Chapter 7
Swedish Massage Movements and Swedish Gymnastics

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Introduction

• Swedish massage
  – Systematic and scientific manipulation of soft tissues to establish and maintain health
  – Pehr Henrik Ling is father of Swedish massage
  – Johann Mezger introduced stroke names that used French terminology
  – Most widely used system in North America and includes Swedish gymnastics

Elements in Application of Strokes

• Intention, touch, pressure, depth, direction, excursion, rhythm, continuity, speed, duration, and sequence
• Involves hand movements and body mechanics
• Benefits that cannot be measured include talk, touch, and time

Intention

• Consciously sought goal or desired end
• All other elements are dependent on intention
• Our intention can alter the result of the massage session
• Be willing to listen, feel, and respond
• Create a session that is client focused and experience led

Touch

• Medium of massage
• Powerful tool, full of meaning and intention
• Beginning and ending touch very important

Pressure and Depth

• Pressure is application of force applied to client’s body
• Depth equals the distance traveled into the body’s tissues, achieved through the application of pressure
• Hands, elbows, forearms, and tools are used to apply pressure
• Pressure may also be applied with the knees or feet
Pressure and Depth

- Use of pressure
  - Begin lightly and gradually increase to desired effect
  - Increase pressure by using your body weight
  - Even, consistent application of pressure builds trust
  - Never work past client’s pain threshold
- Amount of pressure used depends on intent, condition of tissue, stroke being used, area of body, and client’s response

Pressure and Depth

- Too much pressure can lead to muscle guarding and will lessen the effectiveness of the work
- Never apply heavy pressure on delicate or thin-tissued areas
- Observe client’s facial expressions, breathing patterns, or any other messages of discomfort for signs that too much pressure is being used

Direction

- Down and forward (effleurage)
- Inward and up (pétrissage)
- Downward, back and forth (friction)
- Direction of pressure can make the difference when locating trigger points

Excursion

- Distance traversed during the length of a stroke (typically effleurage); depends on:
  - Muscle length
  - Area of tissue restriction
  - Topographical region
- Body stance and foot placement are vital for proper excursion

Speed

- Change of therapist’s hand position over time or how rapidly or slowly a massage movement is being executed
- If movements are too fast or too slow, therapist may be unable to palpate and assess tissue properly
- Fast movements tend to stimulate and may alarm or fatigue the client
- Slow movements tend to be relaxing

Rhythm and Continuity

- Rhythm—repetition or regularity of massage movements
- Continuity—uninterrupted flow and unbroken transition from one stroke to the next
- Relaxed hands, foot placement, distance from table, and table height important
**Duration**

- Length of time spent on an area
- Too much massage on one area can cause problems
  - Bruising, soreness, inflammation
  - Use ice packs, variety of strokes to offset overwork
- Experience is the best teacher

**Sequence**

- Arrangement of massage strokes during a session
- Combination for each massage will be based on the plan of care
- Typical sequence: effleurage, pétrissage, friction (vibration and tapotement), and effleurage
- A good sequence helps prevent repetitive injury to the therapist

**Routine**

- Union of elements results in a routine
- Therapists learn and then modify routines
  - Seminars, continuing education
  - Evolution as a therapist
  - Individual client needs

**Classification of Swedish Massage Movements**

- Categorized into groups according to their application
  - Effleurage, pétrissage, friction, tapotement, vibration
  - Hybrid strokes and variations
  - Reinterpretation and regrouping is fine
- Rely on your experienced instructors to demonstrate, model, and guide

**Effleurage**

- Unbroken gliding stroke that follows contours of body
- Most commonly employed
- Applied with forearm or hands
- Used to introduce touch, assess, move blood and lymph, warm up tissues, flush out toxins, relieve pain, transition, and end

**Effleurage**

- Push downward and away, lean and drag
- Maintain contact on return, relaxed hands
- Work extremities proximally first, then distally
- Reduce pressure over bony areas
- One hand or forearm can be used for raking, ironing, or circular movements
Effleurage

• Wrist position and alignment important
• Apply pressure from the extremities centripetally

One-handed Effleurage

Figure 7-4 Thumb effleurage
Figure 7-5 Fist effleurage

Two-Handed Effleurage

Figure 7-6 Forearm iron effleurage
Figure 7-7 Palmar circular effleurage

Figure 7-8 Heart effleurage
Figure 7-9 Two-handed effleurage up the leg
Two-Handed Effleurage

Figure 7-10 Two-handed effleurage up the arm

One-Handed Effleurage

Figure 7-11 One-handed circular effleurage on shoulder

Alternate-Hand Effleurage

Figure 7-12 Alternate-hand effleurage on prone client’s leg.

Alternate-Hand Effleurage

Figure 7-13 Alternate hand (thumb) effleurage up one side of the paraspinals

Alternate-Hand Effleurage

Figure 7-14 Raking up the paraspinals

Alternate-Hand Effleurage

Figure 7-15 A, Alternate hand circular effleurage on abdomen with client supine. B, Alternate hand circle effleurage on shoulder.
Nerve Stroke

Figure 7-16 Nerve stroke down the leg

Pétrissage

- Rhythmic lifting, squeezing, and releasing
- “Milks” wastes and nourishes with blood and oxygen
- Followed by friction and effleurage (or just effleurage) to flush wastes

Pétrissage

- Work an area with several repetitions
- Use a rhythmic circular pattern in general
- Use a back-and-forth motion for clients with a lot of hair
- Be careful not to cause pain
- Types are one-handed, two-handed, alternate hand, fulling, and skin rolling

Pétrissage

- Lifting skin and muscle with C-shaped hand, firmly knead, wring, or squeeze
- As one hand relaxes and releases, repeat with the other

Pétrissage

Figure 7-18 Alternate hand pétrissage on quadriceps

One-Handed Pétrissage

Figure 7-19 One-handed pétrissage of triceps
One-Handed Pétrissage

Figure 7-20 One-handed pétrissage using the pads of fingers and thumb

Two-Handed Pétrissage

- Technique same as for one-handed pétrissage, except both hands lift, compress, and release tissue at same time
- Two-handed variations include “ocean waves” and “praying hands”

Two-Handed Pétrissage

- Figure 7-21, A and B
  Praying hands two-handed pétrissage on client’s heel and calf

Two-Handed Pétrissage

- Figure 7-22 Ocean waves across the anterior thigh

Two-Handed Pétrissage

- Figure 7-23 Ocean waves across the low back

Alternate-Hand Pétrissage

- Figure 7-24 Alternate-hand pétrissage
Friction

- Rubbing one surface over another
- Often used to increase circulation in ligaments and tendons
- Applied with palms, thumbs, fingers, or elbow
- Choice of variations ranges from general to specific and depends on intent and size of area to be treated

Friction

- General applications include superficial warming friction, rolling and wringing
- Superficial warming friction is also called heat rub
- Rolling friction best used on extremities
- Wringing friction is applied vigorously with entire palmar surface of both hands
Friction

- Deep specific applications include cross-fiber, chucking, and circular
- Cross-fiber or deep transverse friction popularized by Dr. James Cyriax
- Chucking is also called parallel friction
- Circular friction is very useful around joints and other bony areas
- Promotes proper scar formation

Friction

- Techniques for deep friction include:
  - Therapist slides hands back and forth over skin or to deeper layers
  - Press down or around an area or use circular or linear reciprocating movements
  - Little or no lubricant

Superficial Warming Friction

Figure 7-29 Alternate hand superficial friction on the back of prone client

Figure 7-30 A Superficial warming friction using knuckles of one hand on pectoralis major below clavicle with client supine

Figure 7-30 B Superficial warming friction using fingertips up and down the paraspinals

Figure 7-31 Sawing superficial friction
Circular Friction

Figure 7-38 Palmar circular friction on the iliotibial band

Tapotement

- Repetitive staccato striking movements
  - Hands move simultaneous or alternate
  - Delivered with various surfaces of the hand
  - Stimulating, often used to finish an area
- Do not use after exercise or over kidneys
- Variation used depends on location and desired effect
- Rhythmic; gradually increase speed and pressure, then decrease

Tapotement

- Can be applied directly to skin or through a drape
- Keep wrists loose and fingers relaxed to achieve proper bounce-back
- Too much force can bruise a client
- Tapping includes “punctuated,” “pulsing,” and “raindrops”
- Pincement, also called “plucking,” resembles pétrissage

Tapotement

- Hacking (quacking)—can be used to relax or stimulate muscle
- Cupping—good choice for loosening mucus and phlegm
- Pounding (loose fist beating or rapping)—used on large, muscular areas
- Clapping (slapping)—not recommended for survivors of abuse
- Diffused tapotement—for abdominal area

Tapping

Figure 7-39 Tapping tapotement

Raindrops Tapotement

Figure 7-40 Raindrops tapotement
**Pincement**

Figure 7-41 Pincement tapotement

**Hacking**

Figure 7-42 One-handed hacking

**Quacking**

Figure 7-43 Quaking tapotement, with hands lifted and with hands in contact with skin

**Cupping**

Figure 7-44 Cupping tapotement

**Pounding**

Figure 7-45 Pounding tapotement

**Rapping**

Figure 7-46 Rapping tapotement
Vibration

- Rapid shaking, quivering, trembling, or rocking movements
  - Fine, coarse, rocking
  - Hands do not break contact with skin
  - Apply with fingertips, full hand, or appliance
  - Client should feel onset and removal of pressure
  - Physically demanding for therapist

Vibration

- Use fingertips and hands for fine trembling
- Fine vibration may be stationary, gliding, or used with compression
- Coarse vibration involves grasping muscle, tissue, or limb and shaking or pulling vigorously for traction
- Coarse vibration is also called jostling
- For rocking vibration, move entire body in a natural rhythm

Vibration

- Rocking can be very comforting; pitch and catch client’s body rhythmically
- Mechanical vibration is applied through a towel for client’s comfort
  - Limit use of handheld or electric vibrators to avoid nerve damage in therapist and numbing in client
  - Practice safety and comfort measures with cord

Fine Vibration

- Use fingertips and hands for fine trembling
- Fine vibration may be stationary, gliding, or used with compression
- Coarse vibration involves grasping muscle, tissue, or limb and shaking or pulling vigorously for traction
- Coarse vibration is also called jostling
- For rocking vibration, move entire body in a natural rhythm

Figure 7-47 Clapping tapotement

Figure 7-48 Diffused tapotement

Figure 7-49 Fine vibration on abdomen
Figure 7-50 Fine vibration sliding down the leg

Figure 7-51 Fine vibration slurping up the tissue

Figure 7-52 Jostling

Figure 7-53 Hip joint jostling

Figure 7-54 Sliding down the back of the leg while coarsely vibrating with client supine

Figure 7-55 Rocking vibration using hand over hand
Rocking

Figure 7-56 Rocking vibration with two hands

Swedish Gymnastics

- Can be used by the client at home to extend therapeutic benefit
- Applied at any time during a session, expanding treatment options and adding a kinesthetic element

Swedish Gymnastics

- Joint mobilizations move a joint through normal range of motion
- Stretches involve a muscle (and synergist) drawn to fullest length
- Types are of stretches and joint mobilizations are
  - Passive movements
  - Active movements
  - Active-assisted movements
  - Active-resisted movements

Swedish Gymnastics

- Passive movements applied by therapist while client remains passive
- Active movements performed by client after therapist describes or demonstrates the movement
- Active assisted performed by client with therapist assistance
- Active resisted performed by client with therapist resistance

Swedish Gymnastics

- Stretches and mobilizations performed on clients to increase flexibility and mobility, reduce pain, and restore function
- Avoid physical or surgical abnormalities, fast or bouncy movements
- Range of motion is movement around a joint or set of joints

Swedish Gymnastics: Techniques

- Client in prone or supine position, depending on area to be treated
- Warm tissues and then perform three repetitions of hold and release
- Practice important; therapist must understand joint movements
Swedish Gymnastics

• Neck
  – Movements include flexion, extension, lateral flexion, and rotation
  – Performed supine
  – Gentle to moderate pressure

Neck

Figure 7-58 Neck circles

Figure 7-59 Neck lateral flexion

Figure 7-60 Neck lateral flexion with rotation

Figure 7-61 Neck forward flexion

Swedish Gymnastics

• Wrist and hand
  – Four movements: abduction, adduction, flexion, and extension
  – Performed prone and supine
  – Avoid excess pressure
Wrist and Hand

Figure 7-62 Flip wrist

Figure 7-63 Interlace fingers during movements

Figure 7-64 Metacarpal scissors

Figure 7-65 Circumduct fingers with traction

Figure 7-66 Pull fingers

Swedish Gymnastics

- Shoulder and elbow
  - Movements include flexion, extension, adduction, abduction, rotation, and circumduction
  - Best when supine
Swedish Gymnastics

• Chest
  – Performed supine
  – Pulling and compressing of ribcage

Chest

Figure 7-73 Lift ribcage

Figure 7-74 Compress ribcage

Swedish Gymnastics

• Back
  – Performed supine
  – Spinal movements lengthen and twist

Back

Figure 7-75 Spinal twist

A

B

C

Swedish Gymnastics

• Hip and knee
  – Hip movements include adduction, abduction, and circumduction
  – Performed prone or supine
Swedish Gymnastics

• Ankle and foot
  – Movements include dorsiflexion, plantar flexion, inversion, and eversion
  – Performed prone or supine

Ankle and Foot

• Figure 7-82 Heel to hip
• Figure 7-83 Hip hyperextension

Ankle and Foot

• Figure 7-84 Plantar flex ankle
• Figure 7-85 Dorsiflex ankle
• Figure 7-86 Leg rotations
Figure 7-87 Metatarsal scissors

Figure 7-88 Circumduct toes

Figure 7-89 Pull toes