

Therapeutic Stretching Home Study Course

9 CE Hours
Online Study Guide

Presented by the:
Center for Massage Therapy Continuing Education

*PO Box 117 • Elk Point, SD 57025
866-784-5940 • www.massagetherapyceu.com*

Table of Contents

INSTRUCTIONS	3
EXAM (for review before taking the online exam)	4
THERAPEUTIC STRETCHING PROTOCOLS	25

Center for Massage Therapy Continuing Education, LLC

© 2024, Center for Massage Therapy Continuing Education, LLC

PO Box 117

Elk Point, SD 57025

www.massagetherapyceu.com

Ph: 866-784-5940 • Fax: 605-761-2261

info@massagetherapyceu.com

Published by the Center for Massage Therapy Continuing Education, LLC

The author grants permission to photocopy this outline for personal use only. Beyond this consent, no portion of this course may be copied or reproduced in any form without written permission from the Center for Massage Therapy Continuing Education.

It is the responsibility of the practitioner to determine the appropriateness of the principles presented in terms within the scope of practice. This information is in no way meant to diagnose or treat medical conditions. This course is not meant to teach advanced hands-on stretching or massage techniques. Written medical opinions are always the best way to resolve any questions regarding contra-indications to massage therapy or stretching.

Instructions for the Therapeutic Stretching Home Study Course

Thank you for investing in the Therapeutic Stretching home study course, a 9 CE hour course designed to further your knowledge in the principles and practices of therapeutic stretching for massage therapists. The following will give instructions on what you will need to do to complete this course. This is a 9 CE hour course, so that means it should take you approximately 9 hours to read the text, watch the online video, read the Therapeutic Stretching Protocols, and complete the exam and course evaluation.

The following are steps to follow in completing this course:

- 1. Read the instructions and review the textbook, online video, stretching protocols (located on page 25 of this guide), and exam (on page 4 of this guide).**
- 2. To access the online video, click here: <https://youtu.be/bf9j2iiKrPU>.**
- 3. Access the online examination by logging in to your account at www.massagetherapyceu.com. Once there, click on the student login link on the top left and enter your information. The online exam is the same as the exam in this file.**
- 4. Complete your examination and print your certificate. The exam is open book and there is no time limit for completion.**
- 5. Submit, either by mail or email, answers to exam questions 61-64 using the Therapeutic Stretching Protocols as a guide located on page 25. There are many variations to answers for these questions. Each therapist might do something different. Use your best judgement. Please include your full name.**
 - a. Email to: info@massagetherapyceu.com**
 - b. Mail to: Center for Massage Therapy CE, PO Box 117, Elk Point, SD 57025**

You must pass the exam with a 70% or better to pass this home study course. You are allowed to access and take the exam up to 3 times if needed. There is no time limit when taking the exam. Feel free to review the textbook while taking the test. This course uses the textbook *Therapeutic Stretching*, by Jane Johnson and the online video *The Passive Stretch Video*, by Kay Rynerson. There are no trick questions on the exam. All of the answers are clearly found in the text.

It is advised to answer the exam questions in the study guide before testing online. That way, when you are testing you do not have to go back and forth through the online exam.

If you have any questions please feel free to contact us at 866-784-5940, 712-490-8245 or info@massagetherapyceu.com. Most state boards require that you keep your “proof of completion” certificates for at least four years in case of audit. Thank you for taking our Therapeutic Stretching home study course.

Therapeutic Stretching Exam

Chapter 1 – Introduction to Therapeutic Stretching

1. What is therapeutic stretching?
 - A. Any stretching that is performed with the intention of deliberately facilitating an improvement in a person's physical or psychological well-being
 - B. Any stretching that is performed with no intention to deliberately facilitate an improvement in a person's physical or psychological well-being
 - C. Any stretching that is performed with the intention of deliberately facilitating an improvement in a person's physical well-being only
 - D. Any stretching that is performed with the intention of deliberately facilitating an improvement in a person's psychological well-being only

2. What is a sprain?
 - A. An acute injury involving the tearing of muscle fibers, the muscle's tendon, or both
 - B. An acute injury involving the tearing of a ligament that would normally hold two or more bones together
 - C. A sudden, involuntary contraction in a muscle that is temporary but that can be very painful
 - D. An acute injury involving the compression of nerves between two or more structures

3. All of the following are reasons cited for the use of stretching EXCEPT:
 - A. To help alleviate pain due to muscle tension
 - B. To stimulate cramping in muscles
 - C. To help correct postural imbalances
 - D. To help minimize the development of scar tissue

4. Which of the following is a general stretching recommendation for sprains and strains in the acute phase?
 - A. All forms of stretching are indicated during the early stages of healing
 - B. Passive stretching is indicated
 - C. All forms of stretching are contraindicated during the early stages of healing
 - D. Active stretching is contraindicated

5. Which of the following is a general stretching recommendation for mild stiff joints?
 - A. Both active and passive stretches are contraindicated to combat mild stiffness in joints
 - B. All forms of stretching are contraindicated for mild stiffness in joints
 - C. Gentle stretching can be done with caution to combat mild stiffness in joints
 - D. Both active and passive stretches are useful to combat mild stiffness in joints

Chapter 2 – Preparing for Stretching

6. All of the following are steps included in the 10 simple steps for therapeutic stretching EXCEPT:
 - A. Dismiss treatment objectives
 - B. Set stretching goals
 - C. Take measurements
 - D. Reassess and document findings

7. Step 1 (assess the client) of the therapeutic stretching plan includes:
 - A. The initial consultation
 - B. Stating the treatment objectives
 - C. Stating your goals for treatment
 - D. Taking the clients stretching measurements

8. All of the following are contraindications to stretching EXCEPT:
 - A. Acute conditions
 - B. Malignancy
 - C. Bone or joint limitation
 - D. The non-inflammatory stages of rheumatoid conditions

9. In active individuals, which of the following should be avoided in pre-event situations?
 - A. Dynamic stretching
 - B. Sustained static stretching
 - C. Ballistic stretching
 - D. Active stretching

10. All of the following are methods used to measure the effectiveness of a stretching program EXCEPT:
 - A. Subjective measures (self-report measures)
 - B. Joint range using a goniometer
 - C. Muscle length tests such as the bent leg raise test
 - D. Muscle length tests such as the Thomas test

11. Why is it important to reassess a client after the use of a stretching plan?
 - A. To determine whether the stretching plan has been effective at meeting the goals that were set out
 - B. To determine whether the stretches the client performed were indicated or contraindicated for the condition
 - C. To identify the treatment objectives for the individual client
 - D. All of the above

Chapter 3 – Active and Passive Stretching

12. What are active stretches?
- A. Those that a person performs for herself, without the assistance of a therapist or trainer
 - B. Those that require the assistance of another person, positioning the client's body in such a way as to facilitate the stretch
 - C. Those that are useful in treating clients who are unable to get into certain stretching positions
 - D. All of the above
13. What are passive stretches?
- A. Those that a person performs for herself, without the assistance of a therapist or trainer
 - B. Those that require the assistance of another person, positioning the client's body in such a way as to facilitate the stretch
 - C. Those that place the responsibility for stretching with the client, engaging the client with his own rehabilitation
 - D. All of the above
14. Both active and passive stretches should be held for a minimum of:
- A. 15 seconds
 - B. 30 seconds
 - C. 45 seconds
 - D. 1 minute

Chapter 4 – Advanced Forms of Stretching

15. Muscle energy technique (MET) involves:
- A. First shortening the muscle to be stretched, then 'locking' a passively shortened muscle close to or on its origin before stretching the muscle
 - B. Rhythmic kicking or swinging movements where the aim is to increase the degree of stretch with each ballistic movement
 - C. The active contraction of a muscle by the client against a resistive force provided by a second party
 - D. Stretching that a person performs for herself, without the assistance of a therapist or trainer
16. Soft tissue release (STR) involves:
- A. First shortening the muscle to be stretched, then 'locking' a passively shortened muscle close to or on its origin before stretching the muscle
 - B. Rhythmic kicking or swinging movements where the aim is to increase the degree of stretch with each ballistic movement
 - C. The active contraction of a muscle by the client against a resistive force provided by a second party
 - D. Stretching that a person performs for herself, without the assistance of a therapist or trainer

Chapter 5 – Stretching the Lower Limb

17. Which of the following is the most common form of ankle sprain?
- A. Eversion
 - B. Distal
 - C. Inversion
 - D. Proximal
18. Which of the following are effective ways to stretch the Achilles tendon?
- A. Passive stretches to the gastrocnemius and soleus in the prone position
 - B. Passive stretches to the hamstrings and gluteals in the prone position
 - C. Active stretches to the tibialis anterior and soleus in the prone position
 - D. Active stretches to the gastrocnemius and quadriceps in the prone position
19. Why are active stretches useful in the treatment of stiff ankles?
- A. Because the client does not use body weight to facilitate a stretch in tissues
 - B. Because the client is not required produce the stretching movement on their own
 - C. Because the client can be positioned in either a supine or side-lying position
 - D. Because the client may incorporate body weight to facilitate a stretch in tissues
20. Which of the following stretches is not recommended for calf muscle strains?
- A. Active stretches
 - B. Active dorsiflexion of the ankle
 - C. Standing calf stretches
 - D. Passive stretches
21. All of the following types of people are more at risk for tight calf muscles EXCEPT:
- A. Clients who engage in sporting activities that use the leg muscles
 - B. People who wear high heels
 - C. People who stretch the calf muscles often
 - D. Clients who remain seated for long periods
22. Once medical approval has been given, which of the following stretches are appropriate after knee surgery?
- A. Active and passive flexion and extension movements within the patient's pain-free range
 - B. Active and passive rotation movements within the patient's pain-free range
 - C. Active and passive inversion and eversion movements within the patient's pain-free range
 - D. All of the above
23. Which of the following are appropriate stretches for a hamstring strain in the acute stage?
- A. Gentle passive stretches
 - B. Gentle active stretches within the patient's pain-free range
 - C. No stretching at all
 - D. MET stretches

24. Which of the following client positions is best for performing passive stretches on the hamstrings?
- A. Supine
 - B. Prone
 - C. Sitting
 - D. Side-lying
25. Which of the following muscles is associated with groin strains?
- A. Sartorius
 - B. Tensor fasciae latae
 - C. Rectus femoris
 - D. Adductor longus
26. Active stretches for tight quadriceps muscles can be increased by:
- A. Pressing the pelvis forward
 - B. Pressing the shoulders forward
 - C. Pressing the knee forward
 - D. Pressing the head forward
27. All of the following muscles are part of the hip flexors EXCEPT:
- A. Psoas
 - B. Gracilis
 - C. Iliacus
 - D. Rectus femoris
28. What is piriformis syndrome?
- A. Pain in the shoulder and upper limb resulting from compression of the sciatic nerve by the piriformis muscle
 - B. Pain in the buttocks and lower limb resulting from compression of the radial nerve by the piriformis muscle
 - C. Pain in the buttocks and lower limb resulting from compression of the sciatic nerve by the piriformis muscle
 - D. Pain in the lower back and buttocks resulting from compression of the sciatic nerve by the piriformis muscle
29. Delayed onset muscle soreness (DOMS) subsides:
- A. With intense physical exercise
 - B. With forceful stretching
 - C. With medication
 - D. Naturally

Chapter 6 – Stretching the Upper Limb

30. Which of the following is a useful stretch that may help maintain range of motion in adhesive capsulitis (frozen shoulder)?
- A. Swinging the arm in a pendulum-like motion
 - B. Swinging the trunk in a pendulum-like motion
 - C. Swinging the knee in a pendulum-like motion
 - D. Swinging the wrist in a pendulum-like motion
31. When performing active stretches on a stiff shoulder, which of the following “tools” may be useful?
- A. A bolster or towel
 - B. A towel or broom handle
 - C. A tennis ball or broom handle
 - D. A bolster or tennis ball
32. All of the following are internal rotators of the humerus EXCEPT:
- A. Teres major
 - B. Subscapularis
 - C. Biceps
 - D. Anterior fibers of the of the deltoid plus pectoralis major
33. One way to combat shortened internal rotators of the humerus is to apply stretches that both:
- A. Traction the shoulder and shorten the rotators themselves
 - B. Shorten the shoulder and stretch the rotators themselves
 - C. Shorten the shoulder and abduct the rotators themselves
 - D. Traction the shoulder and stretch the rotators themselves
34. Which of the following muscles make up the rotator cuff?
- A. Supraspinatus, infraspinatus, teres major, and subscapularis
 - B. Supraspinatus, infraspinatus, teres minor, and subscapularis
 - C. Deltoid, supraspinatus, teres minor, and subscapularis
 - D. Supraspinatus, subclavius, teres minor, and subscapularis
35. Supraspinatus tendinosis is common in all of the following types of athletes EXCEPT:
- A. Baseball players
 - B. Tennis players
 - C. Basketball players
 - D. Swimmers
36. What is lateral epicondylitis (tennis elbow)?
- A. A painful condition resulting from overuse of the extensor muscles of the wrist
 - B. A painful condition resulting from overuse of the flexor muscles of the wrist
 - C. A painful condition resulting from overuse of the extensor muscles of the elbow
 - D. A painful condition resulting from overuse of the flexor muscles of the elbow

37. Which of the following a passive stretch you can use to stretch the muscles associated with medial epicondylitis (golfer's elbow)?
- A. Passive stretching of the wrist extensor muscles
 - B. Passive stretching of the wrist flexor muscles
 - C. Stretching is contraindicated in medial epicondylitis
 - D. Passive stretching of the wrist rotator muscles
38. When working with a sprained wrist, why is it important to stretch the fingers?
- A. Stretching the fingers of a sprained wrist is contraindicated in any stage
 - B. Because the long tendons of the finger flexors and finger extensors cross the elbow joint
 - C. Because the long tendons of the finger flexors and finger extensors cross the wrist joint
 - D. Because the short tendons of the finger flexors and finger extensors cross the wrist joint
39. Which of the following nerves is impaired as it passes through the carpal tunnel in carpal tunnel syndrome?
- A. Radial
 - B. Ulnar
 - C. Distal
 - D. Median
40. All of the following are stretches that may help carpal tunnel syndrome EXCEPT:
- A. Self-tractioning of the wrist
 - B. Passive tractioning
 - C. Stretching the palmar surface
 - D. Walking the arm up a wall

Chapter 7 – Stretching the Trunk

41. Which of the following is a passive stretch you can incorporate into your massage routine to help stretch the neck of a client experiencing sub-acute or chronic whiplash?
- A. Stretching the neck of a client experiencing sub-acute or chronic whiplash is contraindicated
 - B. Neck rotation using a towel
 - C. Neck flexion using a towel
 - D. Shoulder depression
42. All of the following may cause a stiff neck EXCEPT:
- A. Maintaining a static position for too long
 - B. Sports involving overarm movements
 - C. Sleeping awkwardly
 - D. Routine gentle stretching

43. All of the following stretches may help alleviate stiff neck symptoms EXCEPT:
- A. Active cervical ROM movements
 - B. Passive traction of the wrist
 - C. Gentle traction using a towel
 - D. Depressing both shoulders simultaneously
44. What is kyphosis?
- A. An increase in the normal outward (thoracic) curvature of the spine
 - B. An increase in the normal inward (cervical) curvature of the spine
 - C. A decrease in the normal outward (thoracic) curvature of the spine
 - D. A decrease in the normal inward (lumbar) curvature of the spine
45. In kyphotic postures, which of the following muscles may be shortened?
- A. Levator scapulae
 - B. Rhomboids
 - C. Pectoral muscles
 - D. Trapezius
46. Which of the following muscles may be associated with low back strain?
- A. Infraspinatus
 - B. Sternocleidomastoid
 - C. Deltoid
 - D. Quadratus lumborum
47. What should the main focus of passive stretching for low back strain be?
- A. Alleviate the cause of low back strain
 - B. Regain normal range of motion in the lumbar region
 - C. Diagnose any other pathologies associated with low back strain
 - D. All of the above
48. Which of the following is a popular method of passively stretching the soft tissues of the lumbar area?
- A. Applying gentle overpressure to the client as she rests in a position of rotation whilst supine
 - B. Applying gentle overpressure to the client as she rests in a position of flexion whilst supine
 - C. Applying gentle overpressure to the client as she rests in a position of extension whilst supine
 - D. Passive stretching is contraindicated for all low back conditions

Chapter 8 – Prone Stretching Routine

49. When performing the quadriceps stretch in the prone position, what is important to remember?
- A. To stabilize the pelvis by leaning on the thoracic spine
 - B. To stabilize the pelvis by leaning on the hamstrings
 - C. To stabilize the pelvis by leaning on the sacrum
 - D. To stabilize the pelvis by leaning on the cervical spine
50. In the supraspinatus stretch, if you are having difficulty locating the supraspinatus, what can you ask the client to do?
- A. Adduct her arm
 - B. Abduct her arm
 - C. Rotate her arm
 - D. None of the above

Chapter 9 – Supine Stretching Routine

51. The tibialis anterior stretch is only used when:
- A. Treating clients with particularly stiff ankles
 - B. Treating clients with particularly stiff knees
 - C. Treating clients with particularly stiff hamstrings
 - D. Treating clients with particularly stiff calves
52. When performing the flexed-knee adductor stretch, how can you prevent the client's pelvis from tilting?
- A. By gently placing your hand over the posterior superior iliac spine
 - B. By gently placing your hand over the anterior inferior iliac spine
 - C. By gently placing your hand over the posterior inferior iliac spine
 - D. By gently placing your hand over the anterior superior iliac spine
53. When performing the gluteals stretch, the textbook suggests that it may be easier to perform the stretch with the client:
- A. In a seated position
 - B. On a treatment couch/table
 - C. On the floor
 - D. In a side-lying position
54. When performing the gentle shoulder traction with lateral neck flexion stretch, which is applied first?
- A. Lateral flexion done by the client
 - B. Gentle traction applied by the therapist
 - C. Lateral flexion applied by the therapist
 - D. Gentle traction done by the client

55. When performing _____, the client is in a good stretch position from which to apply MET?
- A. The stretch of internal rotators
 - B. The anterior shoulder stretch
 - C. Shoulder traction with flexion
 - D. Passive flexion and extension of the elbow
56. When stretching the fingers, which of the following actions will increase the stretch?
- A. Extending the wrist
 - B. Flexing the wrist
 - C. Rotating the wrist
 - D. All of the above
57. In the bilateral trapezius stretch, which of the following can help facilitate relaxation in the often-tight upper section of the trapezius?
- A. Asking your client to inhale
 - B. Asking your client to exhale
 - C. Asking your client to flex the neck
 - D. Asking your client to extend the neck
58. In the passive posterior pelvic tilt stretch, using a towel to help your client experience passive posterior tilt helps stretch the:
- A. Flexors of the lumbar spine
 - B. Extensors of the lumbar spine
 - C. Internal hip rotators
 - D. External hip rotators

Chapter 10 – Seated Stretching Routine

59. Knee and thigh stretches in the seated position are only applicable for:
- A. Treating clients with no restrictions in knee ROM, or for treating clients able to rest comfortably in either the prone or supine position
 - B. Treating clients with restrictions in hip ROM as a result of tension in these muscles, or for treating clients unable to rest comfortably in either the prone or supine position
 - C. Treating clients with restrictions in knee ROM as a result of tension in these muscles, or for treating clients unable to rest comfortably in either the prone or supine position
 - D. Treating clients with no restrictions in knee ROM, or for treating clients unable to rest comfortably in the side-lying position
60. _____ to the upper fibers of the trapezius or levator scapulae is easy to apply with your client in the seated position.
- A. Muscle energy technique
 - B. Neuromuscular therapy
 - C. Soft tissue release
 - D. Acupressure

61. Create your own - Using page 19 of the Stretching Protocols (the Stretching Protocols begin on page 25 of this document) as your guide, create your own sample stretching/massage protocol for a client who presents after knee surgery with a physician's approval. Keep in mind, each person's answer will vary and as long as you follow the bullet points in the power point presentation, there is no right or wrong answer. Type or print legibly on a separate piece of paper, including your full name, and submit either by email to info@massagetherapyceu.com or by mail to Center for Massage Therapy CE, PO Box 117, Elk, Point, SD 57025.
62. Create your own - Using page 20 of the Stretching Protocols (the Stretching Protocols begin on page 25 of this document) as your guide, create your own sample stretching/massage protocol for a client who presents with a stiff wrist and fingers. Keep in mind, each person's answer will vary and as long as you follow the bullet points in the power point presentation, there is no right or wrong answer. Type or print legibly on a separate piece of paper, including your full name, and submit either by email to info@massagetherapyceu.com or by mail to Center for Massage Therapy CE, PO Box 117, Elk, Point, SD 57025.
63. Create your own - Using page 21 of the Stretching Protocols (the Stretching Protocols begin on page 25 of this document) as your guide, create your own sample stretching/massage protocol for a client who presents with tension in the neck muscles. Keep in mind, each person's answer will vary and as long as you follow the bullet points in the power point presentation, there is no right or wrong answer. Type or print legibly on a separate piece of paper, including your full name, and submit either by email to info@massagetherapyceu.com or by mail to Center for Massage Therapy CE, PO Box 117, Elk, Point, SD 57025.
64. Create your own - Using page 22 of the Stretching Protocols (the Stretching Protocols begin on page 25 of this document) as your guide, create your own sample stretching/massage protocol for a client who presents with a stiff lumbar spine. Keep in mind, each person's answer will vary and as long as you follow the bullet points in the power point presentation, there is no right or wrong answer. Type or print legibly on a separate piece of paper, including your full name, and submit either by email to info@massagetherapyceu.com or by mail to Center for Massage Therapy CE, PO Box 117, Elk, Point, SD 57025.

This completes the Therapeutic Stretching exam.

How do the textbook and online video coincide?

For the techniques presented, sometimes the textbook illustrates the stretches being performed a little differently than the online video. Please be aware that both ways are correct. Stretching techniques can be performed in many different ways. When practicing techniques, perform the stretches in whatever manner is most comfortable for you. For time purposes, the online video shows a lot of 2 second stretches (or saltwater taffy stretches). You can also hold any of the stretches presented for 30 seconds to achieve a deeper release.

Online Video Stretches

PRONE

Jeans pocket press

One-side low back

Both-sides low back

- Tractioning stretches for the low back
- Helpful in addressing low back strain and stiff lumbar spine

Kitten squeeze

- A stretch for the trapezius muscle

External rotators of the hip

Internal rotators of the hip

- A stretch for the internal and external rotators of the hip as well as a piriformis stretch
- Helpful in addressing piriformis syndrome

Quads/calf

- Similar to the stretch in figure 5.6 on page 57 of the text
- Helpful for Achilles tendinopathies, stiff ankle, calf muscle strains, tight calf muscles, cramp in the calf, and tight quadriceps

Quads basic

- Similar to the stretch in figure 5.46 on page 79 of the text
- Performing this stretch as presented in the DVD will also stretch the shin muscles when addressing shin splints (text page 64)
- Helpful for tight quadriceps and shin splints

Quads intermediate

Quads max

- More advanced stretches for the quadriceps
- Perform only if your client can tolerate

Cross toes push

Cross ankles push

- A stretch for both legs at once; stretching the quads, anterior leg, and ankles all at the same time
- Helpful for tight quadriceps, shin splints, and stiff ankle

Bicycle the hips

- Helpful for loosening and relaxing lower back and hip conditions

Heel pull

- A gentle tractioning stretch for the low back
- Helpful for low back strain and stiff lumbar spine

Clock -face

- Similar to the stretch in figure 6.12 on page 93 of the text
- Helpful for adhesive capsulitis, stiff shoulder, shortened internal rotators of the humerus, rotator cuff strain, and kyphotic postures

Butterfly

- A more advanced stretch helpful in stretching the pectoralis muscles and addressing kyphotic postures

Forearm

- A stretch for the forearm flexors
- Helpful in treating medial epicondylitis

Wrist

- A tractioning technique for the wrist
- Helpful for sprained wrist, stiff wrist, and carpal tunnel syndrome

SIDE-LYING

Lemon squeezes

- Stretches the gluteals and external rotators of the hip as well as the iliotibial band
- Helpful for tight adductors and iliotibial band friction syndrome

Subscap points

Scapula lift

- More advanced stretches for the subscapularis
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain only if it is comfortable for the client

Teeter totter

- A more advanced stretch helpful in stretching the anterior shoulder and addressing kyphotic postures

Neck stretch

- Gently tractioning and stretches the neck
- Helpful for whiplash, stiff neck, and tension in neck muscles

Elbow to elbow

- A tractioning stretch for the shoulder
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain

Triceps

- A triceps and shoulder stretch
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain

Scapula squeeze

- A stretch for teres major, latissimus dorsi, and subscapularis
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain

Handcuffs

- Similar to figure 6.42 on page 109 of the text
- A stretch for the wrist and hand
- Helpful for stiff wrist and fingers and carpal tunnel syndrome

Wrist

- A stretch for the flexors of the wrist and hand
- Helpful for stiff wrist and fingers, carpal tunnel syndrome, and medial epicondylitis

Low back twist

- Similar to the stretch in figure 7.43 on page 132 of the text
- Helpful for low back strain, stiff lumbar spine, and (if medically approved) herniated intervertebral disc

Hip flexors

- Helpful for tight hip flexors

Quadriceps

- Similar to the stretch in figure 5.46 on page 79 of the text
- Helpful for tight quadriceps

Low back

Hams on the side

- More advanced stretches for the low back and hamstrings
- Perform only if you are comfortable and your client is flexible enough to tolerate

SEATED POSITION

Scapula rock

- More advanced stretches for the subscapularis
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain only if it is comfortable for the client

Kitten squeeze

- A stretch for the trapezius muscle
- Helpful for stiff neck and whiplash

Tennis serve

- A more advanced stretch for the triceps and trapezius
- Helpful for stiff neck, whiplash, adhesive capsulitis, stiff shoulder, and rotator cuff strain only if it is comfortable for the client

Hairpin hook & pull

- Stretches the triceps muscle

Double tennis serve

- A more advanced stretch for the triceps and trapezius
- Helpful for stiff neck, whiplash, adhesive capsulitis, stiff shoulder, and rotator cuff strain only if it is comfortable for the client

Chicken wing

- A stretch for the anterior shoulder muscles
- Helpful for kyphotic postures, adhesive capsulitis, stiff shoulder, and rotator cuff strain only if it is comfortable for the client

Ironing the neck**Double iron**

- A stretch for the sides of the neck muscles
- Helpful for whiplash, spasmodic torticollis, stiff neck, and tension in the neck muscles

Knead the glutton muscles

- A fascia stretch for the upper back
- A petrissage like motion to the upper back musculature

Lemon squeeze**Salad tongs****Forehead cradle**

- Squeezing stretches to the posterior neck
- Helpful for whiplash, stiff neck, and tension in neck muscles

Head lift

- Similar to the supine stretch in figure 7.8 on page 117
- A tractioning stretch for the neck
- Helpful for whiplash, stiff neck, and tension in neck muscles

Prayer lift

- A tractioning stretch for the arm and upper back
- Helpful for head and neck conditions as well as shoulder conditions

Bending the coat hanger

- A more advanced stretch for the neck and chest
- Helpful for whiplash, stiff neck, and kyphotic postures

3-way lift off

- Similar to the stretch in figure 7.25 on page 124
- Helpful for kyphotic postures

Chop and sweep

- A tapotement and finishing technique to the upper back

OTHER TECHNIQUES

Impingement relief

- Gives suggestions for reducing nerve impingement when performing stretches

Plantar fascia release

- Gives stretching techniques for relieving plantar fasciitis
- Textbook page 62

Carpal tunnel release

- Gives stretching techniques for releasing the carpal tunnel
- Textbook page 109

SUPINE

Rotate ankle

- Similar to the active stretch in figure 5.2 on page 55 of the text
- Helpful for ankle sprain, ankle fracture (with medical approval), and stiff ankle

Hip pull

- Similar to the stretch in figure 5.25 on page 67 of the text

Shin shimmy

- Similar to the soft tissue release techniques in figure 5.21 and 5.22 on page 64 of the text
- Helpful for shin splints

Palm press, ankles to toes

Push away

Crossed feet press

- Stretches for the whole leg and ankle

Musical feet

- Stretches the intrinsic muscles of the feet as well as the calves
- Helpful for plantar fasciitis, calf muscle strains, tight calf muscles, and cramp in the calf

Toe yoga

- Similar to the stretches in figures 5.17 and 5.20 on page 62
- Stretches the flexors and extensors of the toes

Breaking the popsicle

Bicycling the foot

Wringing the foot

Snapping toes

Toes spread

- Stretching techniques for loosening the foot and toes

Pat-a-cake ankle

- A loosening technique for the ankle
- Helpful for ankle sprain, ankle fracture (with medical approval), and stiff ankle

Adductor roll

- Similar to the stretch in figure 5.42 on page 77 of the text
- Helpful for tight hip adductors
- The DVD uses the therapist's knee to raise the hip off of the table, only do this if your client can tolerate

Around the world

- This mobilizes and stretches the entire hip joint

Jackknife

- This stretch will stretch the shins, knee, low back, quadriceps, and hamstrings
- Helpful for hamstring strain, tight hamstrings, tight quadriceps, and shin splints

Knee/hip pull

- A tractioning technique for the hip

Flamingo

- Similar to the stretch in figures 5.42 and 5.43 on page 77 of the text
- Stretches the hip adductors

Forward lunge

- A deeper stretch of the thigh and hip
- Get feedback from your client while performing this stretch

Skoochie walk

Lemon squeeze

- A fascia stretch for the rectus femoris of the quadriceps group
- Helpful for tight quadriceps

Pat-a-cake knee

- A loosening technique for the knee
- Helpful for after knee surgery and tight quadriceps

Crow bar

- A tractioning stretch for the client's hip and low back
- Helpful for tight quadriceps, low back strain, stiff lumbar spine, and (if medically approved) herniated intervertebral disc

Twisting the lid**Make a banana**

- A fascia stretch for the iliotibial band
- Helpful for iliotibial band friction syndrome

Posterior thigh points

- A fascia stretch for the hamstrings
- Helpful for hamstring strain, tight hamstrings, and hamstring cramp

Skoochie walk the calf**Lemon squeeze**

- A fascia stretch for the calf
- Helpful for calf muscle strain, tight calf muscles, and cramp in the calf

One hip lift

- Stretches the low back and mobilizes the pelvis
- Helpful for piriformis syndrome, low back strain, and stiff lumbar spine

Knee push

- Mobilizes the sacroiliac joint

Can can

- Similar to figure 5.34 on page 72
- Stretches the hamstring
- Helpful for hamstring strain and tight hamstrings

Toes to nose

- Similar to figure 5.57 on page 84 of the text
- Stretches the external rotators of the hip, the piriformis, and the gluteus maximus
- Helpful for tight adductors, tight hip flexors, and iliotibial band friction syndrome

Double jackknife

- This stretch will stretch the shins, knee, low back, quadriceps, and hamstrings
- Helpful for low back strain, stiff lumbar spine, hamstring strain, tight hamstrings, tight quadriceps, and shin splints

Spinal twist

- Similar to figure 7.42 on page 132 of the text
- Helpful for piriformis syndrome, low back strain, and stiff lumbar spine

Wrist to shoulder

- A warm up stretch to the entire arm

Extensors

Wrist

- A fascia stretch for the wrist extensors
- Helpful for lateral epicondylitis

Forearm pedaling

- A fascia stretch for the radius and ulna

Flexors

Extensors

- Stretches the flexors and extensors of the wrist
- This stretch is an example of soft tissue release
- Helpful for lateral and medial epicondylitis

Internal rotators

- Similar to figure 6.16 on page 96 of the text
- Helpful for shortened internal rotators of the humerus

External rotators

- Stretches the external rotators of the humerus

Scapula drop

Deltoids

Scapula pull

- Stretches for the shoulder
- Helpful for adhesive capsulitis, stiff shoulder, shortened internal rotators of the humerus, and rotator cuff strain

Popsicle

Fanning the cards

Thai dancer

- Stretches the fascia of the posterior and anterior hand and fingers

Wrist

- Loosens the wrist
- Helpful for stiff wrist and fingers and carpal tunnel syndrome

Finger yoga

Snapping the fingers

- Loosens the fingers
- Helpful for stiff wrist and fingers

Triceps

- A triceps and shoulder stretch
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain

Elbow to elbow

- Stretches the latissimus dorsi, internal and external obliques, serratus anterior, and triceps

Coat hanger

Water ski

- Stretches and tractions the shoulders and sides of the trunk
- Helpful for adhesive capsulitis, stiff shoulder, and rotator cuff strain

3 finger push ups

- Stretches the fascia on the sides of the spine up to the occiput and stretches the pectoralis muscles
- The end of the stretch is similar to figure 7.8 on page 117 of the text

Make an “x”

Go bowling

Make a smile

- Stretches and rotates the posterior neck
- Helpful for whiplash, stiff neck, and tension in neck muscles

Crossed-wrist shoulder push

- Similar to figure 7.10 on page 118 of the text
- Stretches the upper trapezius and the levator scapula
- Helpful for whiplash, stiff neck, and tension in neck muscles

Pin and stretch

- Stretches the upper trapezius and the levator scapula
- Helpful for whiplash, stiff neck, and tension in neck muscles

Cradle pull

- Tractioning stretch for the neck
- Obtain feedback from the client as you pull the neck
- Helpful for whiplash, stiff neck, and tension in neck muscles

Towel pull

- Similar to the stretch in figure 7.9 on page 117 of the text
- The rotation at the end of the stretch is the same as figure 7.5 on page 114 of the text
- Helpful for whiplash, stiff neck, and tension in neck muscles

Opening the drawer

- Similar to figure 7.8 on page 117 of the text

Floating head

- A more advanced stretch that requires strong fingers and constant client feedback

Shampoo**Hair pull****Ears****Vulcan greeting****Moosh face**

- A fascia stretch of the scalp and head
- Releases tension in the head, neck, and body

Rib release

- Stretches and releases the fascia of the rib cage

STRETCHING PROTOCOLS

Sample protocols for incorporating
therapeutic stretching into your
existing massage routine.

Presented by the Center for Massage Therapy Continuing Education, LLC
866-784-5940 • info@massagetherapyceu.com

Intended Use of This Guide

This supplemental material will present you with sample protocols for incorporating stretching techniques into an existing massage routine. The protocols presented are meant as a general guide and can be changed and adapted into your everyday massage routine. They are not meant to diagnose or treat undiagnosed medical conditions. If in doubt, always refer your client to the appropriate healthcare physician for diagnosis before massage application. If you have any questions about the material presented, please contact us at 866-784-5940 or info@massagetherapyceu.com.

Lower Limb – Ankle Sprain

Textbook Page 54-55

Symptoms:

- Swelling
- Tenderness
- Bruising
- Pain
- Stiffness
- Limited range of motion

All forms of stretching are contraindicated in the acute phase of an ankle sprain. The sub-acute phase begins when the initial stage of swelling and pain has started to subside. This is usually between 3 and 7 days post sprain. Once the sub-acute phase has begun, active stretches can be incorporated in to massage application.

- ▣ Apply a hot pack to warm the tissues. This can be done while you are working on another area so the flow of the massage routine is not disrupted. – 5 minutes
- ▣ With the client supine, effleurage the entire foot, ankle, and calf. – 2 minutes
- ▣ Petrissage and kneading to the entire foot, ankle, and calf. – 2 minutes
- ▣ With your support, instruct the client to perform ROM in all four planes (slowly and carefully): dorsiflexion, plantar flexion, eversion, and inversion. Watch the client's response to ensure the movements are within the client's pain free motion. – 5 minutes
- ▣ If the client was able to complete the above active stretch, gently and passively stretch the client's foot in all four planes. – 2 minutes
- ▣ If the client tolerates, perform deeper work such as cross fiber friction, or stripping. Begin working above or below the most affected area, and then gently work to the most affected area. Obtain client feedback before performing any deep work on an ankle sprain. – 2 minutes
- ▣ Effleurage to the entire foot, ankle, and calf. – 2 minutes

Lower Limb – Plantar Fasciitis

Textbook Page 62

Symptoms:

- Stabbing pain in the bottom of the foot near the heel
- Pain that is worse with the first few steps after waking
- Stiffness in the bottom of the foot
- Pain after standing for long periods
- Mild heel swelling

Both active and passive stretches can be useful in the massage treatment of plantar fasciitis. Once a diagnosis and approval have been obtained from the client's physician, the following routine may be helpful in the treatment of plantar fasciitis.

- ▣ Apply a cold pack the affected area. – 5 minutes
- ▣ With the client supine, begin by holding the foot to build trust with the client. – 1 minute
- ▣ Apply gentle finger and hand compression to the entire foot. – 2 minutes
- ▣ Passive ROM to the ankle and toes. – 1 minute
- ▣ Perform stroking, using the whole, flat hand, in all directions, slowly with gentle pressure. – 2 minutes
- ▣ Passively dorsi-flex the toes to stretch the plantar fascia. Get feedback from the client. – 2 minutes
- ▣ Passively dorsiflex the ankle and the toes at the same time to increase the stretch in the plantar fascia. – 2 minutes
- ▣ If the client tolerates, proceed with deeper compression and/or friction to the plantar fascia. – 2 minutes
- ▣ Effleurage to the entire foot. – 2 minutes
- ▣ Instruct the client on how to actively stretch the fascia at home using the stretches presented on page 62 of the textbook. – 5 minutes

Lower Limb – Calf Muscle Strains

Textbook Page 63

Symptoms:

- Localized pain and swelling
- Limited plantar flexion
- Weakness in the calf area
- Bruising
- Limp when walking
- Inability to run or jump on the affected leg

All forms of stretching are contraindicated in the acute phase of a calf strain. Clients experiencing symptoms should see a physician for diagnosis. Calf strains can range in severity from a grade 1 (mild or partial stretch or tearing in the muscle fibers) to a grade 3 (Severe tearing to complete tearing in the calf muscles).

In the sub-acute or chronic phase, active stretches are recommended so the client has control of the stretch and remains within their pain free range.

- ▣ With the client prone, begin with effleurage to the entire the entire leg. – 1 minute
- ▣ Petrissage the entire leg, concentrating on the calf area. – 1 minute
- ▣ Instruct the client to dorsiflex the ankle. Either slide the client's leg to the side of the table so the foot can hang over the table or bend the client's leg at the knee to about a 45 degree angle so they can perform dorsiflexion. Have the client hold the ankle in dorsiflexion of 30 seconds to 1 minute then relax. Repeat the stretch several times. – 5 minutes
- ▣ If the client tolerates, perform deep stripping and cross fiber friction to the calf musculature. – 5 minutes
- ▣ Effleurage to the entire leg. – 2 minutes

Lower Limb – Shin Splints

Textbook Page 64

Symptoms:

- Tenderness, soreness, or pain along the inner part of your anterior lower leg
- Mild swelling

Both active and passive stretches can be used to help in cases of shin splints as well as in cases of soreness or pain in the anterior leg.

Before treatment, ensure that pain in the anterior shin is due to soreness or overuse and not the result of a stress fracture.

- ▣ Apply a hot pack to the affected area. – 5 minutes
- ▣ With the client supine, effleurage the entire anterior leg. – 1 minute
- ▣ Petrissage the entire anterior leg. – 1 minute
- ▣ Ask the client to point the toes and hold the stretch for 30 seconds to 1 minute.
- ▣ At the end of the active stretch, ask the client to hold their ankle in extension while you gently compress the tissues of the tibialis anterior. Repeat this compression while in extension on different muscle areas. – 5 minutes
- ▣ Ask the client to flex the foot or use your body to hold the client's foot in flexion. Compress areas up and down the tibialis anterior. – 5 minutes
- ▣ Perform cross fiber friction along the tibialis anterior muscle. – 2 minutes
- ▣ Effleurage the entire leg. – 1 minute

Lower Limb – Tight Hamstrings

Textbook Page 70

Symptoms:

- Stiffness
- Postural problems
- Lower back pain

Tight hamstrings may have numerous causes, from participating in sports activities, to people who remain seated for long periods of time.

Both active and passive stretches can be helpful in alleviating symptoms and restoring normal range of motion in the hamstrings muscle group. If your client is experiencing moderate to severe pain in the hamstrings, it is a good idea to refer them to a healthcare physician for evaluation before massage treatment.

- ▣ Apply a hot pack to the affected area. To save time and keep the flow of the massage routine, apply the hot pack while you are working on a different area. – 5-10 minutes
- ▣ With the client in the prone position, effleurage the entire leg. – 1 minute
- ▣ Petrissage to the entire leg. – 1 minute
- ▣ Palpate for tight nodules or adhesions. – 2 minutes
- ▣ Shorten the hamstrings muscle by bringing the knee to a 90 degree angle. Choose a place to gently compress the tissues (where you found an area of tightness). While holding the compression, gently extend the knee by bringing the leg toward the table. Repeat this compression with movement on different areas of the hamstrings muscle group. Obtain feedback from your client on each movement. – 5 minutes
- ▣ Perform cross fiber friction to the entire hamstrings. – 2 minutes
- ▣ Perform deeper work such as trigger point release , stripping, or deep compression to the hamstrings. – 2 minutes
- ▣ Petrissage the hamstrings. – 1 minute
- ▣ Effleurage the hamstrings. – 1 minute
- ▣ After the massage session instruct the client on how to perform active stretches to the hamstrings using the stretches listed on page 70-71. – 5 minutes

Lower Limb – Tight Quadriceps

Textbook Page 78

Symptoms:

- Stiffness
- Postural problems
- Lower back pain

Tight quadriceps may have numerous causes, from participating in sports activities, to people who remain seated for long periods of time.

Both active and passive stretches can be helpful in alleviating symptoms and restoring normal range of motion in the quadriceps muscle group. If your client is experiencing moderate to severe pain in the quadriceps or numbness or weakness, it is a good idea to refer them to a healthcare physician for evaluation before massage or stretching application.

- ▣ While the client is in the supine position, apply a hot pack while working on another area. – 5 minutes
- ▣ Effleurage the entire leg. – 1 minute
- ▣ Petrissage the entire leg. – 1 minute
- ▣ Proceed to deeper work on the quadriceps muscles such as deep compression, stripping, or trigger point release on the origin and insertion of the quadriceps muscles. Obtain feedback from the client and stay within the client's pain tolerance level. – 5-10 minutes
- ▣ Perform deeper work on the belly of the quadriceps musculature. – 5 minutes
- ▣ Petrissage the entire leg. – 1 minute
- ▣ Effleurage the entire leg. – 1 minute
- ▣ Have the client roll to a prone position. Gently flex the leg at the knee until the end of the client's normal range of motion. Hold that position for 30 seconds. With the client's permission, gently and slowly flex the leg a little more and hold that position for 1 minute as long as it is tolerable for the client. Repeat 1 to 2 times. – 5 minutes

Upper Limb – Stiff Shoulder

Textbook Page 92

Symptoms:

- Stiffness
- Postural problems
- Limited range of motion

Because muscles and fascia of the shoulder connect with the head, neck, and middle back, applying massage to the entire upper body may help a stiff shoulder and its related problems.

Both active and passive stretches can be helpful in alleviating symptoms and restoring normal range of motion to the shoulder. If your client is experiencing moderate to severe pain, or numbness and weakness, it is a good idea to refer them to a healthcare physician for evaluation before massage or stretching application.

- ▣ Apply a hot pack to the client's shoulder while you are working on another area. – 5 minutes
- ▣ With the client in a supine position, effleurage to the entire shoulder and arm, reaching the pectoralis and scapula musculature. Begin with superficial strokes and then apply deeper pressure on the third effleurage stroke. – 1 minute
- ▣ Apply gentle shoulder traction to the shoulder. As you are applying the traction, have the client slowly turn their head away from you until they feel a good stretch without pain. – 2 minutes
- ▣ Holding the client's arm close to the elbow, passively move the client's shoulder through its range of motion. Ask the client to tell you if they feel any pain or stiffness. – 2 minutes
- ▣ If the client has a painful or "stuck" point, move the arm back to that point and gently perform compression, cross fiber friction, and kneading to the area. If the client has more than one painful or "stuck" point, repeat the steps. – 3-5 minutes
- ▣ Gently traction the shoulder again. – 1 minute
- ▣ Effleurage the entire shoulder and arm. – 1 minute

Upper Limb – Rotator Cuff Strain

Textbook Page 97

Symptoms:

- Swelling
- Tenderness
- Pain
- Stiffness
- Limited range of motion

The muscles of the rotator cuff are the supraspinatus, infraspinatus, teres minor, and subscapularis.

All forms of stretching are contraindicated in the acute phase of a rotator cuff strain. If no definitive injury has occurred, it can be difficult to determine what phase the client may be in. For massage purposes, acute phase can be classified by inflammation and pain. If you are in doubt, it is always best to seek the advice of the client's physician before massage or stretching application.

When the client has experienced a reduction of pain and inflammation, gentle stretching and massage can be applied.

- With the client in a prone position, effleurage the shoulder and arm from the neck down to the acromion process. Start with superficial strokes and then use deeper pressure. – 2 minutes
- Petrissage the shoulder and arm. – 2 minutes
- Locate the supraspinatus muscle, using the image on page 140 of the textbook as a guide. If you are not sure if you are on the supraspinatus, ask your client to abduct their arm and you should feel the muscle contract. Apply pressure to the muscle and ask your client to depress the shoulder, moving the hand towards the feet. Hold for 30 seconds, release and repeat. – 2 minutes
- Have the client raise their arm to shoulder level and hang their arm off the side of the massage table. Ask the client to gently raise their hand toward their head, creating rotation in the shoulder joint. Repeat several times. – 2 minutes
- Perform cross fiber friction, trigger point release, and/or compression to the entire shoulder area focusing on the infraspinatus and teres minor muscles. – 2 minutes
- If the client is able, you can access the subscapularis muscle by asking the client to place their hand behind their back. Use compression within the client's pain tolerance to access the area under the client's scapula. – 1-2 minutes
- Petrissage the entire area. – 1 minute
- Effleurage the entire area. – 1 minute

Upper Limb – Lateral Epicondylitis

Textbook Page 102

Symptoms:

- Pain
- Mild swelling
- Limited range of motion

Lateral epicondylitis is commonly known as tennis elbow. The muscles affected are the ones which extend, or “bring up” the wrist.

Both active and passive stretches can help reduce pain and increase range of motion in sub-acute or chronic states of lateral epicondylitis.

- ▣ Apply a hot pack to the wrist extensors. – 5 minutes
- ▣ With the client supine, effleurage the entire arm and hand. – 1 minute
- ▣ Petrissage the entire arm. – 2 minutes
- ▣ Gently move the clients wrist through its full range of motion. – 1 minute
- ▣ While supporting the arm, gently flex the wrist until you are at the end of the client’s range of motion. Hold that position for 30 seconds. Release and repeat. – 1-2 minutes
- ▣ Perform compression, cross fiber friction, and/or trigger point release on the origin of the wrist extensors, from the humerus and lateral epicondyle of the arm down to the middle of the radius and ulna. Stay within the client’s pain tolerance as these muscles may be very tight and painful. – 5 minutes
- ▣ Effleurage to the entire arm and hand. - 1 minute
- ▣ Instruct your client on simple stretches they can perform at home to stretch the wrist extensors. – 5 minutes

Upper Limb – Stiff Elbow

Textbook Page 104

Symptoms:

- Pain
- Mild swelling
- Decreased range of motion

Stiffness in the elbow joint can appear over time or can be a result of an injury, surgery, or immobilization.

Both active and passive stretches can be used to increase range of motion and reduce pain and should incorporate movement in supination, pronation, flexion, and extension. If your client is unsure how the stiffness started or has pain with movement, it may be a good idea to refer them to another healthcare physician before stretching or massage application.

- ▣ With the client in the supine position, apply a hot pack to the elbow. – 5 minutes
- ▣ Effleurage the entire arm. – 1 minute
- ▣ Petrissage the entire arm. – 2 minutes
- ▣ Passively move the client's elbow through its full range of motion. Ask the client to let you know if they experience any pain. – 2 minutes
- ▣ Supinate and pronate the client's elbow by rotating the wrist. Ask the client to let you know if they experience any pain. – 1 minute
- ▣ If pain was experienced with any of the above movements, further stretch those areas. – 2 minutes
- ▣ Perform deeper work, such as compression, cross fiber friction, kneading, or squeezing to the entire elbow. – 5 minutes
- ▣ Effleurage to the entire arm. – 1 minute

Upper Limb – Sprained Wrist

Textbook Page 106

Symptoms:

- Swelling
- Pain
- Bruising
- Feeling of heat
- Decreased range of motion

Stretching in the acute phase of a wrist sprain is contraindicated. Once pain and swelling have subsided, and the sub-acute phase has begun, gentle stretching can begin.

Ligaments can take weeks to heal, so stretching should be conservative in order to prevent re-injury. Active stretches are best for regaining range of motion in the wrist.

- ▣ Effleurage the hand and arm up to the elbow. – 1 minute
- ▣ Use gentle warming compression to the hand, wrist, and forearm. – 2 minutes
- ▣ Apply cross and with fiber friction to the entire wrist area. – 2 minutes
- ▣ Passively move the client's wrist through its full range of motion. – 1 minute
- ▣ Have the client flex and extend the wrist. Support the wrist while the client performs the movement. – 1 minute
- ▣ Have the client deviate the wrist from side to side. Support the wrist while the client performs the movement. – 1 minute
- ▣ Use kneading, compression, and/or deep petrissage on the hand and forearm. – 2 minutes
- ▣ Effleurage the hand and arm up to the elbow. – 1 minute

Upper Limb – Carpal Tunnel Syndrome

Textbook Page 109

Symptoms:

- Pain
- Inflammation
- Restriction of daily activities
- Burning
- Tingling
- Nighttime exacerbations
- Loss of flexibility and strength

Carpal tunnel syndrome involves impairment of the median nerve as it passes through the carpal tunnel, formed by 8 small bones that make up the wrist. This results in ischemia and compression of the nerve characterized by the above symptoms.

Active traction and passively stretching the tissues of the forearm, wrist, and fingers may help alleviate pressure within the carpal tunnel. Passive stretching should be slow and cautious, with the therapist obtaining feedback from the client.

The client may also need to make changes in their daily activities and/or work style for the condition to improve.

- ▣ Effleurage the hand and arm. – 1 minute
- ▣ Petrissage the hand and forearm. – 1 minute
- ▣ Compression to the wrist and forearm. – 1 minute
- ▣ Stroking from the hand up to the elbow. – 1 minute
- ▣ Passively traction the wrist by placing your thumbs on the palmar surface of the hand and gently pulling and using pressure toward the outside of the client's wrist. – 2 minutes
- ▣ Gently flex and extend the wrist while obtaining feedback from your client. – 2 minutes
- ▣ If the client tolerates, perform deeper work such as cross fiber friction and/or stripping to the affected area. – 2 minutes
- ▣ Effleurage the hand and arm. – 1 minute
- ▣ Instruct your client on self-care and self-tractioning the wrist. – 5 minutes

Trunk – Whiplash

Textbook Page 113

Symptoms:

- Pain
- Inflammation
- Muscle spasm
- Dizziness
- Headaches
- Limited range of motion

All forms of stretching are contraindicated in the acute phase of whiplash. The sub-acute phase begins when the initial stage of swelling and pain has started to subside. This will vary for each person. Once the sub-acute phase has begun, both active and passive stretches can be incorporated in to massage application.

Before stretching or massaging a client with a whiplash injury, it is best to communicate with the client's healthcare team to ensure that stretching and massage are not contraindicated.

- ▣ Apply a hot pack to the posterior cervical neck. – 5 minutes
- ▣ With the client in the supine position, gently cup the client's neck with your hands and rest for a minute. Gradually increase finger pressure and gently pull to traction the neck and stretch the fascia. – 2 minutes
- ▣ Palpate the neck, looking for tight muscle bands and trigger points. – 1 minute
- ▣ Effleurage and petrissage the neck and shoulders. – 2 minutes
- ▣ Gently turn the neck to one side and perform stroking. – 1 minute
- ▣ Choose a spot with muscle restriction and gently compress. While holding the compression, use your other hand to gently depress the shoulder. Hold the stretch for 30 seconds. Repeat if needed. – 2-4 minutes
- ▣ Effleurage and then gently turn the head to the other side and repeat the above stretch. – 3-5 minutes
- ▣ Return the head to a neutral position. Facilitate neck rotation by positioning a towel under the client's head and gently moving the towel to bring about passive rotation. – 2 minutes
- ▣ Effleurage and petrissage the neck and shoulders. – 2 minutes

Trunk – Stiff Neck

Textbook Page 116

Symptoms:

- Pain
- Stiffness
- Decreased range of motion

Stiffness in the neck has many causes including, but not limited to, maintaining a static position for too long, cold temperatures, sleeping awkwardly, and injury such as whiplash.

Both active and passive stretches can be used to increase range of motion and reduce pain and stiffness in the neck.

- ▣ Apply a hot pack to the posterior neck and back. – 5 minutes
- ▣ With the client in the supine position, effleurage the entire neck and shoulders, reaching down the back as much as you can and coming up all the way to the occiput. – 2 minutes
- ▣ On the last effleurage, hold your fingers at the base of the occiput and allow the client's neck to "settle" down into your fingers. – 1 minute
- ▣ Gently pull with your fingers still on the client's occiput to gently traction the neck. Hold the stretch for 30 seconds. Repeat. – 1-2 minutes
- ▣ Depress both of the client's shoulders simultaneously. Hold the stretch for 30 seconds. Repeat. – 1-2 minutes
- ▣ Gently turn the neck to one side and perform stroking and kneading. – 1-2 minutes
- ▣ Choose a spot with muscle restriction and gently compress. While holding the compression, use your other hand to gently depress the shoulder. Hold the stretch for 30 seconds. Repeat if needed. – 2-4 minutes
- ▣ Effleurage and then gently turn the head to the other side and repeat the above stretch. – 3-5 minutes
- ▣ Return the head to a neutral position. Effleurage again just as you did to begin the treatment. – 1 minute
- ▣ Instruct your client on active range of motion stretches they can perform at home. – 5 minutes

Trunk – Kyphotic Postures

Textbook Page 121

Symptoms:

- Visible changes in posture
- Breathing difficulties
- Back Pain or tenderness
- Stiffness
- Slouching

With kyphotic postures and kyphosis the scapulae protract, bringing with them the humeri, which may cause the arms and shoulders to fall into internal rotation. This causes shortened pectoralis muscles, tightened back of the neck muscles, and weak and lengthened middle back muscles.

Although stretching is just one small piece of correcting kyphotic postures, both active and passive stretches are helpful in lengthening pectoral muscles.

- ▣ Apply a hot pack to the anterior upper chest. - 5 minutes
- ▣ If your client is female, provide secure draping over the breast tissue before applying massage techniques to the pectoral muscles.
- ▣ With the client supine, effleurage the front of the chest from the neck down over the pectorals back up to the posterior side of the neck. Apply deeper pressure with each effleurage stroke. - 2 minutes
- ▣ Apply pressure with your whole hand on the shoulders, gently stretching the pectoral area. - 1 minute
- ▣ Cross fiber friction the anterior chest muscles. - 5 minutes
- ▣ Apply deep stripping to the pectoralis major and minor muscles. - 5 minutes
- ▣ Repeat on the other side.
- ▣ Place a long bolster or towel directly under the spine and allow the client to relax the shoulders down to the table, providing a stretch to the anterior chest. Then deepen the stretch by applying downward pressure to the shoulders. Hold for 1 minute. - 2 minutes
- ▣ Remove the bolster. Petrissage and effleurage the anterior chest and neck. - 2 minutes

Trunk – Low Back Strain

Textbook Page 125

Symptoms:

- Swelling
- Weakness
- Muscle spasm
- Pain and stiffness in the back
- Pain in the buttocks and the posterior legs
- Limited range of motion

As with any acute condition, all forms of stretching are contraindicated in the acute phase of low back strain. Before massaging a client with a low back strain, it is a good idea for them to see a physician to ensure that a more serious injury or condition is not present.

Once the client is in a sub-acute or chronic state, both active and passive stretches can be incorporated in to massage application. The goal of the stretches is to regain normal range of motion in the lumbar region.

- ▣ Apply a hot pack to the low back. – 5 minutes
- ▣ With the client prone, effleurage the entire back. – 2 minutes
- ▣ Address one side of the lower back first, then repeat the techniques on the other side.
- ▣ Palpate the lower back musculature, feeling for trigger points, tight bands, and muscle spasm. – 3 minutes
- ▣ Petrissage the low back. – 1 minutes
- ▣ Use cross fiber friction, stripping, trigger point release, and/or ischemic compression, focusing on any areas you found during palpation. – 5 minutes
- ▣ Petrissage and effleurage the back. – 2 minutes
- ▣ Ask the client to turn supine. Gently traction the lower limbs to stretch the lumbar extensor muscles. – 3 minutes
- ▣ After the massage session, instruct the client on how to actively stretch the low back at home using the stretches presented on pages 125-129 of the textbook. – 5 minutes

Create your Own!

Create a sample stretching and massage protocol for a client who presents after knee surgery with a physician's approval.

Textbook Page 68

Symptoms:

- Stiffness
- Decreased range of motion
- Swelling

You may encounter clients who have undergone surgery such as total or partial knee replacement, repair of ligaments, or removal of ligaments or scar tissue.

Once approval has been given, both active and passive stretches can be useful to help alleviate any lingering edema, stiffness, and decreased range of motion that commonly accompanies immobilization after surgery.

- ▣ How many times per week and for how many weeks would you perform this protocol on a client?
- ▣ How long would each massage session last?
- ▣ List at least 2 goals for massage application and at least 2 goals for stretching application
- ▣ Use at least 1 warm up technique
- ▣ Use at least 3 massage techniques
- ▣ Use at least 2 stretching techniques
- ▣ Use at least 1 cool down technique
- ▣ Provide instructions for at least 2 active stretches that the client can perform at home

Create your Own!

Create a sample stretching and massage protocol for a client who presents with a stiff wrist and fingers.

Textbook Page 107

Symptoms:

- Stiffness
- Decreased range of motion
- Immobility
- Mild swelling
- Mild pain

The wrist may stiffen due to overuse, after an injury, or after being immobilized for a prolonged period.

If a stiff wrist is the result of injury or surgery, once approval has been given from the client's physician, both active and passive stretches are helpful in increasing ROM and mobility.

If a stiff wrist is swollen or hot to the touch, it may be best to refer the client to their primary care physician for evaluation before massage and stretching application.

- ▣ How many times per week and for how many weeks would you perform this protocol on a client?
- ▣ How long would each massage session last?
- ▣ List at least 2 goals for massage application and at least 2 goals for stretching application
- ▣ Use at least 1 warm up technique
- ▣ Use at least 3 massage techniques
- ▣ Use at least 2 stretching techniques
- ▣ Use at least 1 cool down technique
- ▣ Provide instructions for at least 2 active stretches that the client can perform at home

Create your Own!

Create a sample stretching and massage protocol for a client who presents with tension in the neck muscles.

Textbook Page 120

Symptoms:

- Stiffness
- Decreased range of motion
- Tight muscles
- Presence of trigger points
- Pain
- Headaches

Tension develops in the neck muscles for many reasons such as lack of movement, sitting on the phone too long, stress, excessive use, sports, and/or sleeping awkwardly.

Both active and passive stretches are useful in reducing tension in the neck muscles. Instructing the client on home stretches may also be helpful. In some cases of chronic tension, the client's daily activities or stress may be playing a part.

- ▣ How many times per week and for how many weeks would you perform this protocol on a client?
- ▣ How long would each massage session last?
- ▣ List at least 2 goals for massage application and at least 2 goals for stretching application
- ▣ Use at least 1 warm up technique
- ▣ Use at least 3 massage techniques
- ▣ Use at least 2 stretching techniques
- ▣ Use at least 1 cool down technique
- ▣ Provide instructions for at least 2 active stretches that the client can perform at home

Create your Own!

Create a sample stretching and massage protocol for a client experiencing a stiff lumbar spine.

Textbook Page 131

Symptoms:

- Pain in the low back
- Stiffness in the low back
- Limited range of motion
- Muscle spasm

Immobility or post-injury may exacerbate symptoms of a stiff lumbar spine. Instructing the client or helping them perform active stretches may help alleviate some of the symptoms.

Clients experiencing moderate to severe pain, along with stabbing, shooting pain or numbness should be referred to a physician for evaluation prior to massage and stretching application.

- ▣ How many times per week and for how many weeks would you perform this protocol on a client?
- ▣ How long would each massage session last?
- ▣ List at least 2 goals for massage application and at least 2 goals for stretching application
- ▣ Use at least 1 warm up technique
- ▣ Use at least 3 massage techniques
- ▣ Use at least 2 stretching techniques
- ▣ Use at least 1 cool down technique
- ▣ Provide instructions for at least 2 active stretches that the client can perform at home

THIS COMPLETES THE SAMPLE STRETCHING PROTOCOLS.

If you have any questions, please contact us at:

Center for Massage Therapy Continuing Education, LLC
866-784-5940 • info@massagetherapyceu.com