you. You must work with gravity and balance to find comfort and use your energy most efficiently.

Use Your Forearms

The forearms are really wonderful when you're using a gliding technique along the *erector spinae* group, certainly the shoulders. Gliding is a very wonderful fascia technique; it should work with light pressure and slow movements. The fascia releases even more than with deep pressure, because the fascia really holds the muscle, and when fascia goes into a state of relaxation and starts releasing, the muscles will release in a deeper way.

And About Those Thumbs ...

The thumb is a great tool for massage; nothing could ever replace the quality of hands in massage. A lot of times massage therapists will try to use a lot of thumb, just one posture. And they usually use the tip of the thumb.





(Top above) Shoulders are crouched; feet are out of balance; elbows are bent; the neck is tense. Such a position is out of balance and will fatigue the massage practitioner. (Lower above) Shoulders are in alignment with the spine and hip; the neck is relaxed. The legs are even and the weight on the feet is evenly distributed.

In the next two pictures compare and see similar examples, Billie is crouched (wrong) and the next photo she is standing straight. Gravity is going from the mid top of her head, through the crotch and to the floor centered between her feet. That would be ideal and we try to maintain that sort of ideal weight distribution when we can.



(top) The practitioner is crouched over, with the neck improperly positioned and shoulders tense. All these improper postures can fatigue the practitioner and cause sore, stiff muscles. (lower above) The spine is aligned to gain strength and balance. Shoulders are resting balanced and using the alignment to gain proper balance and applied pressure. Same can be said for these next two photos.





(below) The practitioner is hunched over, using only one shoulder. The hips and lower back are crouched over. (next) The shoulder is balanced and the spine is in alignment with the hips; this posture helps apply good pressure without stressing muscles.



Above is obviously bad positioning, below is much better.



(TOP of the two above) The elbows are twisted, the shoulders lifted in a poor position to apply pressure during massage. The spine is bowed and the sacrum out of balance. The weight on the feet is not distributed evenly.

(Below of the above two) The shoulders are balanced, and the spine is in balanced alignment. The hips are in alignment with the spine, with weight evenly distributed on the feet.

Your purpose and goal is to alternate: You can use the tip of the thumb, but then you want to try to also use the knuckle of the thumb. And then also the side of the thumb, which has a really nice gliding site-specific type of traction that's very good. Allow your thoughts to guide the pressure. Develop habits that put less stress on your hands and body and get the most value out of your energy transmitted through your skeleton into your patient's muscles.

Stretch Before, After and While You Work

Proper body mechanics should always include some form of stretching for the massage therapist while S/he is doing the massage. S/he could be working on the shoulder area and also stretching the back of his/her leg. You can always find a way of stretching an arm, or a spot, or lower back, or the leg area, or the foot.

Billy says, "... if I'm working on someone, maybe I'm working on their calf, I'll be standing in a proper position to let the energy flow into the massage and into my body.

I will open my toes, close my toes, stretch my calf by placing my heel down a little bit more while I'm doing the work. You're not taking away energy from your patient by doing a little stretching while you're doing your work. You're taking care of yourself so you can give the patient good care from start to finish, and be ready to work on another soon after.

It's really important for some stretching to be part of your regimen, both before the day starts and after.

About the Author: Billie Topa Tate is the founder of MSI Wellness Center in Evanston, Illinois. She has maintained a successful practice for over 20 years and is an eighth Degree Reiki Master Teacher, certified massage therapist, cranial sacral graduate, meditation teacher and Native Elder - Mescalero Apache.

More Advanced Information About Back massage



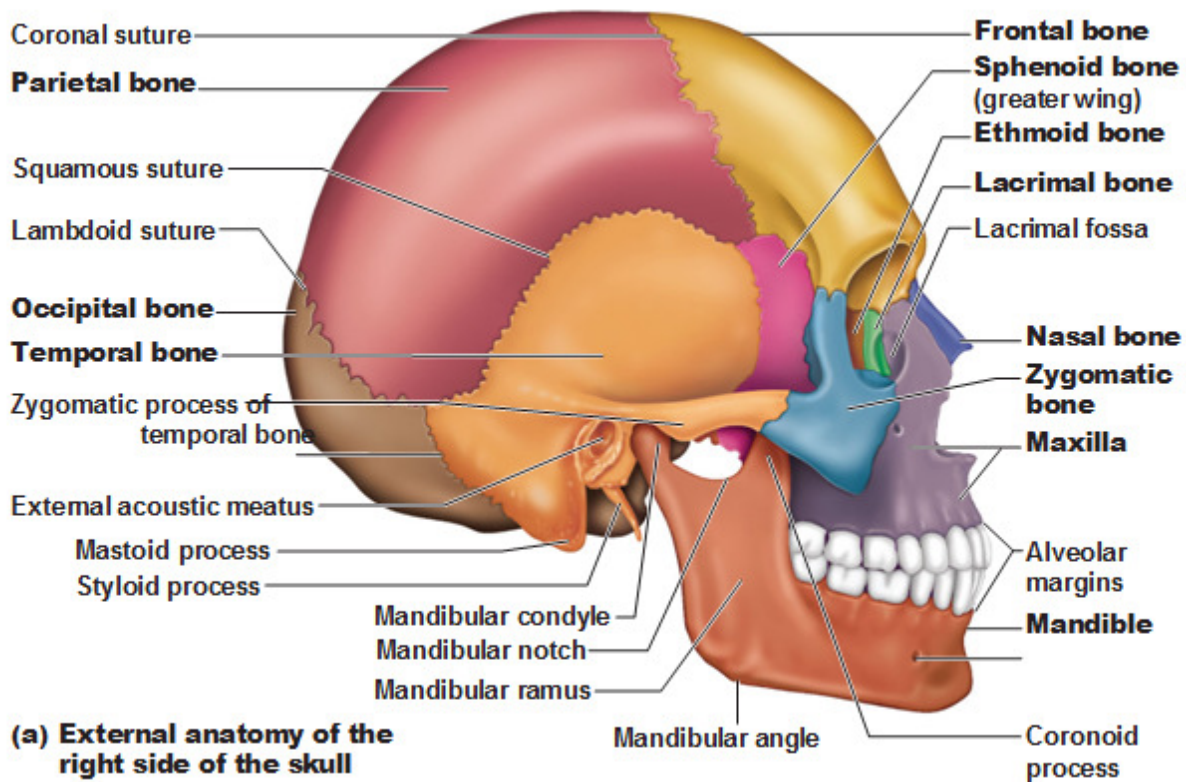


Friction along the Spine Make short deep circles with your thumbs up either side of the spine. Press them briefly into the hollows at the base of the skull, which are just medial to the mastoid process of the temporal bone (picture next page) just below the occiput and occipital condyles, before sweeping lightly back down.

I'm not saying this to baffle you with more vocabulary. That area in yellow highlight is very important to the proper operation of the Vegas nerve which becomes a key to keeping the pelvic muscles (including gluteal muscles) and several muscles around the femur working together in balance. The more we can do to balance those muscles, the more we'll do to get the low back conditions to restore back to normal, comfort and health. So, get your fingertips in there and rub in circles. Slip off the back of his ear, that's the petrius portion of the temporal bone, and move medially about 2 inches and you'll feel you're onto soft tissue. Rub there and help the neck rebalance and restore proper position and motion. Later when you work on the low back, and sacroiliac articulations, you'll get better results and the patient

will say the low back pain is reduced. The MD can't do this. It's you or it is no one, so this proves you're worth your fee.

Skull – Lateral aspect



After all we read about body positioning, I can imagine a young, flexible person caring for one friend on the floor like you see below, but certainly not caring for 12 per day. In my thinking if the woman is in some pain and her man does this for her on their bed, he comforts her and she rolls over when his work is done and falls asleep and is thankful to have him. Again,



A Moment About Tables

I'm saying, you need to build a table, or even two each one 3' long x 28 inches wide with a face rest and breast plug cut into one of them so the lady can lie comfortably on a mattress that has been upholstered and made to fit perfectly on these two small odd looking "coffee tables."

The table will more than repay its cost in the first few days working on patients. Two good solid wood or steel square tubing frames with a wood top will be just fine. After you have decided to build or buy a portable table, you'll find other uses for them perhaps as bed side tables or to hold a lamp and books.

This picture is from an old book printed in England. It's a very cool book, but we can see the practitioner's posture can't be maintained. No one can make a living doing this for 14 patients per day. A heavier woman practitioner carrying 12 pounds on her chest cannot lean over like this all day. That's impossible!

You'll do far better to work for a few patients, save they money they pay you, and build a stationary table, or buy a portable table. There are retailers of massage equipment in Singapore and you can search Google to find them, phone in, discuss what you need and prices and get some good advice. Buy something that will last. Don't buy a table for \$35. You'll soon be sorry if you do!

Run this search in Google: Singapore massage equipment dealers

You'll see several advertised there. Talk to them before you buy. If you plan to use a portable, see what they can offer.

I want to remind you here, I estimate that the population of about 5-million in Singapore needs about 25,000 Massage Therapists. There's room for YOU and many others to make a living there.

In department and hardware stores you can find fiberglass tables with pipe framing and that's another temporary alternative. They cost less, can hold a lot of weight, and come in 5' and 6' lengths so look at those too. When you finally graduate to a better table that one can be furniture for your home or clinic, or a fold away tool table when doing some other work in the garage.

Compare online offers. Go to Amazon.com and look at massage tables there. Expect to invest about \$150 at least, and maybe more if you're so inclined and able. To see what you're getting walk into a shop and get a sales person to compare with you before you jump into the wrong product. If you're earning \$45/patient visit you can afford \$200 and \$300 for a good quality table that will last longer than you do and never creak

and I think that's what you should be looking for. If you know craftsmen around town who would build for you, send me their contact information and maybe I can arrange to send them more business and they can make tables for many practitioners each year.

Building a stationary table has many advantages, but it probably will cost at least \$300. I overbuild so they're very strong, heavy, but certainly not portable. My tables can last for years, so to me the price is nothing. If you're interested, (talking in inches here) I use 2 x 4" legs, 1 x 4" framing, glue and screw it all together with 2 x 4" blocks in the corners, then cover with a 1/2" plywood top. An American 2 x 4" is the rough size. After they dry and plane it what you buy is closer to 1+3/4" thick by 3.5" wide. These are used for house framing. They're very strong. You really could lower a truck engine on this table and do mechanical work. It's that kind of strong. I don't like anything to wiggle or squeak. I plan to build another using steel hollow tube framing, bolted and braised together. I'm looking forward to learning some simple torch welding.

Forearm Pressure, Neck and back cross fiber massage



What you see in the picture, this young man kneeling on the floor, you can do with the patient dressed. It works out very well for you and the patient - and your reputation, because many women want the help but they're afraid of a man's misbehavior, or they simply are modest.

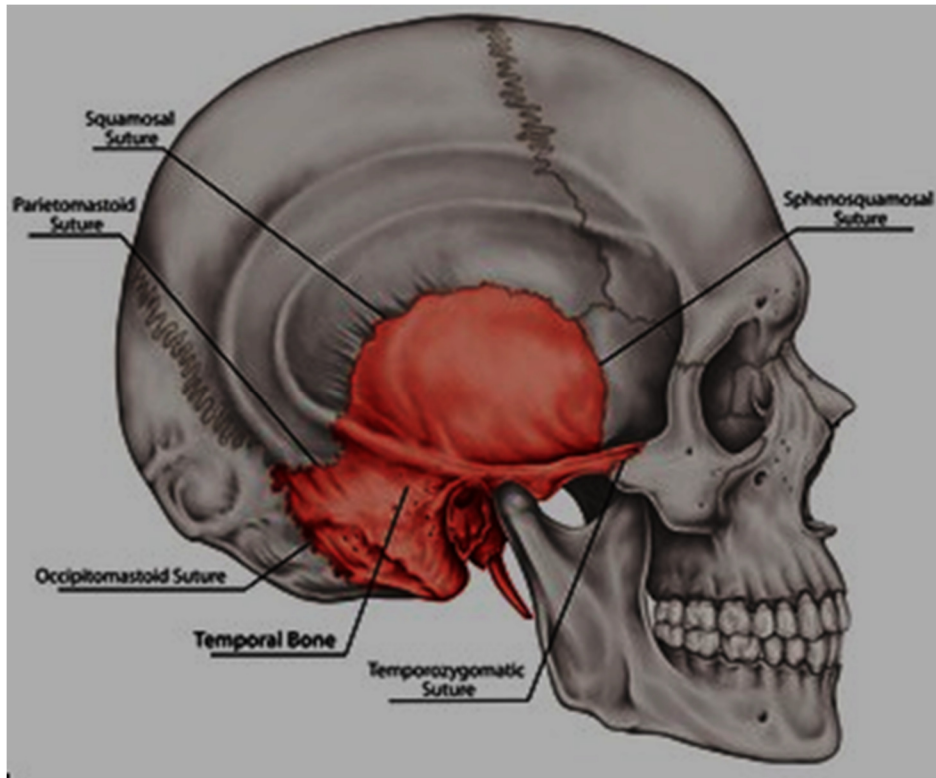
Asian culture is in many places, more modest than European and American culture. If women know

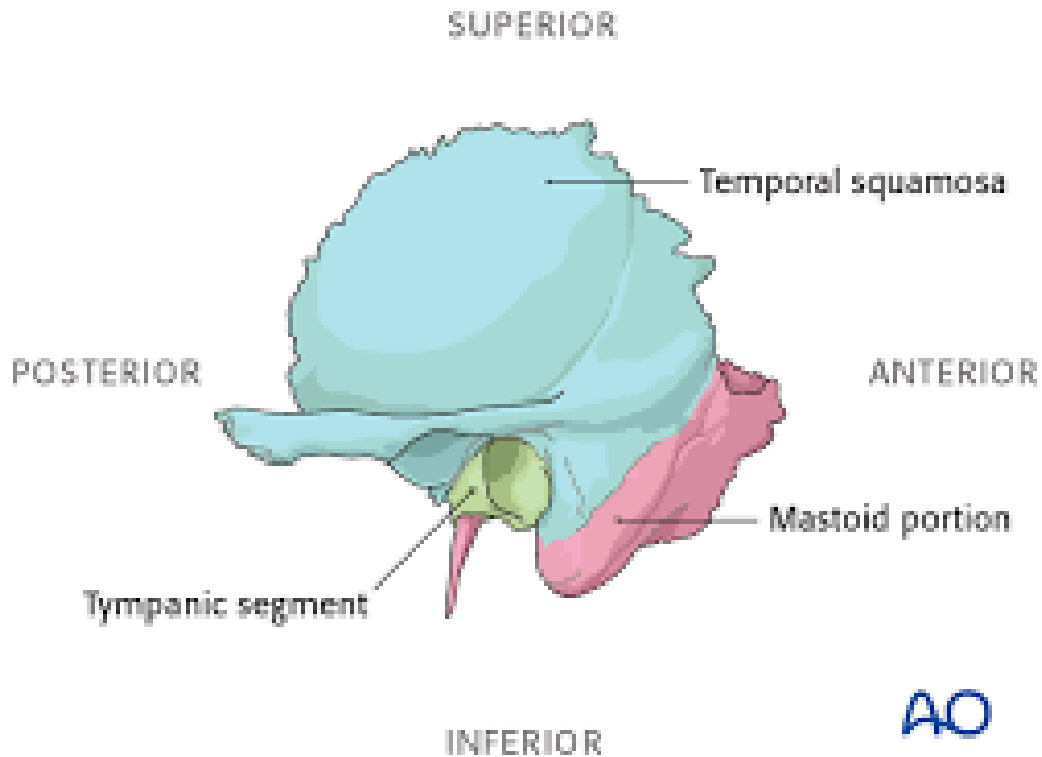
you usually work with the patient dressed, you'll immediately double your potential patient traffic. And of course, as I've said, you make yourself much more time efficient and avoid washing endless laundry. My advice is to do oil on skin massage on your lover and dry hands on dry clothing for your paying patients.

Place your inner forearms in the center of your patient's back. Slowly pull them apart, bringing one up to the neck, the other to the base of the spine. Repeat, working diagonally across the back, so that one arm goes over one shoulder, the other off the opposite buttock. Repeat, crossing diagonally in the opposite direction.

You can do this starting position in another way. Cross Fiber massage is used more and more as practitioners tell one another that it gets good results. You can rock the patient this way or alternate arms, right arm forward, left arm back and scrub along the length of the spine.

Much better: Use your hands to do this at her neck and especially at the top of her neck just beneath her skull, and gently work that area, then use the knife edge (pinky, small finger edge) of your hand under her ear where you slip off the Mastoid Portion of the Temporal Bone. (Look at the pictures scrolling down, you'll see!)

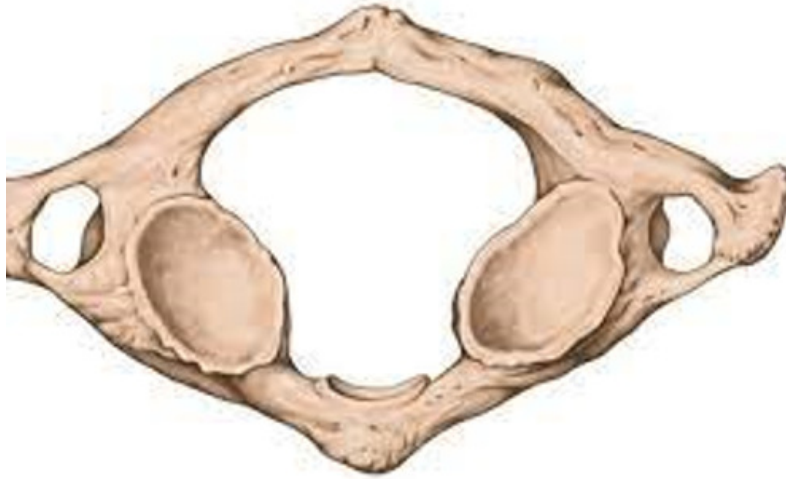




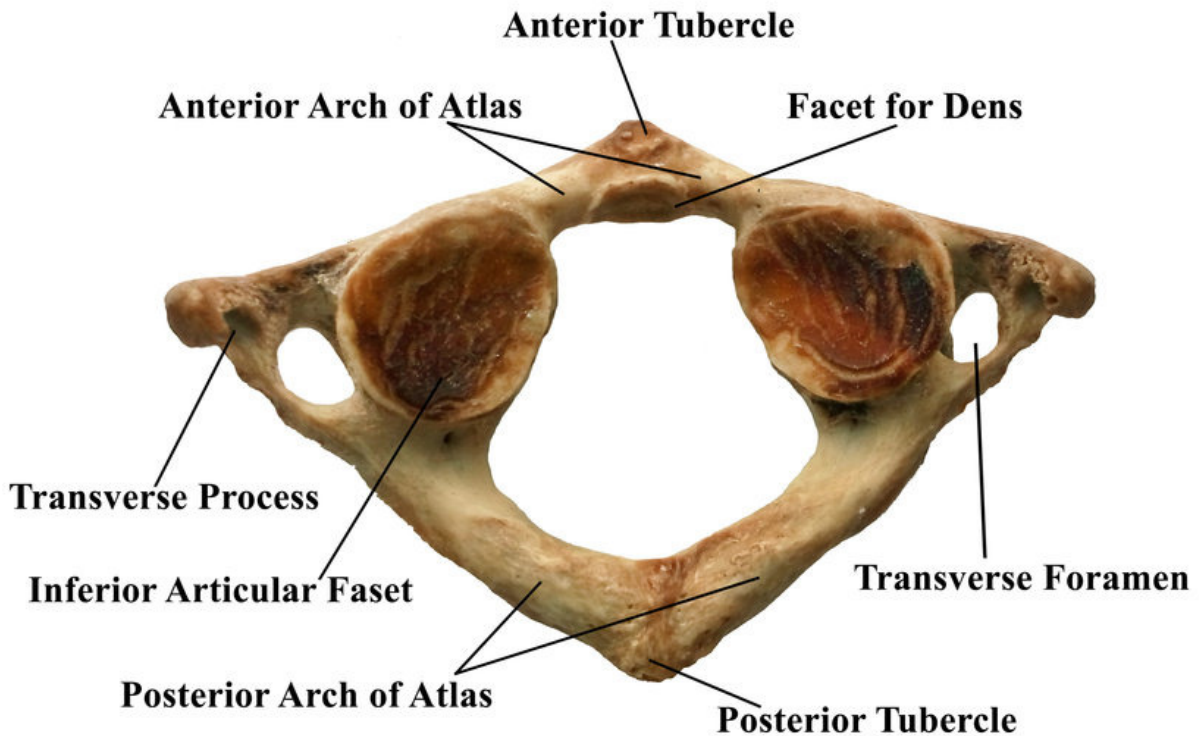
Use a lighter contact here. Delete any memory of urban rumors that if you touch someone on the back of her neck in just the wrong way she'll immediately die. *What a lot of balderdash!* Try this on yourself first and you'll know how much grip and pressure is comfortable.

You can rub back and forth from the direction of her jaw toward the back of her head and neck, and get the muscles under there to relax. You're relaxing around the Transverse process of the atlas, which is C-1

Transverse Process of the Atlas.



< Transverse Process



You can make so much good change for a patient doing this you have to experience it to believe it!

Continue this gentle “scrubbing/wringing movement” down her neck. If you want to, switch from the knife edge of your hand to

the length of your thumb or both thumb and pinky, and you'll be doing similarly to the wringing movement shown much earlier.

Turn her head and do it again. Do the other side of her neck, both sides and some of the back of it too. Do this gently. You don't need to use a lot of pressure here and it is advisable that you do not. If the patient says she was in a bad car crash, accident, fell down a stairway or something, you have to be very slow and careful to find out what your limits are for this particular case. But do not be reluctant to help her. (In Course #2 I'll talk about care for post-car-crash patients. It's very important for you to know this.)



Continue from the level of the middle of her scapula. You can rub/scrub with your palms for both forearms. The right hand goes forward, left goes back and repeating (This sort of position one hand moving forward the other back toward you. You'll be working the length of the patient's spine from the scapula down

the length of the spine. You can do similar motion from the scapula down her side below her axilla down to the base of the buttocks. We're doing an effective cross fiber massage this way. Work both sides of the spine and of course if you're using your forearms you can work the erector spinae group both sides at once. It feels good and it's effective to get the work done quickly and move along to working the general fascia area over the buttocks.

about 2 of these repetitions per second and work down the length of the spine to the sacrum, and even down and over the buttocks. Don't be reluctant. These are strong muscles and they need a good strong rubbing and "loosening up."



Work scrubbing/wringing across the entire back in this position the length of the spine and you can use the palm side of your forearms too, for a very good effect. This can work through clothing but if you're inclined to raise his/her shirt and use oil, I think the patient will be

pleased and thankful for it. This illustration (seen previously) is a good example.



Obviously, standing at a table your feet follow under you and this is far better than trying this on your knees!

There's MUCH, so MUCH more for me to teach about Back Care. Chiropractors are doctors with a specialty in bone diseases, broken

bones, and misaligned bones particularly in the spine. We begin looking like we'll become Orthopedic Surgeons! We're tested like those students too. And I took extra optional study in all of these areas. So, I've gained a lifetime of knowledge and wisdom about this to impart to you, and we'll get much deeper into it in the Back-Pain Massage course, which is Course #2.

I plan for it to sell for about the same price as this one. The two courses combined will be the education bargain of the century. If you want to thank me, send more students. There are more patients out there than you and 12,000 others can handle. That's the truth!

The numbers are amazing. Singapore alone could have potentially 4,000,000 patients and you can handle perhaps 300 people who know you through each year. 4-million divided by 300 in every practitioner's file system indicates a demand for 13,300 practitioners. But the reality of life is, some patients sometimes

try different practitioners just for the fun of it and some practitioners decided to take a break for pregnancy. The young lady works as an MT for 5-years out of college, marries, and begins raising two little ones, and might see no patients or just one or two occasionally. There can be many reasons why people start a practice, work for a few years and then stop. Some simply grow older and retire. Over the next 5 years there's a potential 20,000,000 patient visits for some of us to handle and YOU *could* be one of them.

We can keep at least 13,300 practitioners busy all over Singapore. So, don't wonder if you'll lose traffic to the competition. Rather, the more practitioners there are the more they create a good reputation and a good market for one another.

Some taking my course intend to use it only for their family or the husband wants to massage his wife and gently warm her up and then enjoy making sweet love to her before they both sleep. Obviously, all of my students will not make a career change. Some may opt to try opening a practice in a more rural location. But for those who can see just 10 patients per day, there is \$125,000 per year waiting for them, to do good, honest work. And...Truth is, Some of us are much happier working our own business compared to working for an employer.

I remember when cell phones could not be repaired. Now there are phone repair people in every neighborhood. They have a good reputation and they're building a market and an industry for one another. It'll be the same for Back-Pain Massage Therapists.

Please help us all together. Recommend some of your selected friends to study this course and enjoy the benefits at home or in a commercial practice.

Back of Legs and Sciatica

To complete your massage on the back of the patient's body, work on the legs, and finally on the feet.

In bringing energy down to the legs and feet, you are helping your patient to feel more grounded and stable. The soft, fleshy backs of the legs are ideal for kneading and wringing.

Related Digestive Distress to low back and sciatica trouble

If this area is especially sensitive or painful, it's an indicator of perhaps digestive system distress and or lower back problems.

The digestive system leads to chronic "weakness" of the hamstring muscles, leading to a hyper-lordosis of the lumbar spine. This leads to a strain of the piriformis muscle, and gluteus medius and minimus. The great sciatic nerve pierces through the piriformis muscle or developed in gestation to be under it, and then runs down the back of the leg to the heel.

If the patient complains of low back and leg pain, work on the neck as I covered earlier, and then get busy with the gluteal muscles and all around the sacrum, and wiggle and massage at L5 and L4 (lowest segments of the Lumbar spine.)

The patient should be advised to eat more fibrous foods like brown rice, whole wheat breads, oat meal, also eat some unsweetened yogurt daily, avoid white sugar and white flour, and over time her digestive system will improve and many other health issues will improve too. I did quite a thorough discussion about this starting here

<https://sgshopper.me/llgh-letter/>

and you should own and read a little of this book every day until you've consumed it, especially the parts about the digestive system. A sickly digestive system will ruin a patient's chances for a healthy, normal life. When you teach and help patients with these problems to get well, it will bring you more and more patients. Bad skin, acne, terrible breath, so called "Old People's Scent" is all about a sickly digestive tract.

This condition will require patience and time to clear up.

Similarly -- A swollen, tender, even "hot" sciatic nerve won't clear up instantly. The patient, according to how painful, swollen, hot and tender she is, may need care daily for two or three weeks! You can share the case with a medical physician and perhaps the medications will help relax muscles and calm the swelling. But symptoms are only a ringing alarm bell. You need to get to the CAUSE of this problem with massage and dietary advice. If you don't do that the patient remains sickly and painful and you've done nothing but given some comforting "palliative" care, and taken money. That's not a morally upright way to operate!

By massaging the back of the legs, and providing advice about digestion and how to cure the problems, you therefore not only relieve tenderness there but also affect pain or stiffness in the lower back. Medical doctors generally know nothing of this and patients who believe the MD is some sort of god, are only believing the television advertising (brainwashing) without applying logic. "My doctor says I have too much stomach acid." (That's very unlikely. Your doctor wants to treat you with antacids for the rest of your life and that's exactly the wrong thing to do.)

Caution: Avoid all but gentle strokes up the leg if your patient has varicose veins. Deep massage might aggravate the condition. Work on either side of the veins and don't stroke down the legs for fear of making the varicosity worse.

Oiling For Legs Massage

Place yourself between your patient's feet, be sure the genitals are properly covered, and start by oiling both legs at once, one hand on each leg. If you are working from a kneeling position, rock forward from the hips as you glide up the legs. Now choose which leg you are going to work on first and position yourself at the foot. To spread the oil thoroughly and warm the leg before massage, you can either use the long stroke with your fingers pointing straight up the leg, or cup your hands, as shown right. Note: If using towels, uncover and oil one leg at a time. (If you're exclusively doing this for your wife or lover ignore the draping but keep towels under the body so as to prevent oil staining the bed sheets.)

If you're working on *the love of your life*, you can do this and (ahemm) a bit more. By this time, she'll be "indicating" with sounds or movement what she wants, which might be *rest!* (Rest is a good and necessary thing too, you know. We men must be sensitive to her needs and when you know she needs sleep be like the kindly doctor, care for her and let her have the rest she needs.)

If you're in a commercial practice and offering back pain massage I suggest that you take care of the back from the neck to the buttock muscles and sacrum, then do a bit more connecting smooth movements over the spine from the buttocks, massaging round and over the sacrum, then back up to the neck, across to the shoulders, down the sides, repeat two or three times lighter and lighter pressure and when you reach the buttocks for the final time with very light pressure lift one hand off, the other can settle on the top of her head for a minute to connect accu-energies and then say, "OK, I think that's enough for your body

for one day. Be sure to drink more water today and let's do this again soon, perhaps in 3 to 5 days, 10 days at most."

If it were me in my practice with a dressed patient I would begin on her back, massage her neck, work on her arms and hands, front of legs and feet, and then ask her to turn over. If it's a Back Pain practice arms, hands and legs are secondary. In 20-minutes we want to do as much for the neck and back as we can.

There is much more that I do, with muscle testing and adjusting the hips and sacrum, but that's for Course #2 to cover.



Legs: Long Strokes

Oil your hands and let them rest for a moment on the backs of the ankles. Now glide your hands up the center of your patient's legs - over the buttocks and round the hips, sliding down along the sides of the legs, over the sides of the feet and off the toes. Repeat once or twice.

Cupped Hand Stroke Cup your hands over the back of the ankle (A), with the left hand above the right, if working on the left leg, and vice versa. Glide both hands up the middle of the back of the leg. When you near the top, allow the leading hand to go up over the buttock and around the hip joint while the other moves around to the inside thigh (B). Glide both hands down the sides of the leg and off the foot (C). Take care not to get too close to the genitals when pulling down the inside thigh.

We must respect our patient's privacy always. If this is for your lover, she will tell you her emotional and energy condition and what she would most appreciate today. Follow her instructions to build and maintain trust and peace between the two of you.



We might all like to be *The Sex Beast of the Century* but really, people get painfully tired at the end of a day and we must respect that even and especially so with your husband or your wife in our bedroom. Raising little children is both a joy and a dedication to patience and sacrifice. By days end, Mrs. get's REALLY tired. Giver her a relaxing rubbing and a light towel wipe down to remove excess oil and say, "sleep now." That often is just

right thing to do. She will reward you for this for many years to come. These kindly behaviors are remembered forever.



I want to give a real-to-life perspective here. Most of your patients will be dressed and, in the tropics, dressed in T-shirts and shorts, which is just great because there's no time wasted, no oil to clean up, no laundry to wash. Keep them dressed, you'll make **MUCH** more money, and have no embarrassing reputation problems. Assume every patient is a plain clothed police officer or a court judge, and stay out of trouble. Earning \$125,000/year or more to do this with upright moral propriety is worth avoiding whatever temptation you might have to be a bad boy.

You never want people passing rumors around that you're flirting. Especially now with email and social media, the entire community can hear about it in under 2-hours! That thought can chill you to the bone marrow.

If anyone does that to try to hurt you, my strong suggestion is to **IGNORE IT**. If you argue on line the whole community reads this, Google picks it up and it's on the home page forever. At most reply/answer, "Check the police record. It never happened. Some troll is trying to hurt me." And never talk about it again.

The problem with social media is that anyone can claim to be a health care authority, anyone can get on YouTube and give incorrect information (and often they do), anyone can present “fake news” (also known as lies), anyone can defame another’s character. It’s not common but it can happen. It’s pitiful that every time a new technology appears, some evil people think up ways to use it to harm others. A day will come when all of that will be stopped, but for now, we must do our best to be decent and prevent pad words spoken about us online.

We must be polite and well mannered. If you’re single and a patient asks, just say, “I’m single. You can talk to me more after hours at Face Book or MeWe or Instagram or just phone me. (something like that). I’d be happy to chat with you more. Being single not fun. I want a stable relationship. Maybe we have dinner together. I don’t want a reputation for flirting, so I try to speak only about health-care while I’m working.” Stop right there. The rest happens after hours on the phone or one of the social media Messenger services.

“Half Locust” Leg Lift



In addition to using the different strokes to massage your patient, you can incorporate various “passive” exercises into your session. These mobilize the joints and stretch the muscles by placing the patient’s body in certain positions. The “Half Locust” Leg Lift - so-called because the movement imitates the Half Locust position in yoga - is useful during leg massage as it exercises the hip joint and stretches the muscles at the front of the thigh.

It might be best done with pillows slipped under one leg to hold it in position while you continue the massage.

When lifting your patient’s leg, let your whole body take the weight, not just your shoulders and arms. And flex the leg only as far as the point of resistance. There should be no strain or discomfort, either for you or the patient.

Making this a regularly done exercise should do wonders to strengthen, firm, and improve the shape of anyone’s back muscles. If you’re new to this start with just a little try the first

few days and work up gently to more repetitions. This illustration below gives another view of stretching the anterior thigh, psoas and abdominal muscles, but again I recommend pillows or bolsters to help you to protect your own back. The position shown in this illustration is physically very demanding and I recommend against it.



Leg Lifting is similar to the Locust movement.

Come to the outside of your patient's lower leg and hold it from below, one hand at the ankle, the other just above the knee. Keeping the leg straight, slowly raise it as far as it will comfortably go, then lower it carefully down. Repeat once or twice.

Supine anterior leg stretch; Perhaps a better alternative.

I consider this a bit experimental. You can be very careful about what your body can handle. Otherwise, request the patient to lie supine (face up) and allow his/her leg to slip off the table toward the floor to stretch it more naturally while you apply some massage movements.

Draining the Leg

This is a traditional movement, but it is my consideration that normal pumping action and hydraulic pressure provided by the heart are quite enough and the heart needs no assistance. Rather, this movement might in some cases cause a serious problem, especially on people past age 39. I'm including the explanation so you know what it is about.

For patients who have a problem with swelling of legs and feet, recommend he/she should rest with feet propped up on a wall, straight up or angled to whatever is comforting. I sit too much at my desk and sometimes I do this before I sleep or if I need an afternoon rest. Where I live now the rooms are small and the bed is in a corner, so I have two walls from which to choose. When



I've had enough of that I can roll off that position, place a pillow between my legs to rest on my side and rest comfortably. This has improved my swelling condition markedly. A position with feet higher than this works well too, though the resting

person (patient) must pay attention to keeping knees bent a little lest he have problems with overstretch of the popliteus muscle behind the knee.

These strokes are believed to work with the circulation, assisting the flow of blood back to the heart. Positioned either at your patient's foot or by the side of the leg, begin to work up from the ankle, first with your thumbs, then with the heels of your hands. When you come to the back of the knee, your strokes should be broader and lighter - if you press too hard, the kneecap will be pushed uncomfortably against the working surface. The draining stroke with the heels of the hands is most effective on the back of the thigh and buttocks, where there is a generous expanse of flesh, but you can also use it on the calves.

Draining with Thumbs

Working just below the calf, use alternate thumbs to press gradually up the calf and thigh in short firm strokes. Keep the rest of your hand in contact with the leg, to "anchor" your thumbs.

Foot Heel Massage

Draining with Heels of Hands Work slowly up the leg, pressing the heels of your hands into it alternately in broad, deep strokes. Let your movement be continuous and rhythmic and be sure to relax your hands. Any foot massage is a great comfort to the patient and will improve overall health as you help move bones back into good position. Press and gently thrust bones toward the "top" of the foot (top while standing). Wiggle the foot, gently hold the heel and twist the foot, grab each toe and wiggle and pull it helping to open the joints there. Pull continually as you move the toe, rotating in a circle for 5-seconds for each toe. Hold one hand over the top of the foot, cup the heel in your other hand and pull, asking the patient to try to rotate her foot a bit. You may feel joints open and reseat themselves to proper position improving his/her comfort.

Working down the Leg

Having drained the leg up to the hip, you now begin to move down again toward the foot, using a kneading stroke on the thigh

and calf. After thoroughly massaging the entire leg, having drained the leg up to the hip, you now may begin to move down again toward the foot, again using a kneading stroke on the thigh and calf. After thoroughly massaging the entire leg, you can either pull down the inside of the leg in overlapping strokes or use a wringing motion of your your hands along the leg.

The back of the leg is particularly suitable for wringing work as there are no protruding bones to interrupt your path. The muscles of the legs are larger and amenable to cross fiber massage. This can be physically demanding and is not for all patients nor for all MT's.



Again, I don't advocate a lot of oil on bare skin practice commercially. For me that's an *at home for my wife* sort of practice. Commercially, I prefer to massage with the patient dressed in loose/soft cotton blend clothing and I concentrate on neck and back pain concerns.

More Marketing Ideas



This photo is my personal view of ideal clothing for patients and you can have these made with your sign on them. "Great Back Pain Massage dressed like this! And your name and phone number" Give this out to your star patients. It cost you perhaps \$10 when buying in a quantity, and she promotes you and sends more patients. Or buy one and put it onto a manikin that turns and it makes money for you continually by recommending your practice to new, slightly reluctant patients. Ask around town for someone who does sign printing and clothing screen printing. Or ask me. I

know someone here who will do it but it must be in a quantity of over 100 pieces. Alternatives on a manikin, put a sign beside or in front of it. The sign can be written to point to you at a location or just give your phone number. It can display in a mall, a hotel, or behind a window in front of your office.

Of course, there are sign makers who can print a life-sized sign for you too. One sign, a photo of a friend dressed in sweats with words beside her. See this photo below. One or several signs like this can be placed in a shopping area, indoors, and you'll pay for the placement but these signs can be extremely effective at getting patients to call you. Everyone carries a phone and can photograph the sign and call you at their convenience, or call a receptionist or call center who will forward the message to you. Or, you can display your txt message number and receive messages that way through someone like Facebook.



Part of marketing is thinking up NEW ways to reach people. This is a big display sign promoting the sign making company. These things are not very expensive and according to the foot traffic a sign like this can give you tremendous exposure. Your cost divided by the number of viewers can work out to less than $\frac{1}{4}$ of a cent per “impression.” I have a sample ad in SgShopper.me/ Singapore Shopper Magazine of a restaurant that does this so why can't you? You can see it at this link. The woman holding up a sign - IS a sign! <https://sgshopper.me/raspura-masters-restaurant-marina-bay-sands-hotel/>

You can see how this works. The small ad on the SgShopper cover or on a grid of advertisers, always links to a bigger page where you can have more photos and say whatever you want, and for YOU I'll do it for a set up fee and then (as June 2022, under \$36/month) and I know that's a bargain that no other magazine is providing. In fact, most don't tell prices. They want you to call

them so their salespeople can grind you for all the money they can get.

These magazines are so overpriced the small business start-up is priced out of business! I want You IN business so I charge a price you can afford, presuming you'll maintain the advertisement running for a year or longer.

This offer is good for the first 100 new clients. After that I'll have to work something else out. I've been thinking of opening a 2nd magazine even more interesting than this Shopper magazine. I really want to do that; with more articles, interesting material, staff hired to help me, and more opportunities for smart MT's to get noticed by enough patients to keep them very, very, very busy! How about YOU? Jump in while you can.

Kneading the Leg

Using a rhythmical alternating movement between your two hands, gather and squeeze bunches of flesh over the whole of the thigh and calf. Maintain close contact with the leg - sliding your hands back and forth. Don't develop a new stylistic habit of lifting your hands into the air between handfuls. We're not playing the piano here.

We have enough weird people in the natural healing arts doing weird stuff, magic, witch-kraft, worshiping plants, praying to crystals, God only knows what else! I hope not you too. Just massage and try to avoid breaking contact, do a good job at whatever you do, be decent and honest, get paid and move on to the next patient. If you can see 10 - 12 every work day you'll be doing just great. If you have the strength to do more, that's wonderful. Many little clinics also have a corner display for selling vitamins and other nutritional supplements. Good idea and it makes a nice additional income.



Dated picture,
Poofy hair was
really in fashion
then.

Wringing along the Leg

Starting at the lower calf, wring your hands gradually up and then down the back of the leg. Keep your pressure even.

The Ankle

Photo shows flexion differences:

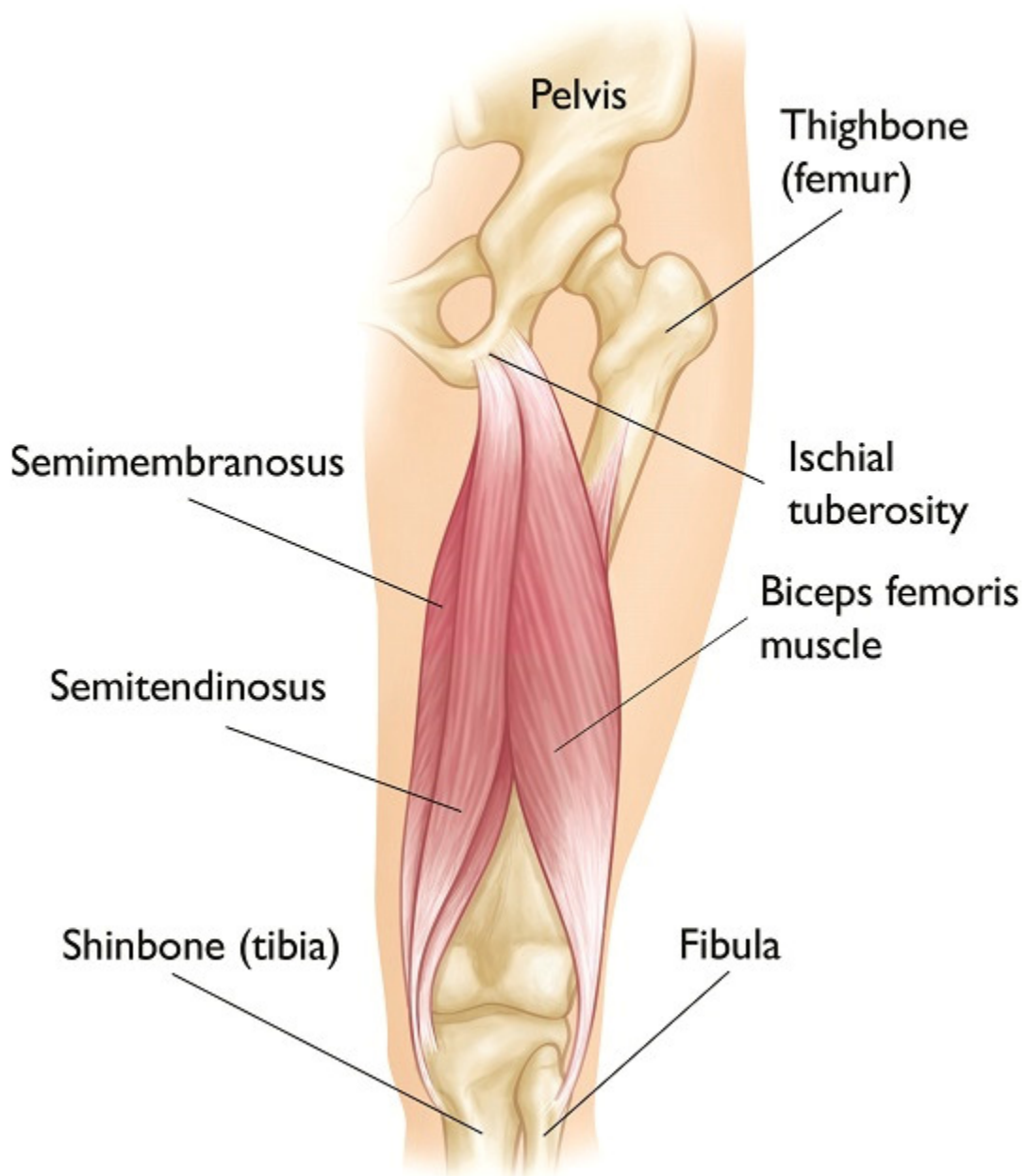


Like any other joints, ankles often store tension, blocking the free flow of energy between the feet and the legs. People with stiff ankles may suffer from cold feet. Some say they may be “ungrounded” and explain that their connection with reality is uncertain.

Massage will not only help to restore flexibility and assist grounding and energy flow. It will also relieve any built-up of fluid.

The movements shown here serve both to test and then to increase mobility and suppleness in this area. We’ll just quickly define a few words with pictures and then continue. It is so much easier to learn this way seeing the pictures and getting familiar with the words. !

This big picture next page displays the back of the leg. These are “The Hamstrings.”

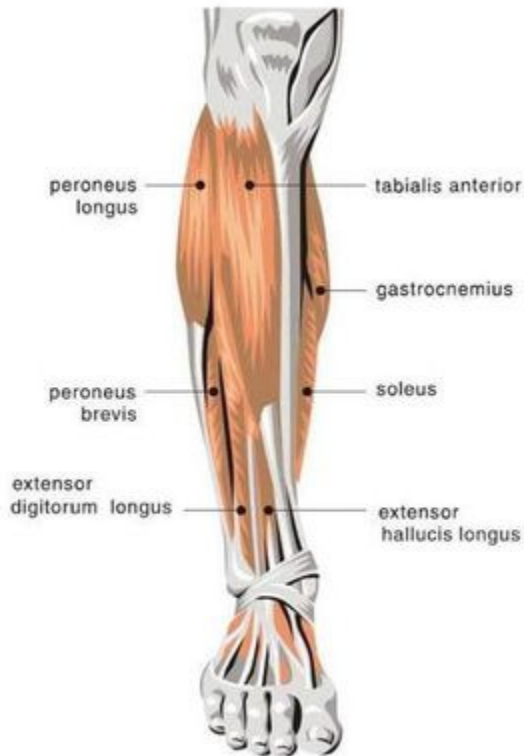


Tibia and Fibula are shown without muscle on them. This is still the back of the leg. We have to do this for the leg below the knee too, of course.

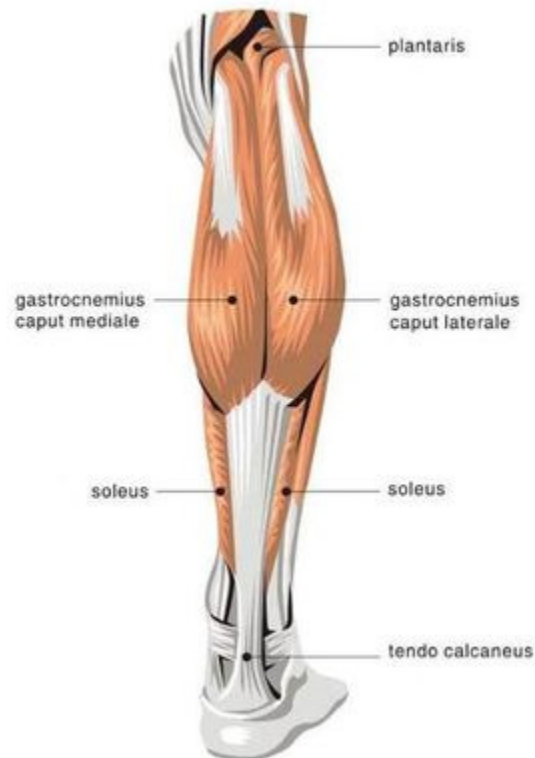
Anterior is “front”

Posterior is “back” (always)

Anterior Calf



Posterior Calf



Rotating the ankle gives you a sense of the flexibility of the joint; Dorsiflexion of the foot tests the tension in the muscles and tendons in the back of the leg.



If the hamstrings and calf muscles (gastrocnemius and soleus) are tight, you will not be able to dorsiflex the foot as the picture illustrates. You'll feel resistance as you **SLOWLY** and **GENTLY** (please!) dorsiflex the foot. Ask the patient, “Does that feel tight in the back of your leg?”

Dorsiflexion is **the backward bending and contracting of your hand or foot**. This is the extension of your foot at the ankle and your hand at the wrist.

If the extensor muscles at the front of the lower leg are tight, Plantar flexion of the foot as the picture shows, will illicit some pain response.



Watch the patient's face. The face will grimace a bit and communicate even before words will. Where I live now in The Philippines, people talk with their face. Westerners don't do that so much.



Lifting the Lower Leg

These pictures are from the older English book I found. I want to strongly encourage you to buy or build a table. *Get off the floor.* See my booklet about promoting your practice and other business tips, and I'll discuss tables for you more there.

In order to work on the ankles and feet, you first need to lift the lower leg. Positioned beside your patient's leg, place one hand under the ankle and the other on the back of the knee. Slowly lift the lower leg to an upright position. Take notice of whether your patient "helps" by raising the leg or readily surrenders the leg to you. There are many body signs to which you should pay attention to help you discover his/her needs and sources of problems and pains. As we continue, I'll be showing you many more.

For now, I'll just say that I think we should not rely upon high technology to find problems with patients. If you develop the older skills of examination, you'll realize you can find most problems with your eyes, and hands, and your intelligence.

That patient's nervous system is the most powerful diagnostic instrument. Even the one or two in a hundred that are grouchy and impossible are actually telling you a story with their words, voice intonations and mood. Modern people don't understand this and operate on the hidden standard that says, "If I don't know, he wouldn't know it either." That's a very foolish, emotional, non-analytical, (Illogical) way to live one's life.

When we get further into back pain massage, Course #2, I'll show you how to do some muscle tests that will be like a magic act and when you're done the patient will realize he knows nothing, and you are the master and teacher. He'll tell friends too and that brings in more patient traffic.

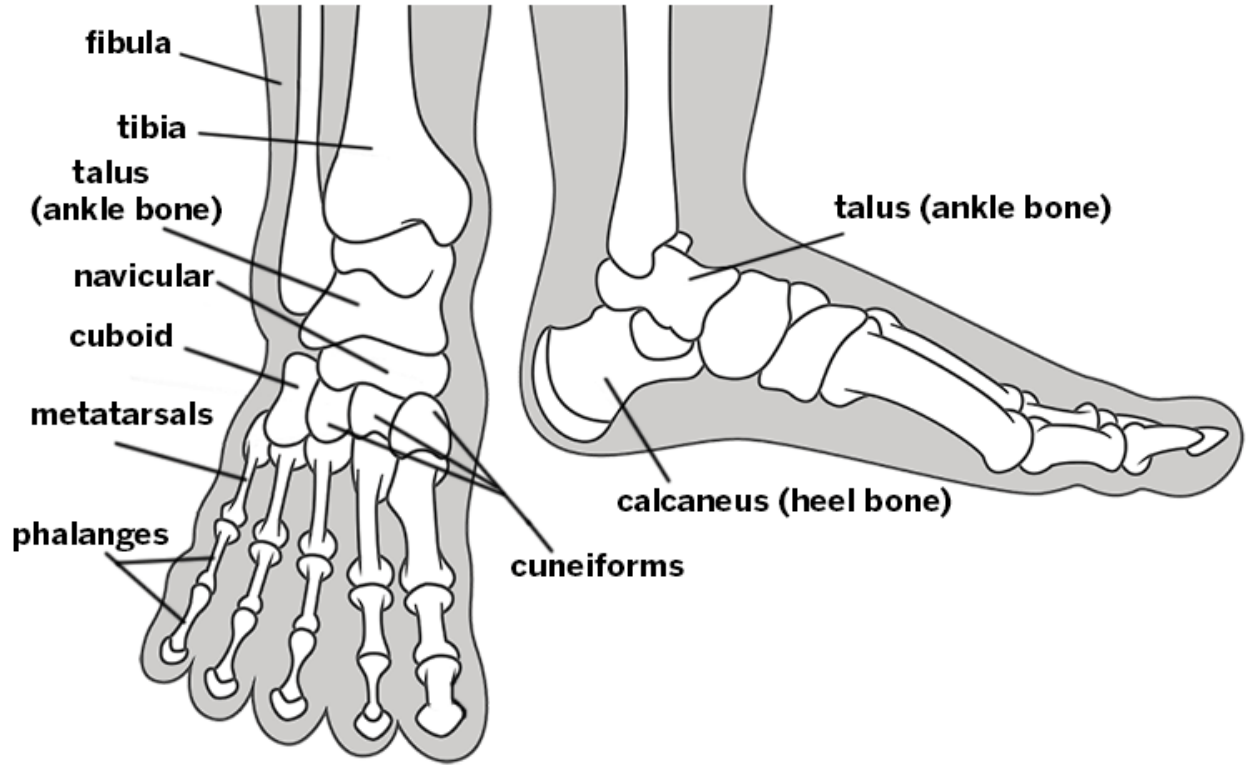
Lifting the Lower Leg



◁ This is what we mean by "Lifting the lower leg" and it's a way to begin understanding what the patient needs. This IS NOT the correct hand position for the practitioner to muscle test but we'll get to that in

Course 2, Back Pain Massage.

Working around the Ankle





Holding the foot firmly with one hand, use the other to work around the ankle bony area with fingers or thumb. Loosen around the joints with small circling strokes, first on one side of the leg and then on the other.



Rotating the Ankle

Holding the leg just above the ankle with one hand, grasp the foot with the other and slowly move it around in a wide circle, first in one direction for a few turns, then in the opposite direction. Circle the foot to the limits of its flexibility.

I'll discuss realigning bones in ankles, wrists, elbows, hands, and feet in *The Back Pain Massage Course*. The combination of all I'm teaching, IF You're willing to learn and put it to use repeatedly, will make you famous in your community and keep you very busy for life. Just consider: People go for pills and there's no story to tell. Compare: "I fell and hurt my wrist. I was in trouble! I went to Dr. Newdell and he fixed me. I'm back at work again and no problems with my wrist." The neighborhood will be talking about You too.

Dorsiflex and Plantar flex the foot.

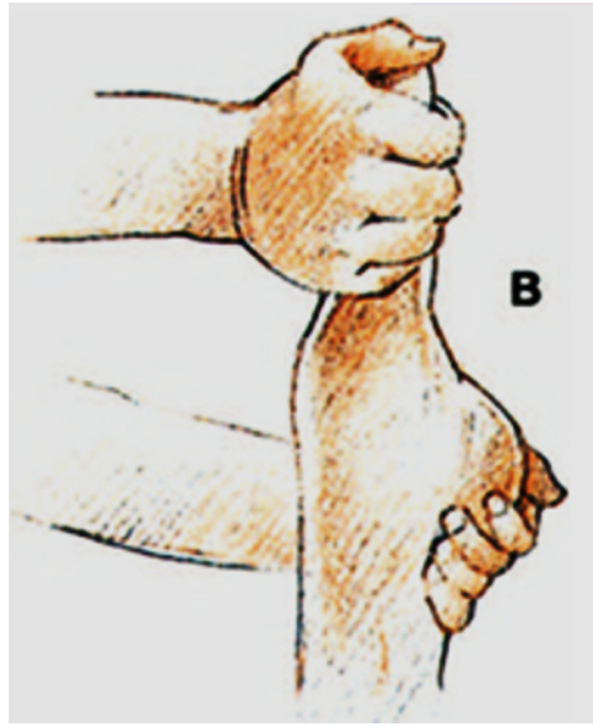


Grasp the ankle with one hand and push down on the toes and ball of the foot with the other, Dorsiflexing the foot as far as its resistance point (A). It's wise to massage the lower limb before you begin this procedure to get the most you can from the effort.

A Starting Massage For the Ankle and Foot



Then push the front of the foot plantar-wise with one hand and push down on the heel with the other, stretching the top of the foot and the front of the leg (B). If the foot won't move, ask the patient to let it move loosely. If he can't get more information and see if you can help.



The Foot

The human foot is a beautiful and intricate piece of design engineering capable of taking such hammering punishment it's really difficult to believe. However, it WAS designed to walk on soft earth and our proclivity to make hard smooth surfaces of roads, sidewalks, paths, mall floors does little good for our feet. It's not good for any of our skeleton.

Your foot is a highly complex structure, made up of 26 small bones, some of which form two large supporting arches. As well as carrying the entire weight of the body, feet serve as marvelous shock absorbers.

In addition, the reflexology crowd insists the sole of the foot contains thousands of nerve endings with reflex connections to the various organs. I can't find Western style scientific proof of that; which doesn't mean it's wrong. It simply means Western style scientific method hasn't proved and recorded it. These days no one does research without a monetary grant. Someone has to pay for this research. If there's no money, there's no research.

The ancient Acupuncturist masters also agreed that points on the feet can be connected to points on the legs, hands, and even in the crotch, to restore normal energy flow.

In massaging the feet, therefore, you are affecting the entire body, not just the feet themselves. For this reason, many masseurs concentrate on a foot massage when there is not enough time for a full body massage, or work on your neck, spine, body and limbs in one or two sessions and in a third session work on the skull, face, hands and feet. When you consider that these joint structures may indeed be an impedance to normal energy flow, you can realize why we want to make an effort to restore their normal alignment and function.

Once you have finished one foot, lower the leg carefully back down, then move over to work on the back of the other leg and foot, starting from the beginning of the sequence.

Treating the feet ends the massage on the back of the body. After completing both legs let your patient rest for a few moments. Then suggest that he or she gently turn over, ready to receive massage on the front of the body. Note: If using towels, hold them up while the patient turns over so s/he remains draped.



“Cleaning” between the Tendons

With one hand, hold the sole of the foot, toes pointing upward. Use the thumb or fingers of the other hand to press slowly along each channel between the tendons from toes to ankle.

Cleaning between the Tendons With one hand, hold the sole of the foot, toes pointing upward. Use the thumb or fingers of the other hand to press slowly along each channel between the tendons from toes to ankle.



Thumbing the Sole

Supporting the foot with one hand, work across the whole of the sole with the thumb of the other hand, making small, firm circling strokes. It is best to start at the heel of the foot, just



and end at the ball of under the toes.

Working systematically along the toes, first stretch them apart sideways, then stretch each toe backward and forward. Be sure to check how far you can stretch the toes with your patient – it is often farther than you imagine.

Wringing the Toes

One at a time, hold each toe at the base between your thumb and fingers and tug steadily, twisting it a little from side to side as your fingers slide to the tip and off. As you come off each toe, shake your hand, ridding yourself of any negative energy. Repeat oiling and strokes 1-12 on the other leg.



Working systematically along the toes, first stretch them apart sideways, then stretch each toe backward and forward. Be sure to check how far you can stretch the toes with your patient – it is often farther than you imagine.

Wringing the Toes One at a time, hold each toe at the base between your thumb and fingers and tug steadily, twisting it a little from side to side as your fingers slide to the tip and off.

Now repeat oiling the other leg, and use the same sequence of strokes to help that patient get well. This is luxury massage so you know something of the full art of full body massage. Soon enough we'll pull the entire study together and I'll move you into a routine that can make your living with patient visits that run 20 - 30 minutes each.

Do a little poking at your calculator. You have at least a billion people in the world who need your help and can afford it. 80% of the population surveyed admit they have back pain sometimes. The most you can do is between 12 and 18 patients per day. You can reach only a small fraction of patients in need of your help!

There is plenty of good paying work available to you if you know how to set up business to reach them with the right message at the right time and place, receive them, and provide the care they need.

I'm going to offer to teach you the business information you need to succeed in the Massage and Back Pain Care profession too, at a reasonable honest price.

With the right help from me and persistence from you, you'll succeed and never fear failure and going hungry again.

Yes, you can make 80,000, 145,000, even \$200,000/year in this business. It's your decision how much you want to do with your career life, and how much time you want to spend with other things important for *your* life. You don't have to meet MY goals

or satisfy anyone else's goals. You should only chase your own goals.

Chapter 11 Shoulders, Neck, and Scalp Massage and Neurological Discussion



Once your patient has turned over, begin your massage on the front of the body by returning to the shoulders, one of the principal storehouses of tension in the body. In a healthy individual, feelings that arise at gut level are expressed physically through the arms and hands, or vocally, through the throat. But many of us are forbidden to express our emotions freely as children, and learn to suppress feelings of anger or sorrow by tightening up in the shoulders and throat. Therefore,

this area merits special attention from both the back and front of the body.

The main advantage of working on the shoulders from the anterior and at the head of the table, is that the patient's own structure presses onto your hands. The patient's back and ribs push in the anterior direction toward you, the practitioner. This provides extra impact to the strokes.

The sequence of strokes may seem a little complex at first, as a lot of it happens out of sight, between your patient's back and the working surface. But once you have learned it, you will find it a very rewarding part of your massage session, and one that feels especially good to the patient.



Long Stroke A

Place your hands on the upper chest just below the collarbone, fingers pointing toward one another. Slowly draw them apart, heels leading out toward the shoulders.



Long Stroke B

As you reach the shoulders, curve your hands round the joints, then slide them along the tops of the shoulders, until you come to the back of the neck.

Long Stroke C

Continue the stroke up the back of the neck to the base of the skull and massage there, at the base of the skull. Dig your fingertips into that soft tissue and release muscle tension around C1 - C3.

Oiling

Once your patient has turned over, move the ankle pillow to beneath the knees, and check if s/he needs a small folded towel under her head.

Then sit down at the head end and begin to apply oil in one continuous long stroke to the whole upper chest, shoulder, and neck area, as described in the three steps shown here. If you are following the whole massage sequence, your patient's upper back will already be oily. But if you wish to treat this part in isolation, you should oil the whole upper back as soon as your patient lies down, and work on that area and the neck first, which you've seen I often recommend.

Note: If using towels, fold the top one down, as shown earlier in the draping discussions.

Again, I recommend this because the 10th Cranial Nerve, the Vagus, has branches running from Occ. C1 and C2 to organs and muscles that hold the hips and lumbar vertebra in proper alignment. By caring for this area first, you have a greater likelihood of causing these muscles to be working with you to pull the spine back into proper alignment. Even though you do not know a great deal about spinal realignment, knowing and applying this much may do wonders for the patient and your practice.

Additionally, as noted in this abstract, we see that a restoration of the vagus nerve cervical spinal alignment may help women who suffer from lack of pleasure during sexual intercourse or clitoral stimulation. You may receive a few complementary reports and of course some other women may come in for back pain relief and other things that might help them, without explaining all of their case and concerns to you at once.

Before you point and giggle like a sexually repressed 9-year-old, just ask yourself, how you would feel if suddenly you were unable to perform satisfactorily in bed play? Suddenly the thought takes on a new dimension. What does it do for men? We don't know

but might surmise that many with Erectile dysfunction or lack of ejaculation and ejaculatory pleasure may also need more attention paid to the upper cervical vertebra.

Now, ask yourself one last question. What other Massage Therapy teacher is explaining this? I'll bet you can't name ONE.

Neural pathways mediating vaginal function: the vagus nerves and spinal cord oxytocin

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Affiliations

PMID: 12914587

DOI: 10.1111/1467-9450.00341

Abstract

The initial observations, made in our laboratory with Knut Larsson, of the ability of vaginocervical stimulation (VCS) to block withdrawal responses to foot pinch in rats has led to findings of multiple behavioral, autonomic, and neuroendocrine effects of this potent stimulus in rats and also in women. It has led to an understanding of: (1) the neuroanatomical and neurochemical basis of a novel and potent pain-blocking mechanism; (2) likely neuroanatomical pathways mediating both the Ferguson reflex and a specific autonomic response - the pupil-dilating effect of VCS; (3) a role for oxytocin as a putative central nervous system neurotransmitter that stimulates autonomic sympathetic preganglionic neurons within the spinal cord; and (4) a novel pathway that can convey sensory activity from the cervix, adequate to induce orgasm, via the vagus nerves. This latter pathway bypasses the spinal cord and projects directly to the medulla oblongata, and thus can convey genital afferent activity **despite** complete spinal cord

injury at any level.

<https://pubmed.ncbi.nlm.nih.gov/12914587/>

It may be this treatment might help the patient regardless of whether there was not or was any injury.

This treatment may benefit both genders, and certainly can improve your patient traffic while the word gets around quietly that what you did was to restore the pleasure of making love for one or several people.

What is the treatment? As earlier explained, massage that patient's neck face up and face down, work on their cervical (neck) muscles and especially close to and just below the skull. Do it face up with turning the head and massage and do it face down with more turning the head and more massage. Get that area moving again and in time you will improve over-all health and wellbeing. You'll restore to these patients, a "normal, healthy life." Now I'll take you into more advanced study, though this really belongs in Course #2, it is too important to wait. More is explained in the next pages. Please highly value it, learn it and use it.



Neck Stretches

These stretching movements lead on naturally from the long stroke. Instead of bringing your hands off the top of the head, you simply stop at the base of the skull and, holding the head securely, rock your body backward to stretch the neck. You can also stretch the neck toward the patient's head gently forward (anterior,) then gently backward (toward posterior) and to one side and then the other.

This stretches right along the top of the shoulder and side of the neck. Many people will be relaxed enough to surrender their heads to your hands - their heads will feel heavy when you lift

them. Others who are tense will unconsciously move their heads themselves. If this happens, simply ask your patient to be aware that they are “tensing their muscles” while you attempt to loosen the neck by stretching it. Just say, “I need to feel the full weight of your head in my hands.”

But don't be impatient if the patient is unable to “let go.” Just continue to the next stroke.

Remember, bodies can be very plastic (moldable) even for the elderly. Just continue visit after visit, working and relaxing and in time the patient will gain more mobility and the range of motion testing will prove that statement.

Meantime the patient is getting helpful and useful treatments, and you're making a living, so there's no complaint. She's not going to make any miraculous progress anywhere else any better than with you. Even if she disappears, she'll be back.



Cervical Spine Traction

Cup both hands firmly under the head, fingers at the base of the skull. Lift the head a little way off the work surface and rock backward, so that you pull the spine and straighten its natural curve. Pull with about a pound of pressure. (half kilo of pressure) You are opening the joint articulations slightly and creating relief for muscles, even perhaps allowing movement of the vessels passing through the intervertebral foramen to move a bit and resettle.

CURVE your fingers so just below the base of the skull, she sinks down over your fingertips. If she lifts her head, tell her to relax and allow her skull to lower over your hands. Then lean back and pull with about a pound of pressure. Hold for about 4-seconds, release VERY slowly, repeat this pull and release sequence 3 to 5 times slowly, and then lower the head gently. There are machines in hospitals that do this. They find it is helpful. But wouldn't you prefer to have a person helping you rather than a robotic machine that simply collects money? The machine doesn't hear and respond. You do.

With the patient on her back move your hands in the alternating circles I showed you earlier, pressing under her neck working at the upper cervical spine and slowly down and down to the 1st and 2nd thoracic vertebra buried within the upper trapezius muscles. No one else is doing this for the patient. You're the one. You're it. If you don't, no one else will help this patient. She deserves your excellent attention because she deserves a healthy life and because she'll tell others to visit you. When you provide this level of quality care, of course, the patient is going to recommend you!

Stretching the Neck Flexion and Neutral

With your hands still cupped under the head, lift the head up and bring the chin toward the chest, as shown in this picture. Slowly bring the head back down to level again and this time move one hand down to the nape of his/her neck and lift the neck creating a bit more lordotic curve, sliding your fingers along the neck lifting until you reach her hair where you can stop.



Now you allow her head to tilt back, as shown below. Now straighten the neck again.

It



would be good for you to repeat the entire sequence of lifting the head, pulling and so on through to where we are now, a 2nd and 3rd time. She's paying you well to

do a GREAT job, so give more than she expects and she'll send you patients. Over time it works out that way.



Stretching the Neck from Side to Side

Holding the back of the head securely with your Left hand, “carry” it slowly toward her left shoulder while pressing down toward her hip, on her right shoulder with your Right hand. You’re stretching the upper trap muscles a bit and helping to improve her range of motion.

Bring the head back to the center. Repeat, 2 more times; reverse your hands and repeat on the other side 3 repetitions as you did on the first.

These muscles in the upper traps are controllable by the patient's voluntary control. She should be reminded, when she feels tense, if she lifts her shoulders, just release them again and again until being relaxed there is a new habit she develops.

Now that you have loosened the whole neck a little, you can start to focus on one side at a time.

Laying the head on its side on one hand, you use the other hand to work the whole upper back and neck area on the opposite side, using the three-part sequence shown below. Since much of the sequence takes place out of sight, under the back, I am providing more illustrations to show the path of your hands.

The sequence consists of pushing your hand under the back, then pulling up toward the neck across three different areas of the back in a fan shape.

You will find it easier to get your hands under some backs than others. Don't push hard - be content to go as far as you can comfortably manage, without stress. As you pull your hand toward you, the flesh may bunch up at the neck. If this happens, don't try to hop over it - just carry on slowly toward yourself, and your pressure will gradually release the folds.

It is important that you execute this sequence of strokes slowly and with awareness.

Turning the Head

Hold the head on either side, thumbs just above the ears, fingers behind them. Lift the head slightly and gently turn it to rest on

one cupped hand. Check that you are not pulling any hair and that your patient's head is comfortable. Begin by working on the shoulder away from which your patient is facing.

Some MT's teach to work on the back with the patient face up. This older English lady's book I have recommends it.

I consider this to be too much strain on *Your* body and totally impractical. I want for you to think about your safety as the # 1 priority. Safety first for your low back and your wrists, hands, and forearms.

INTIMATE MASSAGE

If you're really focused on back pain, or you are home with your lover giving a pleasure massage, get her face down and be sure she's pillowed and comfortable and work directly on her back.

Writing to you men; If you both know you want to gently reach the point where you enter her and please her and then you both can sleep, that's just fine, it's as natural as rain and exactly what you should be doing.

You can massage her and eventually slowly, gently enter her and do a full internal and external massage until you can't massage anymore and must bring the both of you to an ultimate conclusion.

I have a course planned to discuss this further. I would be grateful if you and others let me know. Are you interested for me to teach more about becoming a fabulous lover. I've studied it for too many years - since about age 16. But, let's not talk about me and about that.

I hope to cover a lot more about this, about timing and style, the art of love making is much more than just quick animal "coitus." We should be interested in playing this like a symphony and pleasing her many and ever-changing pleasure

spots and how to apply what we know of the nervous system to give her more pleasure than she's ever known before. I want that woman in a state of feeling always completely happy and pleased about making love with you and remaining faithfully married to you FOR LIFE.

I am promoting for your intimate massage purposes, GREAT sex and total family stability. Nothing less. No trading partners, nothing to cause family disaster. The world is changing too much, too fast, and what you need under your roof is stability, a comfortable, secure, stable, lovely, happy marriage, and peace! Write to me and tell me what you think and what you want. I'm all ears.

I am not ashamed to say this. I don't give a care to what some pope said in the 1300's about sex being only for producing children. All of that is actually anti-Biblical and totally unnatural. Give your woman the pleasure she NEEDS or expect to lose her. Just be sure its for her and you alone and don't get involved with any other lovers. ONE is enough!

Now, Let's get off the subject of intimate massage and get back to general back massage clothing on, in your office or with a portable table at the patient's place.

You have given attention to the neck and particularly the upper cervical spine. We're doing what we can to release pressure at the nerve roots exiting that area and influencing the cranial nerves, and particularly the 10th Cranial Nerve, the Vagus nerve, because when the vagus nerve is working right many organs and the muscles of the pelvis will also be working right.

I must vent a little and tell you I've been somewhat disgusted listening to young men on YouTube telling us half information because they really have no idea how any of the nervous system works and relates to the patient's back pain. CONSEQUENTLY, they are working on muscles and symptoms but they're not getting to the CAUSE of the problem. They're making the

patient into a chronic back pain case for life and that may make money but it's immoral. IF you can get that patient totally well with a combination of exercise, diet, and back pain massage, you should do that and then remind him/her to have another treatment at least once every month to stay healthy.

1) If you're following me back to the start before I started discussing intimate massage at home; #1 was her cervical spine and particularly her upper cervicals Occiput, C1 and C2. Now that we're done with the cervical spine and have turned the patient over and gotten her comfortable....

#2 I recommend you begin with the buttocks and be sure the gluteal muscles have had a good, thorough, "going over." I discussed this earlier: see page 305 and review a few pages beyond there.

I am recommending that you really focus for a while on the sacrum and low back. Remember these structures are very strong and tough.

Did you ever bite into an older chicken or beef steak and you think, "oh, this meat is tough? "The more you chew it the bigger it gets!" That's the sort of tissue you're working on here. This is tough, foundation of the moving tower sort of tissue. LEAN ON IT.

#3 Work around the top, sides and bottom of the sacrum and move your weight from side to side, hand to hand pressing right left right left like your hands are walking on her sacrum.



I shouldn't be teaching course #2 already but, I think, helping you to get some good results with back pain can only help build your practice. I'm assuming that if I'm helping you get good results and money coming in reliably, you'll be confident that Course #2 will repay it's cost many times over, so you'll continue in this educational program with me.

I don't want much! I only want for you to be the very best you can be.

Referring to the woman wearing the lighter gray slacks and the darker gray blouse above and reversed below:

You can tell the patient you're continuing study to specialize in back pain and this is the early material. What you're looking at is actually an old Osteopathic move. The right hand is pressing on the Posterior- superior-iliac-spine. The left hand is on her upper traps beside her rhomboid and the MT is stretching the fascia and pushing the shoulder and upper body away from the lower giving a sort of traction and comfort to the erector spinae group. If the patient were a gymnast and hung from a bar for a

while every day, she might not need this, but she has probably never tried that in her life, so it's up to you to care for her.

Do what you see here, wiggling, getting the spine into motion, then do it to the other side (I flipped the picture vertically so you see rather than describe it.) We're doing the same movement to both sides of her back.



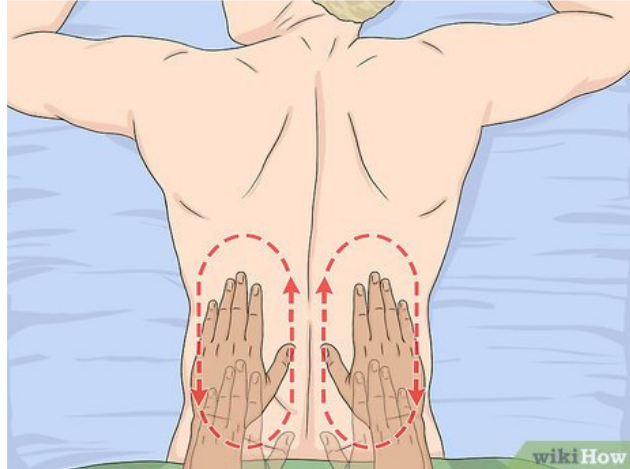
You are leaning on her. Your weight is doing the job.

If she's a busty gal you'll need a table with a breast plug or the pillow breast plug that you can set onto the table before she lies down, or pillows between her breasts and/or above and below them to get the pressure off her breasts. For some women, lying with weight against their breasts is painful. That won't be good for her or for you.

I want to find someone in SG who will build tables for us with breast plugs and a comfortable face rest, so this issue will become a "non-issue," a problem of the distant past. Making them portable is NOT difficult. We'll discuss that later.

You've worked on the fascia around her hips and scrum, the sacro-iliac articulation, and all related muscles and fascia. You have done that long stretch working on her shoulder blade (big pictures above) stretching and wiggling giving some pressure between the hip and its opposite side shoulder both right and left sides.

#4 Now you can begin working on her Quadratus Lumborum area as in the picture.



This is another practitioner's idea and it's a good workable one. I again like to do the alternating circles. My right hand is at the top of the right oval. My left hand is at the bottom of the left oval and they follow around and around working that QL area.

Then continue the same motion up the erector spinae up along the right and left close to the vertebral spinus-es all the way to T1-C7, along the upper traps, down and massaging over and around the scapula and even digging into the rhomboids, then slipping off there onto the teres major and latissimus dorsi on his sides (under-arm below his axilla) down his sides, across the buttocks gluteus medias and piriformis, checking to see what the patient indicates. "Is that still tender or is it less painful now?" Massaging along the Sacro-iliac articulation again as your hands follow the track back to where you see the hands in the picture above on this page on his QL again. You would do well to repeat this sequence 3 to 5 times.

You've learned about cross-fiber massage and several other motions you can use. None is perfect for all muscles, and you'll see more ideas as we finish here. Change them as you go along,

experiment and see what you and the patient like best, than adopt what pleases you.

You have no idea how effective just doing this sequence will be for patients, AND your reputation, AND your bank account!

Believe me brothers and sisters, with the craziness the world economic system is going through right now, YOU NEED a seriously improved income and we are aiming for you to have it!!!

I don't want you to think I live for money. I certainly do not, but I recognize all of us need to be comfortably prosperous and feeling secure about our future. I'd like for you to feel comfortable about your business, clothing, home, kitchen ware, no problems paying basic expenses, and a little more to go out with friends to a nice resto for a decent dinner together.

In 20-minutes you can cover this sequence from the cervical spine, turn over, and then this general all muscles and fascia back massage. Ask the patient to walk around and tell you what he/she feels and then based upon his/her comments arrange another appointment for something between 3 days from now or stretching to 2, 3 or 4 weeks from now. I would like for you and for the patients to have in mind that for best overall health we need to care for ourselves with proper nutrition, a general exercise program, and a through spinal muscles "Back Maintenance Massage" at least once each month.

I Recommend AGAINST What You'll See Next. If your big and strong and working on someone light and small you can do this. If it's the other way around don't do these Use harder foam rollers to roll on and help you instead.

Spinal Stretch

This is an optional stroke. You can do as well with the patient face down (prone.)

If the patient is strong enough to sit up it's a nice option but do not try to lift him yourself. If you do, in the process you might strain your low back. The stroke requires cooperation on the part of the patient, who must lift up his or her back to enable you to reach under it with your hands.

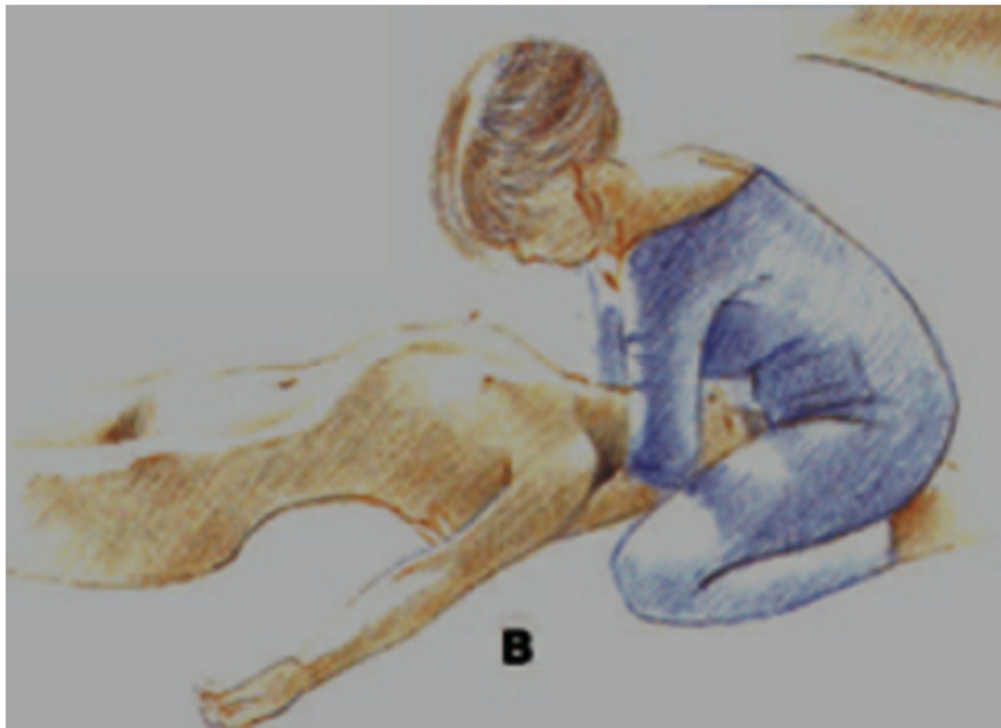
The stroke provides the whole spine with a wonderful stretch feeling. You may need to practice a little before you can execute it really smoothly. But you should be able to manage it, unless your patient is very heavy or much larger than yourself – in which case omit it from the sequence. Be sure to always pull from the pelvis, not just from the shoulders. Repeat the stretch once or twice if you are comfortable with it.

If you have a history of low back trouble, do this sort of motion on the patient while he/she is on the table prone. You'll hear me encourage you several times to get off the floor, work at a massage table. Most of the commercially made tables have adjustable leg length. You will have my recommendation, but you'll also be able to experiment and perhaps you'll like your table to stand an inch or two taller. That's a good option, especially if you prefer a very low force technique.

As a Chiropractor I required a lower table, or a platform box I could step up on to do hip roll movements. As an MT I think we can replace those movements with wedges placed under the hips and the right hand movements to help the Sacro-iliac articulations slip back into their proper place. This may indeed be a longer lasting realignment for the patient and easier on you. I'm a little man, and 5'1.5" tall and 118 pounds was really too light for that work. I often went home slightly injured, fixed myself and hoped I'd heal over the weekend. Eventually at age 50 I was just too burnt out emotionally and physically and sold the practice. **YOU CAN AVOID THAT PAIN** with a bit more discussion about body mechanics and positioning, which we'll get into seriously and more than we have, in the next course, **Back Pain Massage**.



This looks good but I would prefer to place bolsters under the patient, hold her arms and stretch her to help restore the thoracic spine motion and lengthen the abdominal muscles. We spend too much time seated.



.



8 Spinal Stretch Ask your patient to arch his or her back a little so that you can push your hands or a bolster pillow as far under it as possible, placing your palms up alongside the spine (A). Now ask your patient to relax on to your arms. Once you feel that the patient has fully relaxed, start to rock your body backward, pulling your hands up along the grooves beside the spine, fingertips curved up a little (B). Travel very slowly along the whole length of the spine, up the neck and back of the head (C) and end by “pulling off” the hair.

If that is a strain for your low back, you can place the bolsters under the patient and then pull the hands slowly, gently, just with the weight of yourself leaning back and hold for 2 minutes. She’ll tell you she feels the spine moving.

In course #2 you’ll learn more about spinal misalignment diagnosis, and how to care for the problems you are finding and how to do more to bring in more patient traffic. I have spoken conservatively about 10-patients per day, but really that is a practice more like a hobby.

In 7-working hours you can certainly care for 14 or perhaps even 16 patients and if you’re young and strong and you really want to grab the gold ring, why not work a bit more to have it?

When you reach age 45 or 50, you’ll recognize you don’t have so much energy as you did at age 25 and at that point you should be bringing in 2 or 3 associate therapists. You can teach and manage and they will do most of the massage, so you help them and help yourself to a continued good income for any indefinite length of time you can foresee.

Take a study break and tomorrow let’s discuss cranial bones, movement, massage, why it’s important to you and how to handle the scalp and cranial bones successfully and without a lot of smoke and mirrors.

We'll finish discussing the scalp and cranium, watch a man doing some massage on an athletic young woman yoga enthusiast, and then end this course text with some final discussions about odd details and Getting More Patient Traffic. What you really need at this point is to start working on patients and starting with family members is a good idea.

As soon as you can, even today, see one or two of the videos I've edited together for you for additional tutoring. You'll learn much more and faster using the see and hear techniques available for us with video.

If you're still confused and uncertain...I promise, when you work on a few people, and re-read a little here and there, and move from a theory-based education into "Doingness," an activity-based education, suddenly all of this will make great sense for you and seem perfectly clear, and within two or three weeks it will feel like you've been doing this and always knew you should, all of your life.



CHAPTER 12

The Scalp, Cranium, & Head Massage

A guide to the benefits of a relaxing scalp massage

benefits of a hair and scalp massage.

A healthy scalp and a beautiful, healthy head of hair require an ongoing care routine that starts with nourishment.

Massaging the scalp and hair with warm oil infused with hair-friendly herbs is a great way to nourish the scalp. It also relaxes your mind and nervous system, promotes sound sleep and may help your memory too.

A warm oil massage, done once a week, has the following benefits:

- It conditions the scalp, helping to prevent flakes and dry, itchy scalp
- It helps enhance blood circulation in the head and neck area. When the scalp is “tight” from stress, circulation and hair growth are impeded
- It helps strengthen the roots of the hair and nourishes the hair-shafts, promoting new hair growth and strengthening existing hair
- The massage helps relax the scalp and the muscles in the neck area

Useful oils for scalp massage

Carrier/base oils can be extremely helpful in hair care as they influence the sebaceous glands and can normalise their functions.

The oils penetrate deeply into the hair shaft and follicle and help produce healthy shiny hair and encourage new hair growth. Coconut, Jojoba, Almond, Avocado and Olive are great as base oils for scalp massage.

Coconut Oil is solid at room temperature and melts by warming it in your hands. This oil has both anti-bacterial and anti-fungal properties, and is marvelous for dry scalp conditions and dry hair.

Jojoba Oil is not actually an oil. It's a non-greasy liquid wax. It is highly penetrative and helps dissolve sebum to unblock the pores providing a healthier environment for your scalp.

Sweet Almond Oil helps strengthen hair and regular massage help induce hair growth.

Both Avocado and Olive Oil are rich in nourishing vitamins and

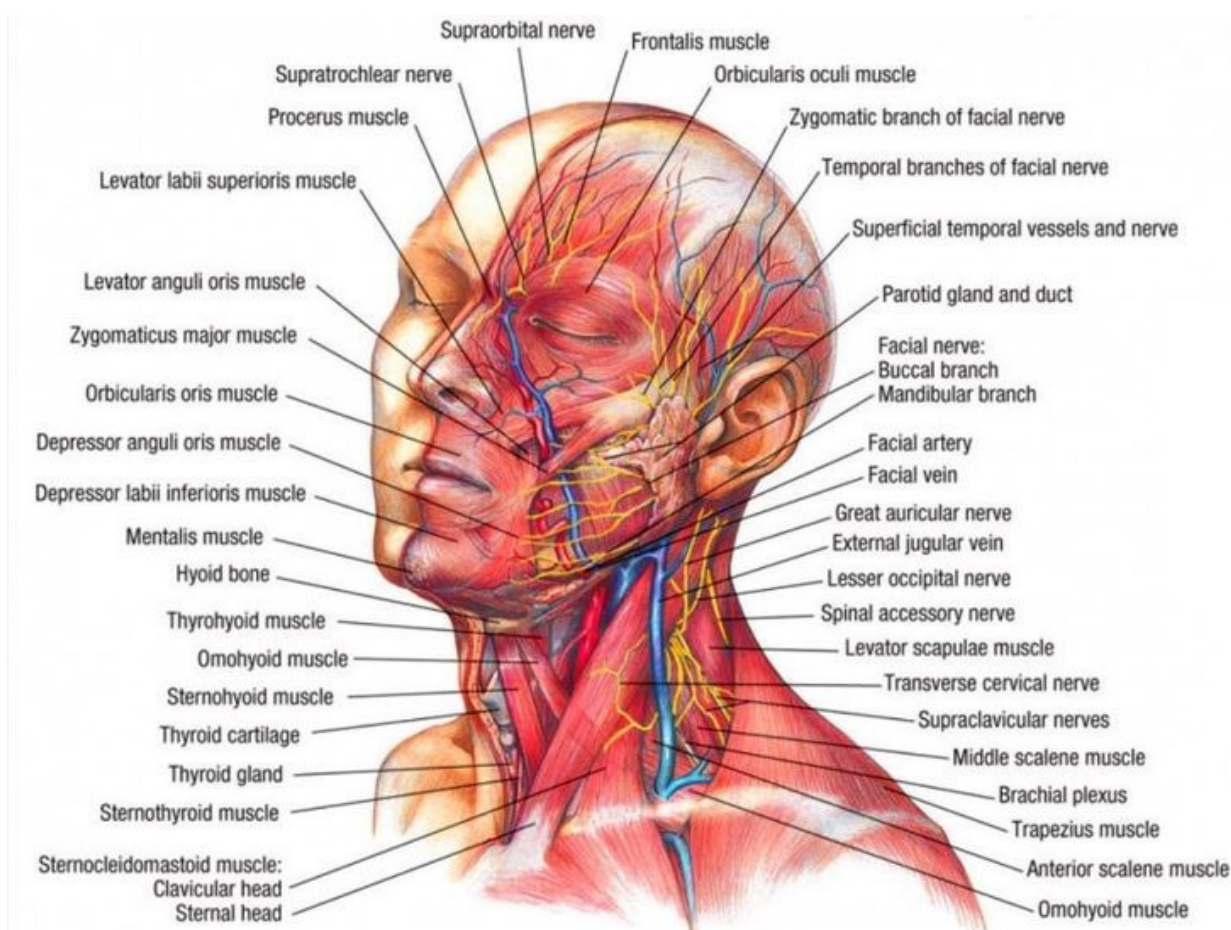
are excellent choices for improving blood flow to the scalp and stimulating hair growth.

The Cranial bones move as we breathe and so also does the sacrum. (The brain actually rises and falls a little as the heart beats and the hydraulic pressure reaches to the Cerebral Spinal Fluid in the cranial cavity.)

Together the cranial bones and sacrum pump cerebrospinal fluid. A patient with head pain needs massage over his/her head to get the bones to restore into their proper position, improve that pump action, improve over all health, perhaps reduce headaches, and also reduce problems with facial muscles, biting your tongue or the inside of your mouth when chewing, eye tics, and other odd problems. That's the surface of it and I suspect there is MUCH more related to the rest of the body. Chinese acupuncturists also seem to agree there's good reason to do scalp massage or in some way stimulate the accu-energy points.

For those who don't understand that there are strong muscles here, they are surprised to learn that these muscles can alter the shape and MOVEMENT of the scalp.

It's reasonable to assume with all the nerves in and around the brain and coursing over the scalp, problems of the cranium will reflect as problems with the body.



You can see so many nerves and muscles. They all relate to one another, the bone movements and the rest of the body too. Everything works together, in coordination.

I'd like for you to get familiar with the sutures, be able to find them with your fingertips. Then if there's a problem as described with symptoms you can massage over these sutures, especially the ones the patient says are tender. You'll often learn that this massage cleared up the problems the patient had. No one else in town knows how to do this. Not the MD, not the pharmacist, not the dentist, not the florist nor the banker. It has to be YOU.

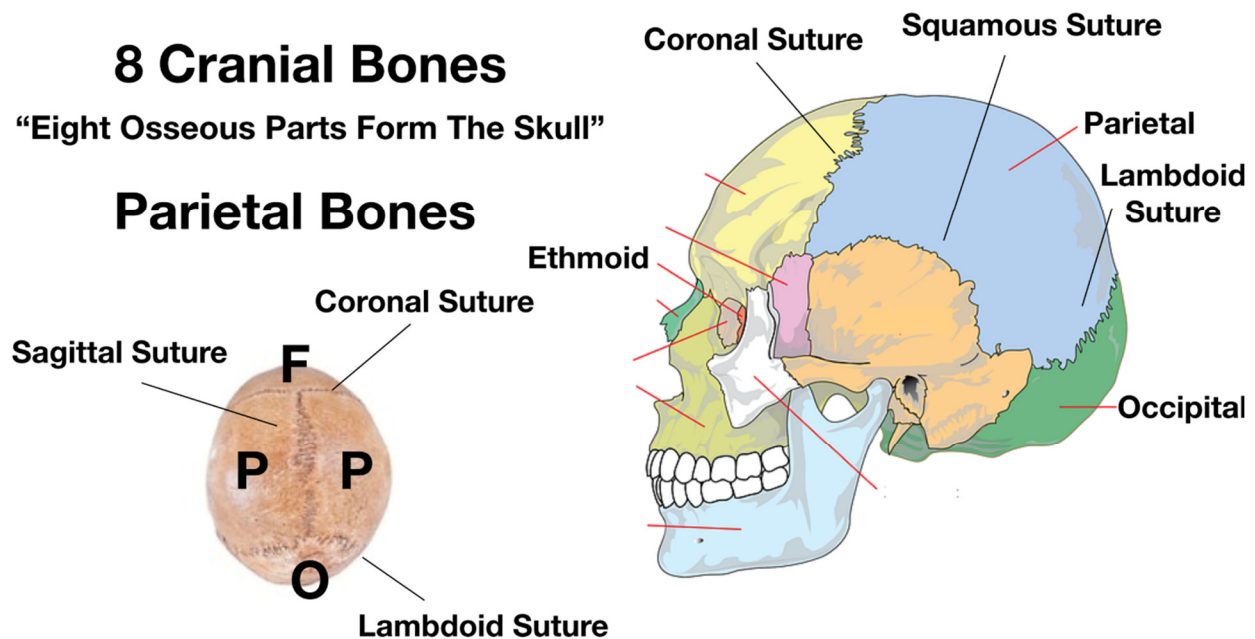
Feel your own head, find sore spots, rub them, check later. Learning to care for yourself is absolutely necessary for your

longer, healthier life and to teach yourself new ideas for patient care as you age and learn.

8 Cranial Bones

“Eight Osseous Parts Form The Skull”

Parietal Bones



I have added these pictures so you can see there are several muscles and several bones and seams (sutures) of the skull. They all coordinate, moving as you breathe. They help to pump cerebral spinal fluid around the brain and down the spine. The sacrum moves as you breathe helping to pump that cerebral spinal fluid back up the spine creating a circulation.

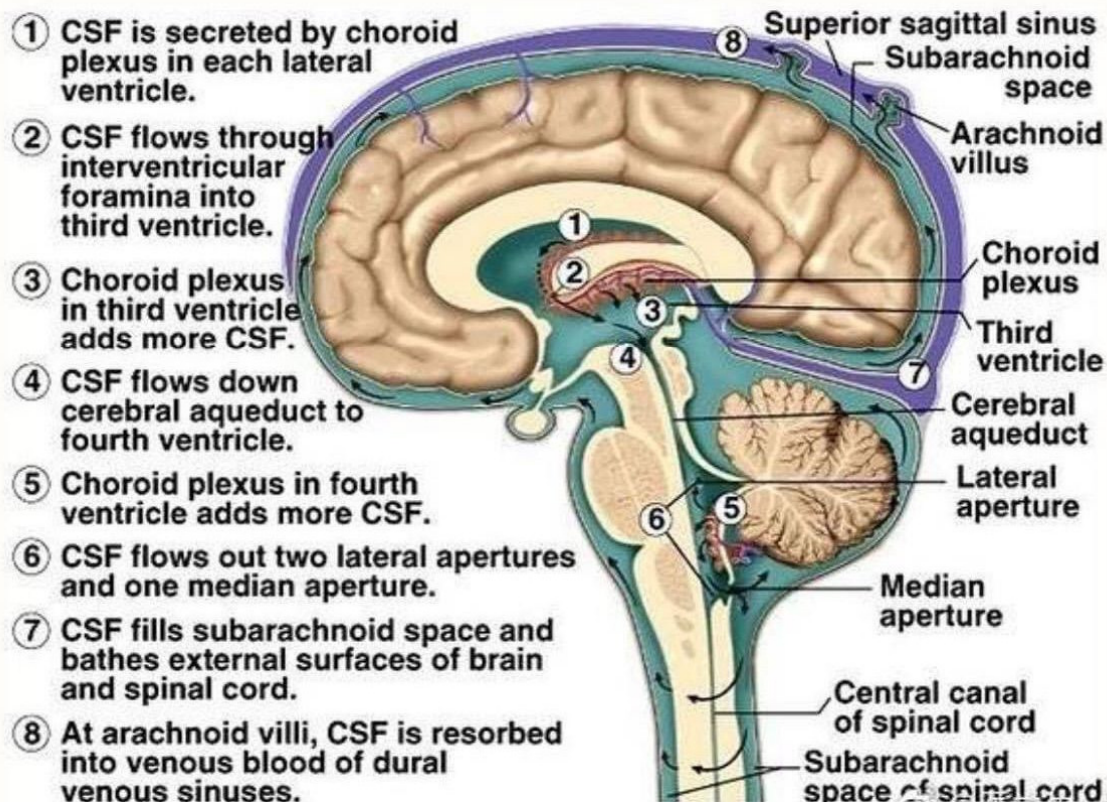
Dazzle your friends with the explanation of where Cerebral spinal fluid comes from and whence it goes! I know they'll be entranced and excited. They'll say, "He's some sort of genius." And "He helped my back pain so I like him!"

When the bones don't move correctly the fluid flow is interrupted and there are odd nervous system symptoms. The patient might bite his tongue or even the inside lining of his cheeks, have headaches, eye pains or facial tics.

Facial tics are **uncontrollable spasms in the face, such as rapid eye blinking or nose scrunching**. They may also be called mimic

spasms. Although facial tics are usually involuntary, they may be suppressed temporarily. A number of different disorders can cause facial tics.

Flow of Cerebrospinal Fluid



The scalp can get tense and contribute to tension headaches and also to hair problems, such as dandruff and hair loss. Massage helps to relieve the muscle tension and allow the cranial bones to return to their normal placement and motion. Reducing the tension may aid the circulation and might also improve the health of the hair. Once you have completed the three strokes shown here, cup your free hand over your patient's ear and very gently turn the head to the other side.

(Fortunately I don't have to charge you for paper and binding, so big white spaces cost us nothing.)



Rotating Over the Scalp

Spread your hand over the head and rotate it, moving the scalp. The scalp is intended to move and some can raise and lower their eye brows and simultaneously cause the scalp to move.



“Shampooing”

Rub vigorously all over the scalp with your fingertips. Do small alternating circles I’ve been talking about all over the scalp and especially near any tender sutures.

Go over the entire scalp from the hairline at the forehead to the sides and back of the head. If you have big strong hands, spread your hands wide like cat’s claws, and rub the entire area all the way to the base of the skull near the ears and the nape of the neck near to Occipital condyles and C1.

Lift and Pull Hair

Gently sliding off it, lifting the scalp in spots, pulling the hair in a bigger circle causing the scalp to follow in circles. Continue this

as



you go along. Circular rubbing and lifting feels great. Do this on yourself to practice and to discover what will feel good for your patients.

Do the hair rubbing and pulling all over the scalp, of course.

I want to move to a different practitioner's work and teaching to give you a broader perspective. This will also give me more opportunities to teach anatomy, and movement in more practical terms. This next article seems long but much of the space is taken with BIG photos. I think you'll enjoy this and go through it quickly.

If you prefer, speed read through it the first time and then return to the start of this portion and read more, look at the photos and lean on your patient as you go along. Even if you patient is your loving patient on your bed, that's alright and good for you to learn by the experience. This was done in his clinic and I think is a very good teaching lesson.

How to Massage Arm, Wrist and Shoulder

This is specialized and you should study this carefully.

How to Massage the Arm, Wrist & Shoulder for Carpal Tunnel, Elbow Pain, Hands, Relaxing Tutorial

To start get the patient's complaints and oil the arm so we know you can press and slide without stretching the skin and doing damage.

In these first photos you see the practitioner pushing along the muscles on the top portion of the patient's arm. These are Brachioradialis muscles, involving in lifting. Let's look at this chart



You can very gently do some wiggling and twisting movement at the elbow, as seen next picture, he's holding the triceps and wiggling/rotating/twisting the forearm gently. When I say twisting, understand please, this is not a martial art move. We're not trying to drive an opponent to the mat. We're moving the joint gently

and holding tense spots in the muscle. As we hold and rub those spots in small circles while moving the arm, we cause the muscle to lengthen and shorten a little bit and the trigger points, or tense spot clears away.



Never Be Rough

You can seriously damage an elbow or knee with 3 to 5 pounds of thrusting pressure so don't ever be rough around this area. You may have patients with a painful elbow and their doctor doesn't know how to adjust it and knows nothing about massage. A sling and pain relievers won't help.

Most often, there's no need to thrust and "adjust" the joint. You can simply massage and wiggle it, and slightly twist 1 centimeter either direction a few times

and that will usually enough to slip the joint back into correct alignment. The pain clears rapidly. These are sliding joints and they slip into (and out of) place easily.



Massage around the end of the triceps muscle (back of her arm)

As you see he's massaging the triceps here. Release that tension so the joint can slip into its proper position and remain seated correctly. Remember please, that joints are held in place by muscles balanced all around them.



If you're attentive you realize when you hit a pain spot, the face changes, the breathing changes, a foot wiggles, and you find the border area of a muscle in tension. Raising and lowering, that is bending (flexing) the elbow and then (extending) which is straightening the arm slowly, gently, and then bending back to where we see or a bit more. This helps to release tension and provide overall improvement for the patient.



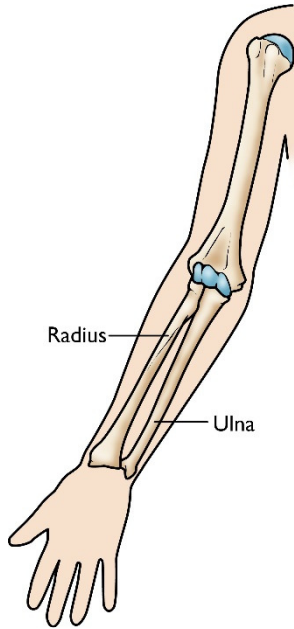
He is gripping with the hand and flexing the arm as far as it comfortably goes.



He's doing a push sliding motion on the palm side of her arm, slow, feeling tension, checking if he is pressing too hard.



Reaching near the elbow he lifts his hand off and then holds the wrist to wiggle the arm and wrist joint structures a bit. There's nothing vigorous or rough here.

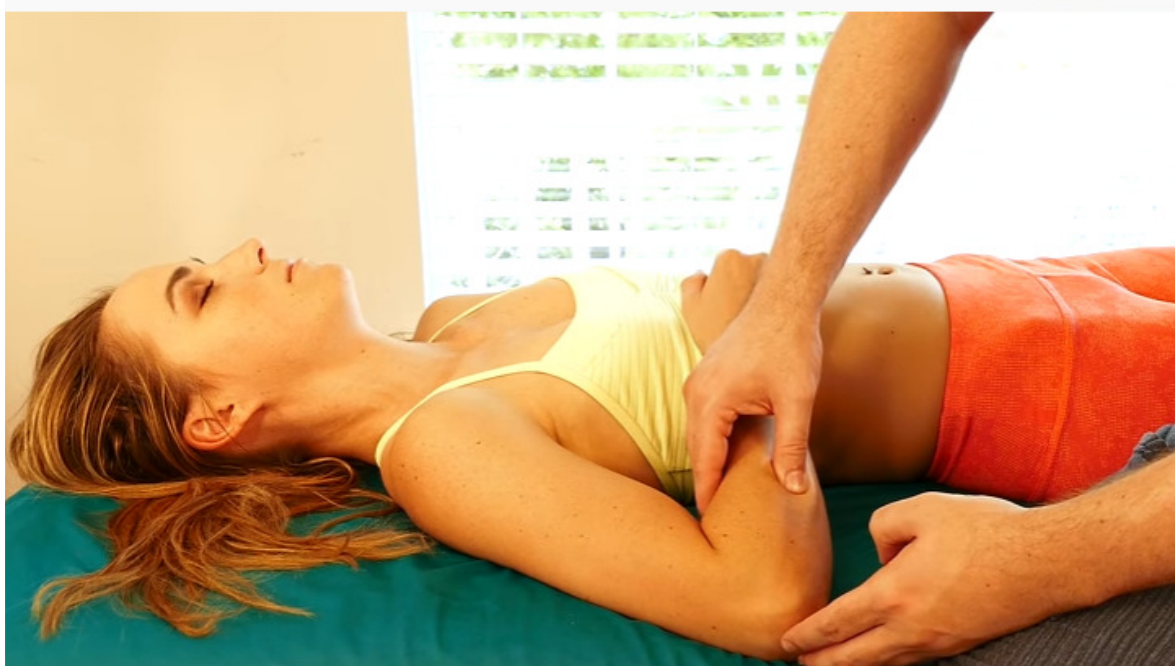


We work to be comforting. If you're causing pain the body will resist, tense up, and the result is that your massage had little or no value. He gently rotates her hand and wrist and holding the forearm as he does here, he is holding the radius slightly resisting its movement. The radius bone is the one running from your thumb to the elbow. Remember the name as R for radius or Rotate. It rotates around the Ulna.

He feels tension along the ulna and decides to do similarly as he did with the heel of his hand. In the next picture you see him using his thumb to move along the line of ulna releasing muscle tension and watching for her response to this.

If you know the standard Chiropractic adjustment of the elbow I recommend you cease using it. The better treatment is on page 403. Chiropractors want to thrust on everything because long ago the founder, Dr. Palmer said that a fast thrust would not hurt. It does hurt, it just takes a little longer for you to feel it. In the case of the elbow, a fast hard thrust can do real serious injury, so I don't do that. I get very good success simply with the massage pushing along the right path. Rotate the palm up away from the body, and push the elbow toward the palmar side of the forearm and massage a bit more. After a half hour the swollen tissue will reduce

its swelling and discomfort and the patient will report, "It felt better after you worked on it."



You must protect your own thumbs from over-use joint soreness which can develop into arthritis and put your career into jeopardy. Here he is pressing the thumb with the web of his right hand so the left thumb joint relaxes. This gets the job done and avoids causing minor injury to himself.

She experienced a little referred pain from the elbow and wiggled her hand, so he stopped, questioned, and now we see he is opening the joint structures by turning and gently pressing the radius. Do this and gently straighten and bend the elbow to get all of the joint to slip into proper alignment. The patient says that feels like this is what she needs. I do this too, and something more. I hold the upper arm and massage around the radius near the elbow and gently push TOWARD the palm side of the patient's arm. Massaging, pushing, wiggling, for a half minute is quite enough.



He is sitting on the massage table to comfort himself. The table is probably 28 or 30 inches across so there's enough room even for a bigger man as he is. Next picture, he's continuing to push the radius as he works

along the length of it, always asking if this feels right, if he's pressing too hard.

You can try this on yourself. Don't be surprised. As you press you may cause the patient's fingers to extend



and flex a little.



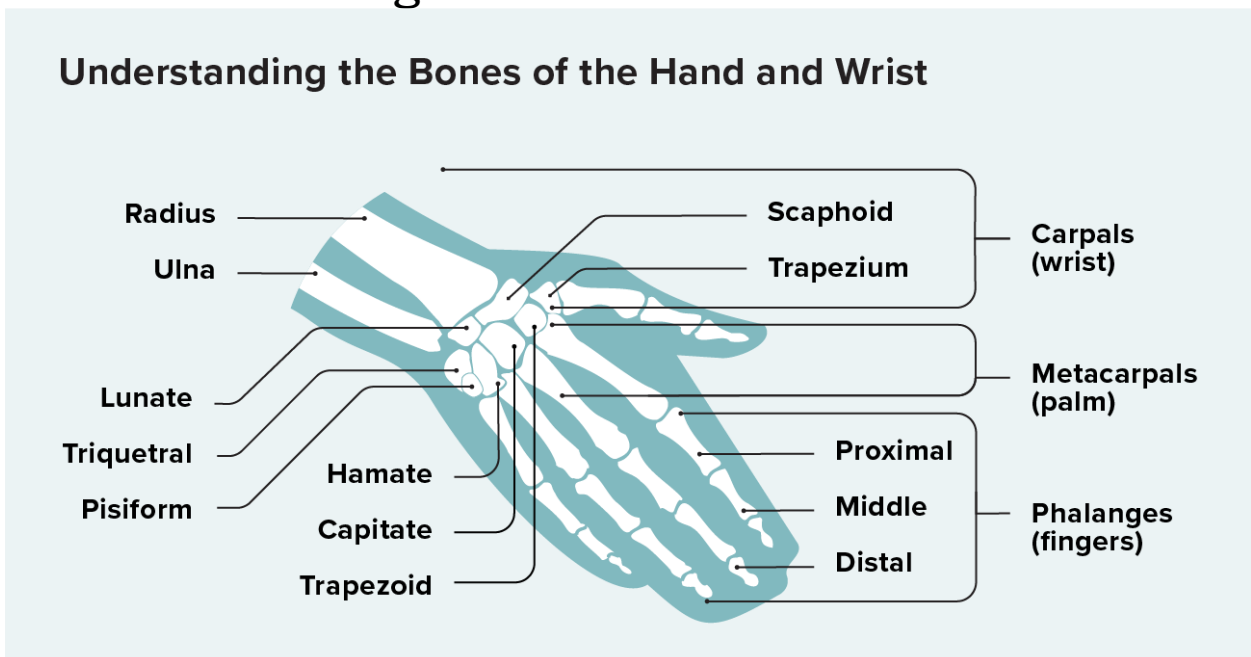
Now as he transitions off the arm to the wrist and hand he'll slide and pull the thumb and each finger slowly! Slowly. The world is too much in a rush. Here, in this moment, in your presence, the world comes to calm down and slow down.



He draws each finger stretching toward the fingertip, one at a time slowly. How slow? As slow as it feels right. This is an art and science. It comes to you after a while. It's intuitive. It's inherent, inborn, always was part of you.

The carpal bones are formed from eight small bones. The carpal bones are bound in two groups of four bones: the pisiform, triquetrum, lunate and scaphoid on the upper end of the wrist. the hamate, capitate, trapezoid and trapezium on the lower side of the hand.

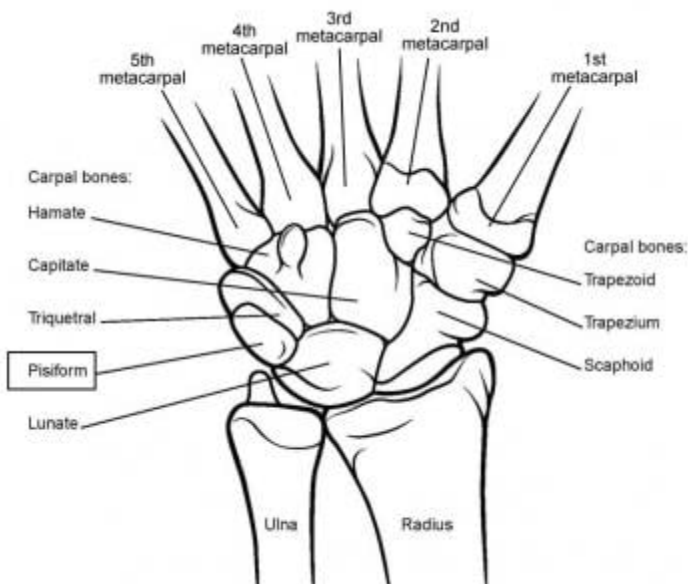
Carpals are the bones of the wrist; Phalanges are the bones of the fingers.





Here his thumbs are working a quick push and rub into the carpels, bending the wrist a little as he presses.

We'll take a moment to clear up a few anatomy words, to help you with clearer understanding. If you feel that you're falling asleep over these bone names, the article may help you. Otherwise this is not information you'll use so you can simply scroll past it to page 409.



I'm showing this so you can conveniently see the bone names. Note the **Pisiform** and **Scaphoid**. These two do most of the pushing as you massage. You should not squeeze repeatedly with your

hand and fingers. That will only lead to repetitive motion syndrome.

You'll find many similar labeled pictures at Google.

Sometimes anatomy common words change.

navicular (bone)

In older literature about human anatomy, the scaphoid is referred to as the **navicular** of the hand (this time from the Latin word "navis" = boat), since there is also a bone in a similar position in the foot which is called the navicular.

Laying over the Scaphoid/Navicular bone are the muscles called thenar. They make up the Thenar Eminence.

Thenar muscles

Author: Roberto Grujić MD

Last reviewed: February 22, 2022

(Related to my term: Thenar eminence)

The **thenar musculature** consists of four short muscles located on the lateral (radial) aspect of the hand. These muscles include the adductor pollicis, abductor pollicis brevis, flexor pollicis brevis and opponens pollicis.

Together, the thenar muscles form a fleshy prominence on the lateral (radial) aspect of the palm called the **thenar eminence**. These muscles originate from different carpal bones and distally attach to the thumb.

The majority of the thenar muscles are innervated by the median nerve (T1). The exceptions are the deep head of flexor pollicis brevis and adductor pollicis muscle that receive their innervation via the ulnar nerve (C8, T1).

The main function of the thenar muscles is to produce the **movements of the thumb**. More specifically, these muscles are responsible for the adduction, abduction and flexion of the thumb at the metacarpophalangeal (MCP) and carpometacarpal (CMC) joints. Their combined actions can produce the opposition of the thumb, which is the combination of flexion, adduction and medial rotation.

This article will introduce you to the anatomy and function of the thenar muscles.

Key facts about the thenar muscles

Definition	Thenars are a group of four short muscles responsible for the movements of the thumb
Muscles	Adductor pollicis, abductor pollicis brevis, flexor pollicis brevis and opponens pollicis
Innervation	Median nerve (T1), ulnar nerve (C8, T1)
Function	Adduction, abduction, flexion, medial rotation and opposition of thumb

I'm showing this to help you "clear words" - that is to clear up their meaning so you won't be confused or falling asleep over the reading.

Continuing Arm and Scapular Massage

We return to this MT working on his woman patient.



He has been stretching her arm with variations of this (below)

He wants to reach more and this move is not enough.



.



This is important for you because it relates to “frozen shoulder” an inability to raise the arm. I shall cover more about that in Course #2, the Back Pain Massage course.

He has changed the angle of pull; all of this is quite gently done. She still has tension and he thinks the issue is problems in the subscapularis (under the scapula/shoulder blade). How can he reach it? There are two ways. One is through the axilla/under arm/arm pit pushing in slowly, gently and you’ll find the muscles that way. The patient may be ticklish or might complain. That’s alright. Do what you can do with it.

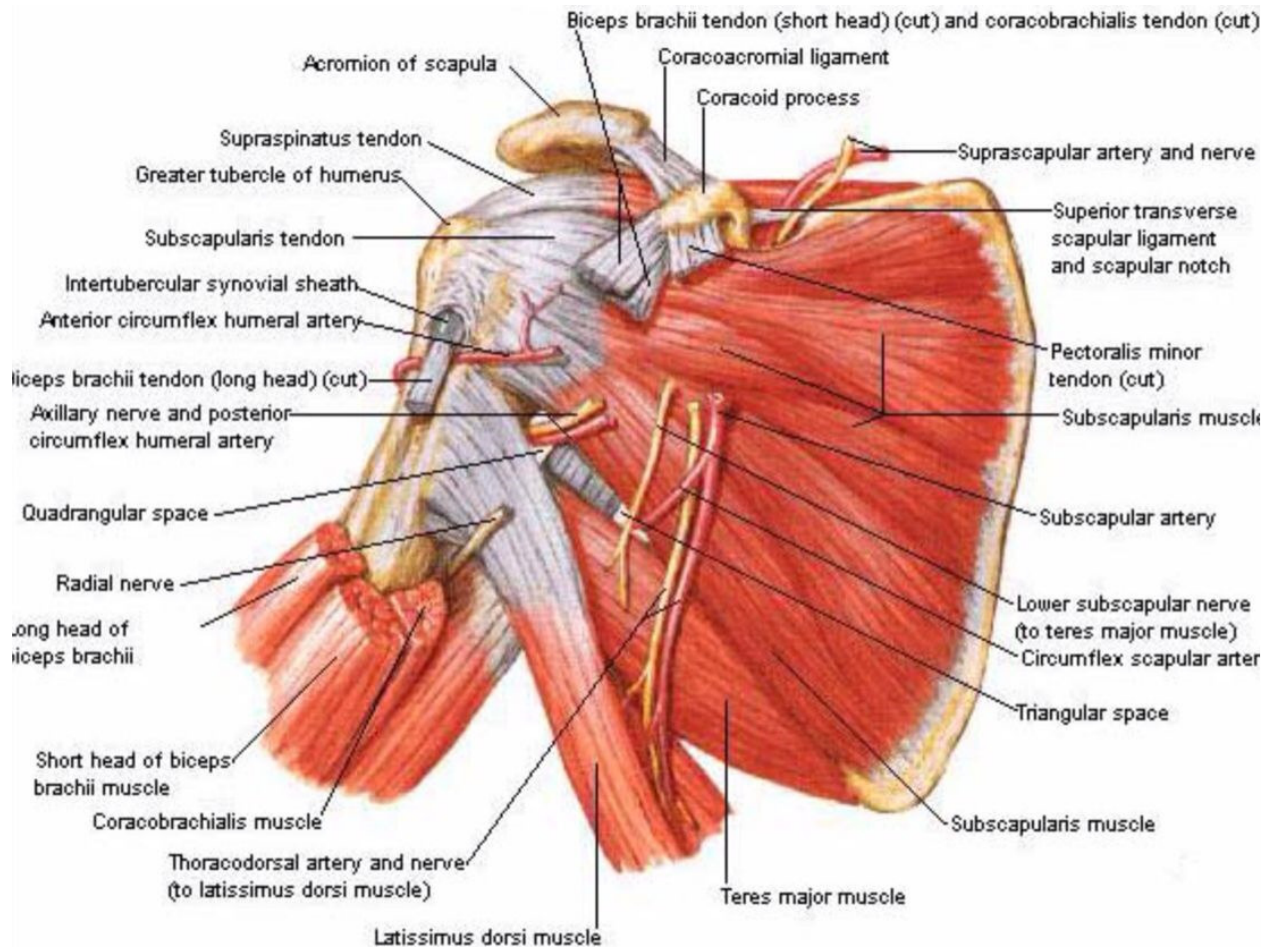
To reach the shoulder blade he has lifted and placed her arm as seen in the next photo and he holds it down with his right palm.



This forces the scapula to angle out so he can slip fingers or a knuckle under it. He'll do this in two steps.



If you're slim you can feel this for yourself on yourself. Pull your right arm across your chest and hold it with your left forearm or press the right elbow against the desk or table top to pin it in place and reach the left hand around to touch where he is touching this patient with his knuckles. If you lean over a desk too much it's probably tender to the touch. **That's the Teres Major muscle**. You can rub with your fingertips and you'll feel it immediately. He's going to this area to press, rub, and shake the arm out a bit attempting to relax the muscle. Very well but also use my discovery, do fast small circles around the center of the pain and move the arm back and forth to cause the muscle to lengthen and contract. Possibly the discomfort will be gone in less than 30-seconds.



His knuckle will feel sharp for a moment and then he pulls her arm back to a supine pose as we see in the next picture



(see a little response from her face and head position) and Now he's rotating her arm a bit, keeping it in motion. I recommend you also use the left-hand knuckles to rub in small circles as you move her arm. That will release the trigger points in the muscle quite quickly.



He's showing to the camera he keeps the knuckle flat, using the middle finger bone/ as shown earlier the proper name for these is "Phalange." He's not really digging in trying to hurt her, of course.



He's swinging the arm and we can see his hand clearly here. The movement of the arm (saying again) lengthens and shortens the muscle and helps to release the trigger point faster.

He can also leave his hand there and lower the arm and press on that area a bit more. I would prefer to

work on it more with the patient prone, push the scapula to the outer side and reach under it, and touch other painful spots and rub to relax them. **These are all muscles of the “rotator cuff”** which works to hold the upper arm bone (humerous) in its shoulder joint and turn the arm.

(Mind you, some want you to believe that this all “evolved.” It just happened accidentally, spontaneously, out of nothing and nowhere. Never mind that the first law of physics is that you can’t get something from nothing. What nonsense! I am so looking forward to a lot of people realizing that entire thesis is a ridiculous fantasy. The more you study the human body the more amazed you become with the engineering and design work. You can believe that I’m wrong about this. That’s alright with me. We’ll find out in the end of our story.)

The subscapularis is hidden **UNDER** the scapula. By wrapping your arms up as you had been you wing-out the scapula and make the muscle accessible - as in this next photo.



What we want to do is get UNDER that shoulder blade HERE right UNDER the shoulder blade where he's pointing.



You can slip finger tips in there and see if it's tender. Rub that in circular motion, press and hold for 5 to 8 seconds, rub some more, work along the fibers of the muscle and also work ACROSS the muscle. Cross fiber massage makes a lot of good sense.

Wiggle the arm so it rides up and down



Still moving her arm up and down as you see in this next picture.



He's gotten right to that teres major and the painful spot. (If YOU have pain there you can rub your painful spot against furniture, a door knob or a refrigerator handle, whatever you can find to help yourself.)

The MT wants a hand under there to provide pressure and traction at the same time.



He'll lower the arm over his hand pressing her weight on his RIGHT hand and pulling her arm with his left.



Lowering her arm over his hand...

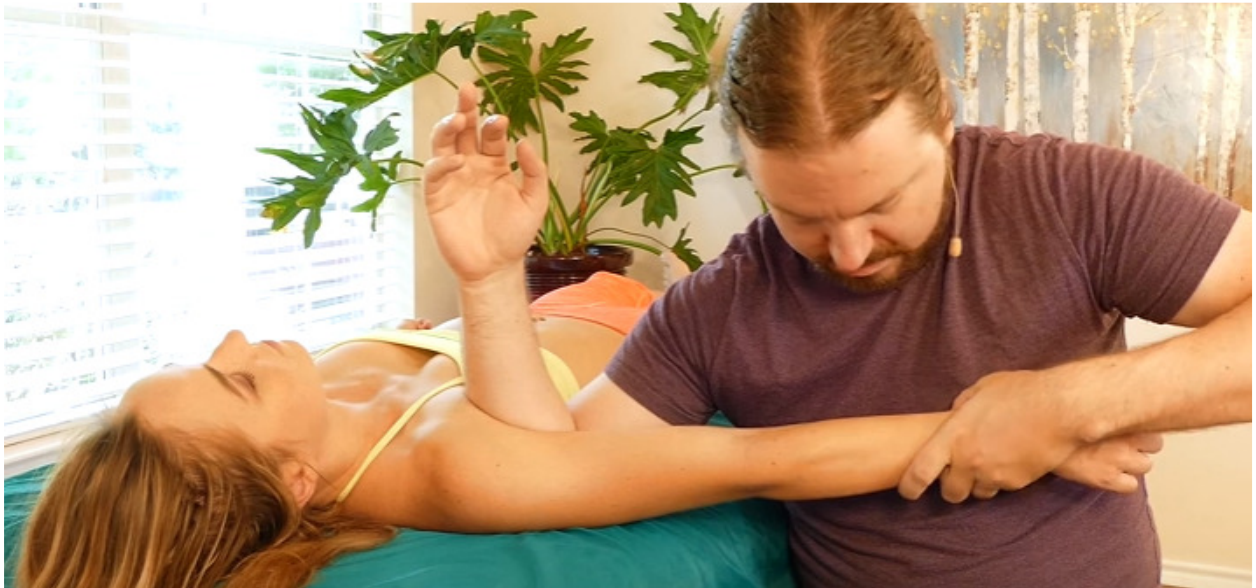




He pulls the arm straighter as you observe and compare her elbow position and he'll hold that for a few seconds. Again, I am recommending doing some movement and circular rubbing. But truly, I'd prefer to have her face down and be working on these muscles from that position. You'll be seeing more of this in my own made videos. You'll see me working on a model/patient too.

Doing this you can touch a tender spot, she'll tolerate it for a few seconds, then move off it onto a different spot and move around and around and finally she'll lose that tenderness. It's somewhat deceptive. The patient thinks you're not touching that painful spot, not doing the treatment she needs, and you can say, "This is the spot. I've been coming back to it again and again. The pain is gone because the muscle is finally relaxing. You'll become more comfortable as the muscles balance and your entire spine will begin to adjust and realign itself.

No one else is doing this for you. That's why you should come see me several times over the next 30 days and then come when you feel the need, perhaps once every 2 to 4 weeks."

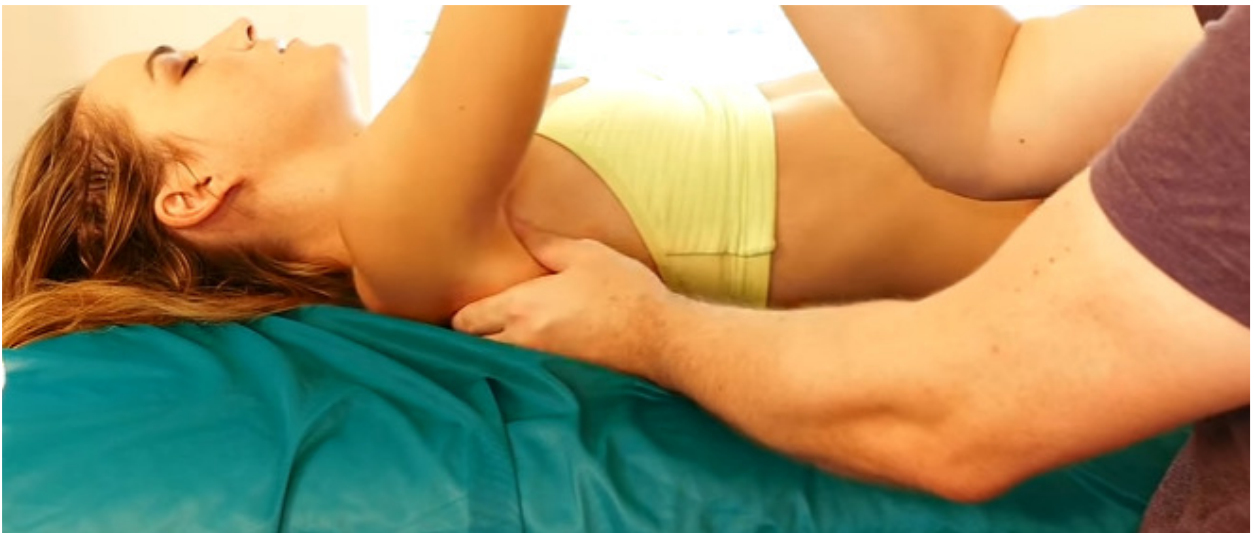


The patient is too ticklish to touch the subscapularis and another smaller muscle (infraspinatus) so he's trying this form of traction to open the joint. His arm against her side *is* a fulcrum and he can pull her arm down and toward him in an effort to open that joint and make it all relax. I prefer massage with the patient prone. This is an interesting variation.

In this next photo he wants to grab and pull this tissue, part of Teres Major and Latissimus Dorsi. He can't drive his thumb deep into her arm pit but he can press the tissue there and pull and wiggle and again this way help to relax the attendant muscles and fascia. You can see it on the next page.



Grabbing and pulling the tissue.



He has his thumb in there pressing while he wiggles her arm.



Here he has pressed and wiggled and moved her arm in a full range of motion, and now he is holding and asking the patient to move her arm in any position as much or as little as feels right for her while he continues to clamp into that muscle.



She is still moving her arm around and the MT is holding pressure into the Axilla.



She still feels some discomfort in the front of her shoulder where she's touching.



She indicates a line of tenderness from the shoulder into the pectoralis major near the halter strap. It may be Pectoral or may be a branch of the anterior deltoid (front of shoulder). Therefore, I would work on both and

attempt to find the source of the pain and work that area more to release that pain source.



On the next page he is slowly rubbing superior and inferior that is, (up and down toward her head (superior) and down (inferior) toward her feet). Compare the two photos. After some slow movement he can move faster and rub the muscle and fascia to allow it to relax. He will go faster and jostle the area a few moments and then stop.



Now he's rubbing with a knuckle. It's a bit more comforting than having him grabbing under her arm.



He does not dig INTO the arm pit which is a sensitive area with many nerves. He rubs just below that area where he's touching in this next photo.

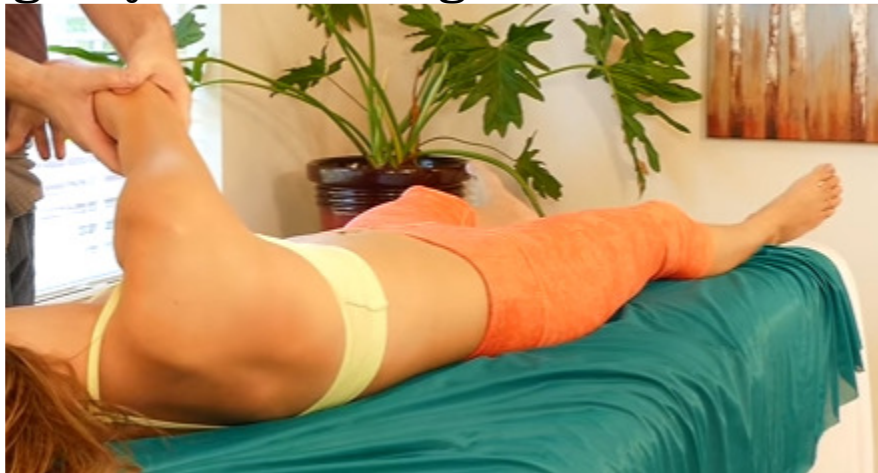




He returns to the same process pulling wiggling, light force work. He's simply mobilizing the muscle by moving it, and

also getting her various nervous system functions to report back to the brain that everything is improving, is moving, and no longer so painful.

Pulling gently and releasing, 3 to 5 times.



Now again he uses thumbs side by side and works slowly down the arm to her fingers slowly pulling and gently pressing.



Perhaps the nervous system is making the connection between the tension of the fore arm muscles with the pain and tension in the rotator cuff muscles.

This is part of the “proprioceptive system” that tells you even with your eyes closed where your hands and feet are and even what fingers are opened straight or

flexed and you can close your eyes, bend over and still touch the tip of your nose. That's really quite remarkable. You changed position but still know where everything in your environment is located! It's the same system, I theorized, that works the tense muscles and the trigger points, and the related tension of muscles and fascia.

You might get a lot of this done faster after a hot water or steam bath, or in the steam room. I haven't tested that idea. If you live with a lover when she comes out of a hot bath try it. If you're in the tropics you perhaps don't use hot water to bathe, so for us living in this vicinity, we must massage the muscles in various ways.

This is what I like to do. I want to get my hand and finger tips back to the scapula and beneath it, between the scapula and the ribs! I want it done on myself and I'm sure others who lift a bit more than they should or exercise a bit too much, have similar "issues."



I'm certain when you touch those tender spots the patient knows she has a problem and realizes that you know where to locate the source of it. I talk about going to the source of problems quite often because when that finally makes sense to the patient, s/he knows, drugs can't cure this. I need the massage therapist to help me.

Why YOU Are The Answer To Their Needs and Prayers

If YOU are afraid to sell yourself as the answer, what you're really doing is sending the patient on an endless chase, wasting time, money and effort to get no cure! That's a crime. That's an overtly damaging act of omission. You are omitting to give a warning or explain the need for the help you provide. If I know you're about to be injured if you don't stop walking out onto the street, it's an "overt act of omission" and it's immoral. Similarly, if you don't tell the patient that YOUR profession and YOUR training has the answer at a reasonable price, and the others out there are only going to waste her money and perhaps years, you're committing a crime.

When I say that no one else will teach you what I teach, that's also a warning to point you into the right direction. What I have learned these many years seems elementary and obvious to me but apparently no one else is teaching it. That leaves me thinking they don't know it.

What a pity it would be if the old natural healers died and took their knowledge to the grave. We have the

chance to pass this information to the rest of humanity in books and video. I don't see anyone else doing what I'm doing, so I decided it has to be me teaching this.

It also happens my price is on the low end of the scale compared to other online teachers. So DO teach your patients that you can help them and do come back to me so I can help you learn more and more as we progress through this first course, and I hope you'll continue into the Course #2 for Back Pain Massage. I'll reveal much more of the old lost art of discovery, diagnosis and proper natural treatments there.

Of course, I know you could watch just a few videos and stop and then I realize I sold most of the course to you for a fee so low it isn't worth working on building it. I'm doing my best to make it easy for you to buy lessons on *your* most convenient schedule. I hope you'll appreciate that and watch all of the lessons for this course #1, take in many paying patients, realize the course is worth much more than you paid and has repaid its cost and brought you a very good profit, and then continue onto course #2 with me.

You know, I went to Palmer College of Chiropractic with a class of perhaps 65 others and I saw perhaps 2 others who took additional seminars and studies and really poured themselves into learning ALL they could. The others wanted only to pass the tests and graduate. Even today, some of them are still mediocre practitioners. The few very good ones continue to study and learn everything they can. I expect YOU to self-

discipline to learn all you can too. I don't want for you to be a common, ordinary MT. I want you to be the BEST you can be, a person of renown whom everyone talks about with a smile and good reports.



He's pressing in and rubbing in circles too.

Now you can see he is lifting her scapula with her arm over the front of her body. The scapula raises off the subscapularis muscle group, and he can press fingertips in to rub these muscles into relaxation. It hurts a little but the patient knows it's what she's been wishing for.



This woman does a lot of Yoga exercise and consequently overworked these muscles he's working on.



More of the same
He lowers her to
the table and lifts
again moving and
stretching the spine
and helping to pull
the rib heads away
fascia from around
the spine slightly,
creating stretching of
fascia and making

her more comfortable. The rib heads are held in place by ligamentous tissue which is flexible and the rib heads will move a little and then reseal themselves. I

think this is much more effective than the Chiropractic solutions.

Reference Medical News Today: The main ligamentous attachment to the ribs is the costotransverse ligament, this is a fairly complex ligament which is made up of three parts. The first part is known as 'The' costotransverse ligament and it fills the gap between the rib and the corresponding transverse process.



it.

He says he can feel the spinal muscles and rib heads. But his sentence trails off. He does not know enough about the spine to explain and teach how to care for

He is unfamiliar with the names and manipulation techniques. He is strictly knowledgeable about massage.

I'm going to take you into actually doing some gentle spinal manipulation as we work into Back Pain Massage, course #2. You'll love it and the patients will love you for knowing it! (I have more to say but it's better for me to avoid tangents and place it into the appendix.)

He'll do the same process to the left side, but for this patient, she is right handed, right dominant, and most of her overwork was done to the right side. He'll work on the left but not with so much intensity and for such a long time.

If YOU are going to do 20-to-30-minute sessions, I recommend doing a lot of face down massage. You'll work on the spine and rib head realignment and tell the patient to meet again in 3-days for a follow-up visit. Over that two- or three-day span, the patient will do a lot of self-correcting IF she'll cease the hard stretching and exercising that caused this. You'll get better results this way, with the patient prone, or in some cases sitting up so you can cross her arms and get under the scapula.

Following advice from another one or two massage therapists I'll provide photos and explanations about leg and hip girdle massage. What seemed to be elementary and obvious to me is either never mentioned or completely ignored by the several therapy videos I've seen. These people talk about relaxing and reducing muscle tension but never say a word about the function and body mechanics of getting these muscles balanced so they hold the spine in proper alignment. It's a pity they're missing so much!

Leg and Pelvic Muscle Balance – and Relationship to Fallen Arches

Why should anyone care about the pelvic muscles? Forgive me if you find something like this again in future. I wrote about this but seem to have lost it. It's actually the most important subject of the course. If you

read something similar later, that's good as a reminder for you.

80% of the population surveyed says they have back pain. The same 80% have flat feet or "fallen arches."



When the foot goes flat the ankle is angled out of what is its proper position.

This man's foot is in trouble and all of the rest of his spine and his health too!

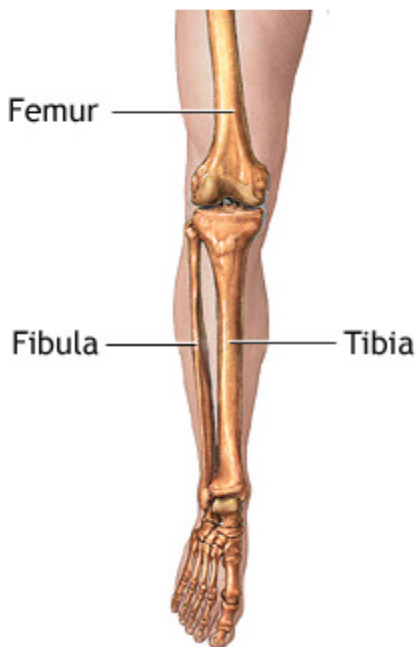
"Impossible!" Do you think so? Perhaps you're uninformed.



Strange as it might seem, what comes from this problem will keep you busy comforting patients for the rest of your life. I'll explain.



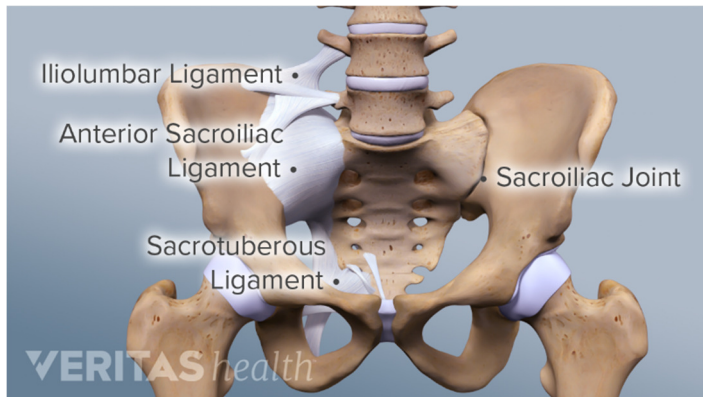
When foot arches “drop” or “collapse” or “fall” we get the syndrome you see here. The ankle is twisted. When it twists it turns the fibula forward. (see picture next page)



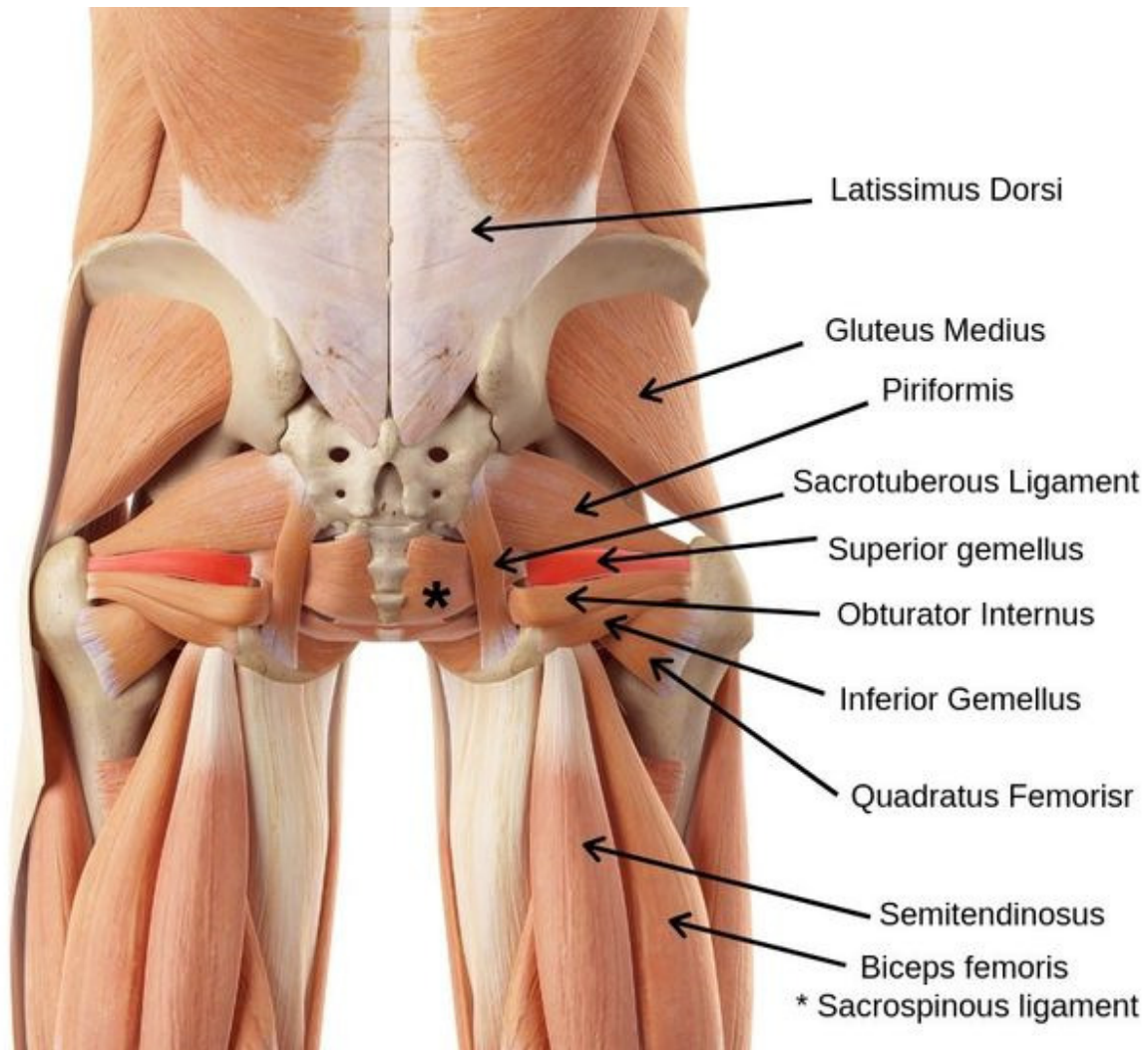
The fibula moves forward causing the knee to twist and with it the Femur must twist. This right leg would turn so that the knee cap will angle inward or medially. It might seem rather insignificant but I assure you, it's more important than you may realize.



The sacrum is what you see here in yellow. Where the sacrum joins the hip is the Sacro-iliac articulation. I'm only going over this again as a reminder.



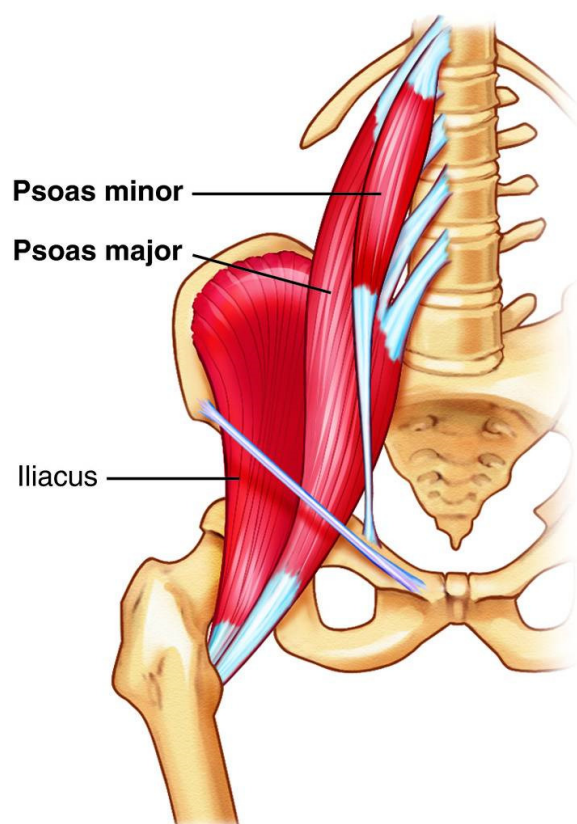
You can't miss the label "Sacroiliac Joint"



I want you to see the Gluteus Medius and Piriformis, and of course the artist shows this and has not drawn in the over covering gluteus maximus. They run from the femur head to the sacrum and guide its motion. There's more. ALL of these muscles are related to pelvic and sacral motion and they guide the movement of the sacrum. The sacrum is the foundation upon which lies the 5th lumbar and the rest of the spine.

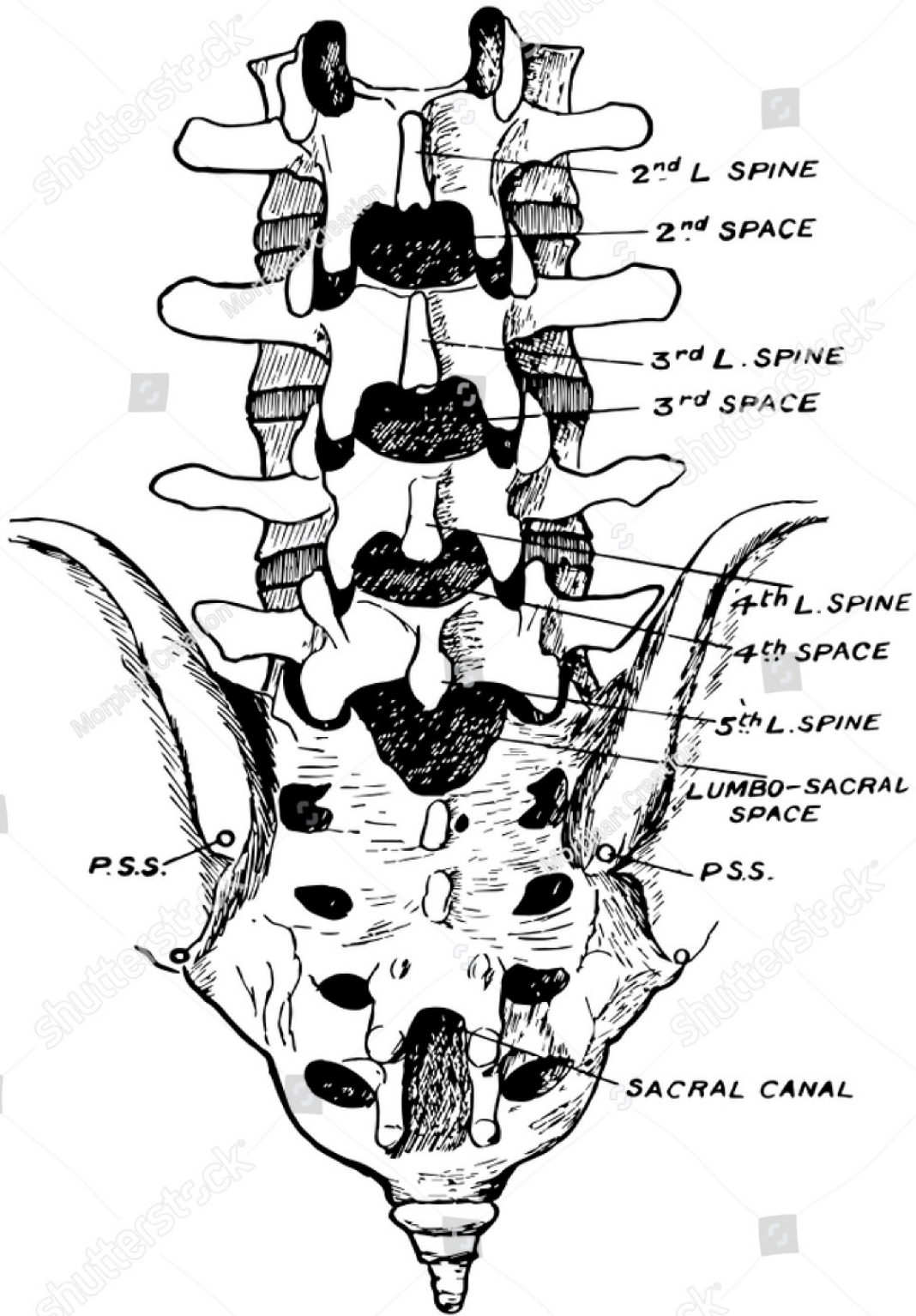
Gluteus maximus muscle. Attaches proximally on the ilium behind the posterior gluteal line, the sacrum, the

coccyx, and the sacrotuberous ligament; distally, the muscle attaches at the iliotibial tract and the gluteal tuberosity of the femur.



The psoas major and minor and Iliacus are involved. We can muscle test them and prove it. Prove it to the patients and they'll think you're a genius.

It's probable, the muscles that hold the lumbar aligned are all related to this syndrome.



This is a clear illustration of the lumbar vertebra on top of the sacrum. When the sacrum is not in proper alignment, the lumbar vertebra twist out of their proper seating too.

Many Chiropractic teachers have for decades made this terrible error theorizing that the geometry of the spine is solely responsible for the proper alignment of the vertebra. But ligaments hold bones *TOGETHER* but not in alignment. Muscles, when properly balanced, hold bones in proper alignment. Thus the sign on the wall saying, "Bones go where muscles tell them to go."

Flat feet, and the misaligned or improperly moving sacrum cause the entire foundation for the spine to cease working correctly. The spine is a movable tower held in place by muscles. When this happens, the muscles don't work up to their normal strength, the spine goes out of line because everything above the sacrum is compensating for the lost foundation! This continues all the way to the first cervical and the skull.

When the 1st and 2nd cervical misalign, they twist the covering around the base of the brain. There are three coverings around the medulla oblongata and when they twist it's a bit like having two hands wringing a wet towel, or as boys did years ago in my neighborhood, they would wring your wrist. (They called it an Indian Burn.)

The fascial tissue, muscles, arteries, veins, fat and nerve roots are all involved in a process of swelling. The patient complains of headaches.

Foot exercise might help. Foot supports placed into the shoes might help. Orthopedic shoes would be much better. High style shoes could be made with a good arch and foot supporting sole, but what is available today is insufficient. Ultimately, the patient will need regular massage and it should be done by someone who understands this syndrome.

The massage therapists I have seen on several videos do not talk about this because they don't know about it. They talk about "butt massage" and relaxation and tension release and say the patient sits too much at his/her desk. But they don't know what to do to help his person.

Concomitant with this is probably a poisoned colon. Toxins disturb the nerves of the colon which telegraph through the lumbar plexus and cause muscle imbalances. All of this will relate to a thyroid and adrenals that are not working properly. The patient is tired, cold, has a bad mood, feels miserable and the problem may be with her for the rest of her life.

It can be "cured" with a major change in eating habits. She needs to eat much more volume of green vegetation, cease eating white flour and sugar in any and everything, get more B-vitamins (at least some baking yeast) perhaps a 1/4 teaspoon of baking yeast daily can be eaten with food and chased with water.

Always eat it WITH food. If you take it without food you'll feel queasy and you'll think, *I can't eat anything*, but to the contrary, to get rid of the queasy feeling, swallow a slice or two of bread or a bit of rice, and the problem with the stomach will clear away quickly.

Ideally the patient would flush water into her colon every morning and flush dangerous toxins out, but I seriously doubt you'll find anyone the least bit interested in doing that. They would rather get fat, sickly and die too young than do what is necessary to stay healthy. That's the truth for 999 out of 1,000.

All of my friends in the age '70's bracket are sickly or dead. I'm the only one I know still bouncing off the walls.

That's alright for you, the back-pain massage therapist. These people will chronically have body aches and back pains and they'll come to you. You become the maintenance person for 200-regular visitors, and they pay you very well to take care of them.

They take their car in for regular service and come to you for regular service and the entire concept is entirely acceptable to them and should be to you too.

This teaching session ends here. Please continue Chapter 12 and important physiology and business start-up articles in Volume 4.

This ends volume #3

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Please continue Chapter 12 and important physiology and business start-up articles in Volume 4.

This is really getting exciting. In a few days working on your practice partner and perhaps a few additional patients, you'll realize you're getting familiar and comfortable with this. You're moving toward competence without thinking about it... "Unconscious Competence."

I am excited with you, and you are to be commended for your considerable effort to stay with this study.

The road to success is not a straight line. It has its ups and downs, good and bad days. But persistence pays and you WILL have a practice making your living if you'll simply continue day after day working on patients and doing various little efforts to bring in more new patient phone calls.

Let's go together to Volume 4, and Chapter 12.

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