



Good hygiene habits are essential for the health of you, your clients, and your career.

- **Working with your hands/body can work up quite a sweat!** Keep deodorant around and reapply as needed, or pack spare clean shirts .
- **Many people are sensitive to scents.** Use unscented lotions, deodorants, soaps, hair products and laundry detergents whenever possible, and do not wear any perfume, cologne or fragrance oil to work.
- **Long hair should be pulled back** or kept out of your face so it doesn't distract you or your client while performing a massage. Wear a sweat band as needed so you don't drip sweat on your client.
- **Keep your nails trimmed short**, well groomed, and unpolished. Keep nail files handy; trim hangnails, and smooth any rough edges on fingers (calluses). No fake nails! Fake nails harbor all sorts of bacteria and germs.
  1. File across the nail from the edge toward the center in one direction only. Going back and forth will cause them to feather and feel rough.
  2. Bevel your nails by going with the grain. File in the direction your nails grow to them toward the tip of each finger. An ultra-fine crystal stone is excellent for finishing the nails. Be careful to avoid filing in the direction toward the nail bed or taking off too much nail, which may cause injury.
- **Completely cover any open cuts or wounds** on your hands or forearms. You may choose to wear gloves during the massage. This will minimize the transmission of any infectious bacteria. Inform your client of any wound dressings you are wearing.
- **Keep breath fresh.** Keep a toothbrush and toothpaste on hand, or use mouthwash/mints throughout the day. Avoid gum, as popping and chewing gum can distract your client during their session.



- **Dress comfortably and professionally.** Scrubs are great, but not required. Make sure your clothes fit properly, are in good repair, and that you are wearing short sleeves.

- **Remove jewelry and piercings, except post earrings.** These are a huge source of bacteria as well as a safety factor. Your commitment to self-care is an indication that you recognize the importance of balance in your life. Placing a priority on self-care helps you center yourself, reduce stress and optimize the quality of your clients' treatment experiences.

- **You Are a Role Model to Your Massage Clients**

As a massage therapist in the field of integrated health and wellness, clients look to you to set a good wellness example. Think of the effect on your business if your clients see you munching on a candy bar between appointments or if your speech sounds rushed or shrill due to the stress of a too-busy day.

- **Self-Care Is a Profitability Tool**

Practicing self-care is as important to the success of your massage therapy business as your client and business skills are. If you injure yourself through poor use of body mechanics or physical exhaustion, the effect on your business could be devastating.

A healthy self-care routine allows you to take on the demanding yet satisfying work required of massage therapists. Take care of yourself and your business at the same time.

- **Self-Care Ideas**

- Hydration and nutrition
- Cardiovascular Exercise
- Yoga
- Play/Laughter

- Strength Training
- Swimming
- Meditation

- Routine Massages/Bodywork
- Hiking
- Hobbies



Body mechanics is a term used to describe how we position and move our bodies when we sit, stand, lift, carry, bend, sleep . . . wash dishes, do laundry, serve clients.

## 1. Relax!

A. Keep your body relaxed at all times (not always easy, but certainly ideal).

- Head raised
- Shoulders down
- Back straight
- Chest out
- Knees bent

B. Breathe. It is sometimes easy to do when we are hyper focused. But the breathe powers the body, movement, muscle contractions . . . so BREATHE.

C. Communicate with your client's body with deep listening—not only with your ears, with with your eyes, fingers, hands, body and intuition. Hear what your client is telling you (what they have to say may not always be verbalized).

## 2. Let your whole body power every stroke possible.

A. Strength comes from your center of gravity. Allow for a harmonious collaboration between gravity and your bodyweight to leverage your strokes.

B. Use your body weight to apply deeper pressure—not your muscle strength. Using only muscle strength to create pressure during a massage will leave you with sore and tired muscles. Body weight allows you to avoid injury and keep your body in good shape on days or weeks with many massages.

C. Position Your Body Correctly (Align your body to work towards your strength).

- Stand BEHIND your work.
- Allow your bones to support the force of your strokes.
- Face the direction of the stroke with your toes, hips, shoulders and head aligned (your your back foot should remain on the floor).
- Use the arm that is associated with the direction of the stroke, with the forward foot matching the arm being used.

# PRINCIPLES OF BODY MECHANICS

## **3. Position Client's Body Correctly.**

If appropriate, position client's leg closer to edge of table to better access it for massage.

## **4. Maintain good STANDING posture.**

While standing, position your body in a lunge or squat position, maintain center of gravity, and power you pressure by leveraging your bodyweight.

## **5. Maintain good seated posture.**

While sitting on the stool, make sure both feet are on the floor and the body is in an upright position, not slouching. This will help keep your back, shoulders and neck from getting sore, and keep YOU from getting burned out.

## **6. Protect your thumbs.**

Be mindful of how much the thumb is being used. When in use, make sure to reinforce and support the thumb with the other hand. Reinforcing/Stacking your thumb takes some of the pressure that can lead to strain and sprains.

## **SWEDISH MASSAGE HISTORY BASICS**

Dutch physician **Johann Georg Mezger** is credited for creating the foundations of what later came to be known as Swedish Massage.

Swedish Fencing Instructor and doctor **Per Henrik Ling** is credited for developing remedial gymnastics & Swedish massage. He is known as the "Father of Swedish Massage."

**George and Charles Taylor** are brothers credited for bringing Swedish massage to the U.S.



More than anything, do no harm. Honor your client. When in doubt, don't.

**INDICATIONS:** Conditions that respond well to (can benefit from) massage.

**CONTRAINDICATIONS:** Conditions that do not respond well to (are aggravated by) massage.

- **Absolute Contraindication:** Never work with this client with massage
- **Conditional Contraindication:** Massage can be done with this person just not at the time.
- **Local Contraindication:** Modified massage to avoid contraindicated area.

Many contraindications are for a limited time, and some are obvious.

Not a lot of research has been done with massage and various conditions to conclude positive or negative results. Some conditions may appear obvious, but are not.

Always work within your educational or expertise level. DO NOT be afraid to refer a client to a more qualified therapist or health care professional. However do not be afraid to work with conditions or clients you are unfamiliar with — ASK if you are not sure.

### INDICATIONS FOR MASSAGE

- Stress (lowers stress hormones)
- Relaxation Spasms
- Post cast removal
- Spastic colon
- Prevention of bed sores
- Insomnia
- Pain relief (increases endorphins)
- Reduction of certain types of swelling (effleurage)
- To increase range of motion
- Preparation for strenuous activity
- Brain fog
- Recovery from strenuous activity
- Anemia stimulations  
(stimulates production of red blood)
- Mild depression
- Constipation/IBS
- Torticollis (rye neck)
- Stimulation
- Headaches/migraines
- Improved circulation
- Cramps & Menstrual cramps
- Reduces scar tissue
- Postural deviation
- Whiplash

## CONTRAINDICATIONS FOR MASSAGE

- Recent surgery (wait 4 - 6 weeks—Exam in actuality, massage helps recovery)
- Cancerous conditions (research confirms that massage helps cancer recovery)
- Decubitus ulcers (bed sores)—proactive
- Uncontrolled heart disease
- Any acute inflammatory condition
- Recent illness or injury
- Pitting edema (swelling that stays indented when pressed—sign of congestive heart failure)
- Varicose veins and phlebitis
- Uncontrolled hypertension
- Fever blister (herpes simplex)
- Any communicable disease
- Any growth on the surface of the skin that might be spread by contact (i.e. fungus, infections) and anything that could be spread through circulation
- Shingles (herpes zoster)
- Cellulitis (inflammation of cells)
- Cystic acne
- Sunburn
- Impetigo (lesions around nose & mouth—contagious)
- Severe injury or trauma
- Fever
- Herniated disc
- Poison ivy
- Skin lesions
- First Trimester of pregnancy
- Hematoma (bruise, recent)
- Bursitis (fluid within joint)
- HIV



1. Work from general to specific, then back to general.
2. Massage from light to deeper pressure, then back to light.
3. Overlap your strokes over joints (to connect body parts to each other).
4. Using general strokes, complete each section with finishing and connecting (usually gliding) strokes.
5. Be thorough and complete. As much as possible, cover every inch of the section you are working on, and address each muscle within that section.
6. Stay in contact with the client's body. Once you make contact with a body part, stay in contact with that body part until you have completed that section or body part.
7. When working with extremities, always direct your deeper pressure towards the client's heart.
8. Stay focused on your client and their care.
9. Listen to YOUR body as you work.
10. Relax into your work (working too hard will not serve you).
11. Remember to breathe (but not on your client).
12. Vary your pace according to the effect you are working to create. Slower strokes are more relaxing; faster strokes are more stimulating.
13. Never, EVER say "Oops."



It is helpful to think of Anatomy & Physiology (A&P) as a language. While there are many ways to learn and understand the terminology used in A&P, you will ultimately need to memorize it. In-class and home usage and repetition is the key to retention.

- **Anatomy** - the study of the structure of an organism.
- **Physiology** - the study of the function of an organism.
- **Anatomical position** - standing, arms to the side, palms facing forward.
- **Muscular system** - about 650 muscles in the body
- **Skeletal system** - 206 bones in the body

**126 appendicular skeleton** (appendages—arms/hands, legs/feet)  
**80 axial skeleton** (trunk and head)

### DIRECTIONS FOR THE BODY

1. **Anterior** - in or towards the front (aka ventral)
2. **Posterior** - behind or towards the back (aka dorsal)
3. **Medial** - towards the midline
4. **Lateral** - towards the side
5. **Superficial** - towards the surface
6. **Deep** - below the surface
7. **Superior** - towards the head; higher in place or position (aka cephalad)
8. **Inferior** - towards the feet; lower in place or position (aka caudal)
9. **Proximal** - closer to the trunk
10. **Distal** - further from the trunk
11. **Intermediate** - between two structures
12. **Prone** - face down
13. **Supine** - face up



# BASIC TERMINOLOGY

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## MOVEMENT OF THE BODY

1. **Flexion** - decreases the angle of the joint (mostly coming forward)
2. **Extension** - increases the angle of the joint
3. **Abduction** - movement of a limb AWAY from the midline
4. **Adduction** - movement of a limb towards the midline
5. **Elevation** - to move to a higher position
6. **Depression** - to move to a lower position
7. **Protraction** - to pull forward
8. **Retraction** - to pull back
9. **Pronation** - to turn the forearm (palm down)
10. **Supination** - to turn the forearm (palm up)
11. **Inversion** - movement of the sole of the foot inward
12. **Eversion** - movement of the sole of the foot outward
13. **Plantarflexion** - movement of the foot (toes pointing down)
14. **Dorsiflexion** - movement of the foot (toes pointing towards the body)
15. **Circumduction** - movement in which one end of the bone moves and one end remains fixed
16. **Rotation** - movement of a bone around its axis
  - A. Medial - rotation of the anterior surface towards the midline
  - B. Lateral - rotation of the anterior surface away from the midline
  - C. Upward - movement of the scapula as the arm is raised above the head (from 90 degrees up)
  - D. Downward - movement of the scapula as the arm is returned from above the

# BASIC TERMINOLOGY

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## PLANES OF THE BODY

1. **Frontal (coronal)** - vertical plane that divides the body into anterior/posterior sections (front and back)

2. **Sagittal** - a vertical plane that divides the body into left and right sides

**Midsagittal** - the plane that divides the body into equal left and right sides

4. **Horizontal (Transverse, Cross)** - the plane that divides the body into upper and lower sections.



**GLIDING STROKES (EFFLEURAGE):** strokes that glide over the skin. The hand is molded to the body part, moving with an even pressure along the skin.

**Purpose:** spread the lubricant, general relaxation, prepare tissue for deeper strokes, and assist in lymphatic and venous flow.

**Application:** May be applied two hands, one hand, fingertips, thumbs, knuckles fist, forearm (all gliding strokes on the extremities, with the exception of light strokes, should be directed towards the heart).

**KNEADING STROKES (PETRISSAGE):** strokes that consist of rhythmic pressing, rolling and squeezing movements attempting to lift the tissue from the bone.

**Purpose:** increase circulation, ridding the tissue of muscular toxins, and help to alleviate muscle soreness.

**Application:** May be applied with one hand, two hands, thumbs, and thumb and fingers.

**FRICTION STROKES:** movement of the superficial tissue over the deeper tissue. Friction does not glide over the skin. Rather, it penetrates (depth-wise) into the layers of tissue.

**Purpose:** break down adhesions and scar tissue, release trigger points or spasm into the muscle.

**Application:** thumbs, fingertips, heel of hand, knuckles, forearm, and elbow.

### TYPES OF FRICTION

**Circular Friction:** movement of superficial tissue over deeper tissue in a circular pattern.

**Cross-Fiber Friction (DTF - Deep Transverse Friction):** movement of tissue perpendicular to the muscle fibers.

**Longitudinal Friction:** movement of tissue going parallel to the fibers.

**Static Friction (Direct Pressure):** sustained pressure on a specific location into tissue.

**Multi-Directional Friction:** Movement of tissue in multiple directions; best for breaking down scar tissue.

## THERAPEUTIC MASSAGE STROKES

**PERCUSSION (TAPOTEMENT):** a series of brisk blows in an alternating fashion.

**Purpose:** to increase circulation, relieve muscular tension, and help stimulate client. Most safely applied to posterior aspect of the client's body (back, hips, legs).

### APPLICATION & TYPES

**Hacking:** little finger side of the hand

**Beating (Pommeling):** soft fists, using the little finger side of the hand

**Tapping:** fingertips

**Slapping:** finger pads

**Cupping:** open surface of the palm

**Pincement (Duck Bites):** plucking with fingers and thumbs

**Quacking:** Hands together, fingers apart—hit with little finger side

**VIBRATION:** a fine or large tremulous movement into the tissue. May be on a specific point, a large muscle group (jostling), and entire limb (limb shaking) or the whole body (rocking).

**Purpose:** relaxation, stimulation, circulation

**Application:** May be applied with fingers, one hand, or two hands.

**STRETCHING:** slow, gentle, sustained movement of a muscle in which the insertion and origin of the muscle is moved away from each other. Stretching should always be done within the clients limit of flexibility. NO BOUNCING. There are several stretching techniques [passive stretches, reciprocal inhibition stretching, and proprioceptive neuromuscular facilitation (pnf) stressing].

**Purpose:** increase flexibility and circulation.

**JOINT MOVEMENT:** consists of movement of the joints through full or partial range of motion.

**Purpose:** increase range of motion, reduce stiffness, lubricate the joint, increase ability to work into the deeper muscles around the joint, assist in the facilitation of the nerve pathways.



**Therapist Preparation:** Set up the treatment room before client arrives (i.e. dressing massage table with clean linens, blanket . . . checking room temperature, making sure you have the supplies (lotion, oil, cups . . .) you need, turning on the music will you play? How will you dispense any aromatic therapy, and what supplies do you need to do so?

**Greeting A Client:** Offer client a warm greeting. Ask them how they are feeling today. If the client is a first-time person investing in their health by retaining your services, be sure they fill out an intake form.

**Going over the Intake Form:** It is important to discuss the details provided to you by your client on the intake form with them. Cover all of its details and make notes in their chart. If you notice the client has answered "yes" to questions regarding health concerns and/or conditions, these are details you will want to address with them verbally, but also make notes for each topic in their progress notes inside the client's chart.

**Purpose of Doing an "Intake:"** Overall, intake is a process that allows you to determine how your session will be modeled and what are the best course of techniques you should employ to meet the client's needs. Be sure to establish the following for every intake:

- 1) Ask the client **what they expect to receive from their massage**. Are there any areas of focus or needs they might have at the present moment?
- 2) Based on their answer above, **inform your client of your suggested plan for massage**. Demonstrate on your body the areas you will be working, and confirm client's approval.
- 3) **Give precise and clear instructions on undressing to the level of comfortability, getting on the table, and preparing the client for your return**. The client needs to be informed that this is a safe environment where they are free to undress however much they would like, however, it's okay to point out that in order to best deliver massage techniques, the less clothing they have on is best. With regard to getting on the table, demonstrate with your hand when telling them to get "under the top sheet" and make it clear whether they are to begin in a prone (face down) or supine (face up) position. You should also point out to your client how to use the face cradle if they are beginning in a prone position and need to use it. Last, let the client know that you are leaving to wash your hands and you will return by knocking on the door before you enter.



## MUSCLE SETS

Must Know: Origin, Insertion, Action, Depth,  
Synergists, Antagonists

### **BACK/SHOULDERS**

- SET 1: Trapezius (Upper, Middle, Lower)
  - SET 2: Rhomboids, Erectors
  - SET 3: Latissimus Dorsi, Teres Major, Serratus Anterior
  - SET 4: Supraspinatus, Infraspinatus, Teres Minor, Subscapularis
  - SET 5: Quadratus Lumborum
- 

### **HIPS**

- SET 6: Gluteus Maximus, Gluteus Medius, Gluteus Minimus, Piriformis, Tensor Fascia Latae

### **LEGS (POSTERIOR)**

- SET 7: Hamstrings—Adductor Magnus, Semimembranosus, Semitendinosus, Biceps Femoris, Gracilis
- SET 8: Gastrocnemius, Soleus, Tibialis Posterior, Peroneus Longus

### **LEGS (ANTERIOR)**

- SET 9: Tibialis Anterior, Quadriceps (Rectus Femoris, Vastus Lateralis, Vastus Medialis, Vastus Intermediaris), Sartorius, Adductor Longus
- 

### **ABDOMEN**

- SET 10: Rectus Abdominus, Obliques (External Obliques, Internal Obliques), Transversus Abdominis, Iliopsoas

### **CHEST & ARMS**

- SET 11: Pectoralis Major, Pectoralis Minor
- SET 12: Deltoid, Biceps Brachii, Triceps Brachii
- SET 13: Brachioradialis, Forearms Flexors, Forearm Extensors

### **NECK & HEAD**

- SET 14: Levator Scapula, Splenius Capitis, Sternocleidomastoid, Scalenes
- SET 15: Masseter, Temporalis, Frontals



### Head

1. Frontal bone – Find the two or more round edges in the forehead.
2. Temporal line
3. Nasal
4. Zygomatic
5. Mandible
6. Clavicle

### Front Body

1. Acromion process
2. Sternum
3. Ribs, Costal Cartilage
4. Iliac crest
5. ASIS
6. Pubic bone

### Backside body

1. 7Th Cervical Vertebra
2. Medial Border of Scapula
3. Spine of Scapula
4. PSIS
5. Sacrum
6. Tailbone

### Arms and hands

1. Olecranon
2. Medial Epicondyle of the Humerus
3. Ulna Furrow
4. Styloid Process of Ulna
5. Styloid of process Radius
6. Phalanges

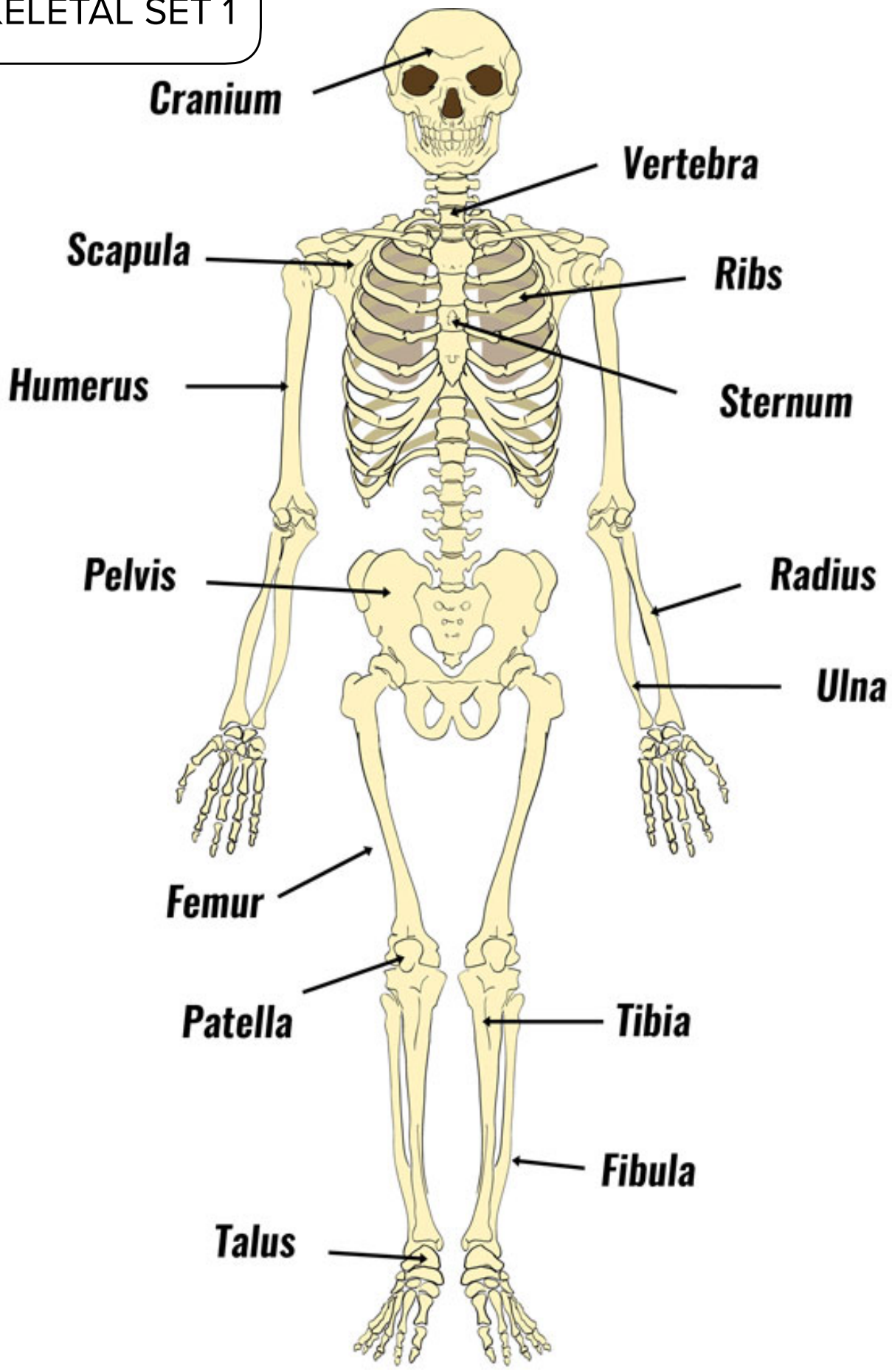
### Legs

1. Greater Trochanter
2. Medial Epicondyle of Femur
3. Lateral Epicondyle
4. Medial condyle of Tibia
5. Medial Malleolus
6. Lateral Malleolus
7. Head of Fibula

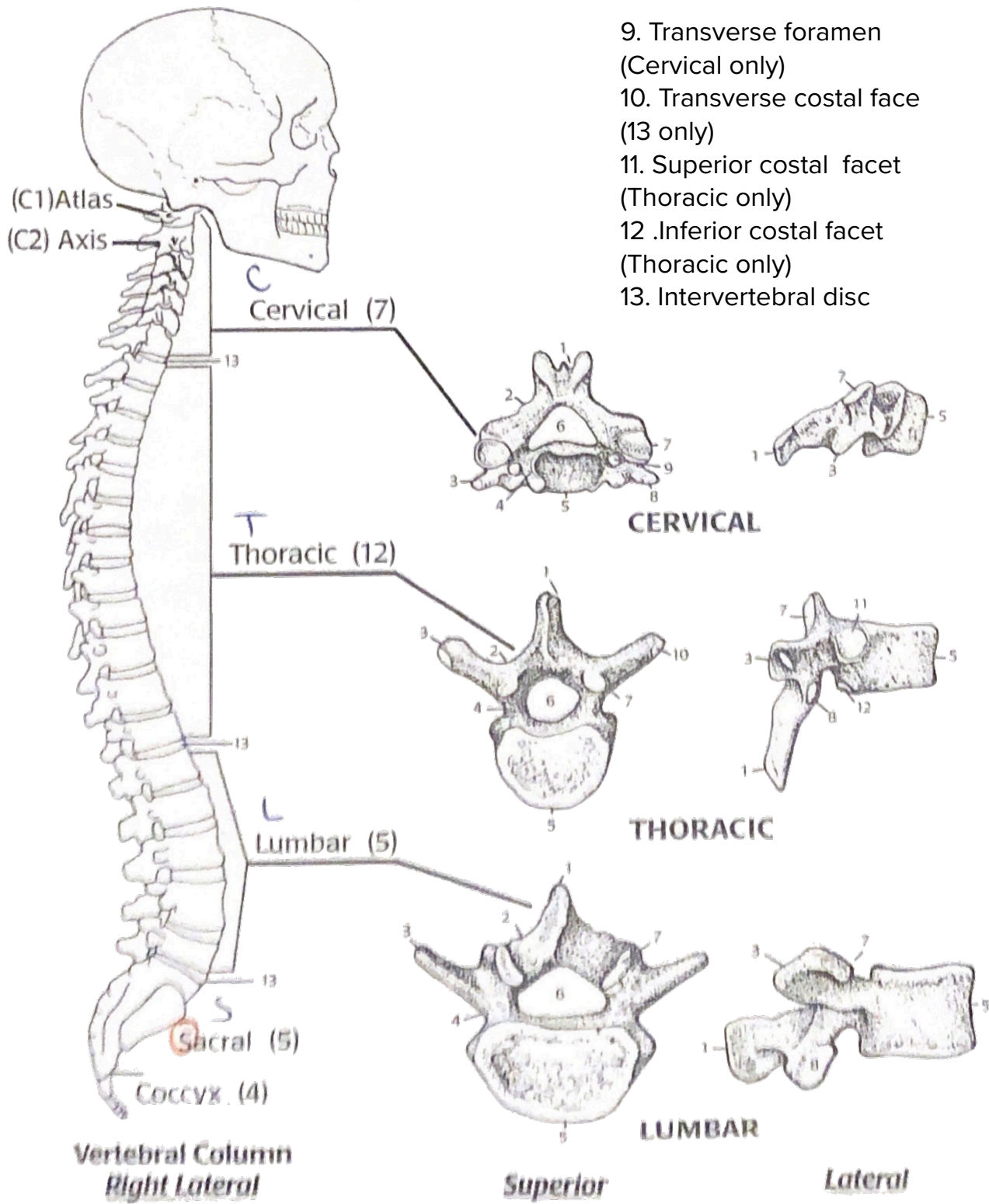
### Foot

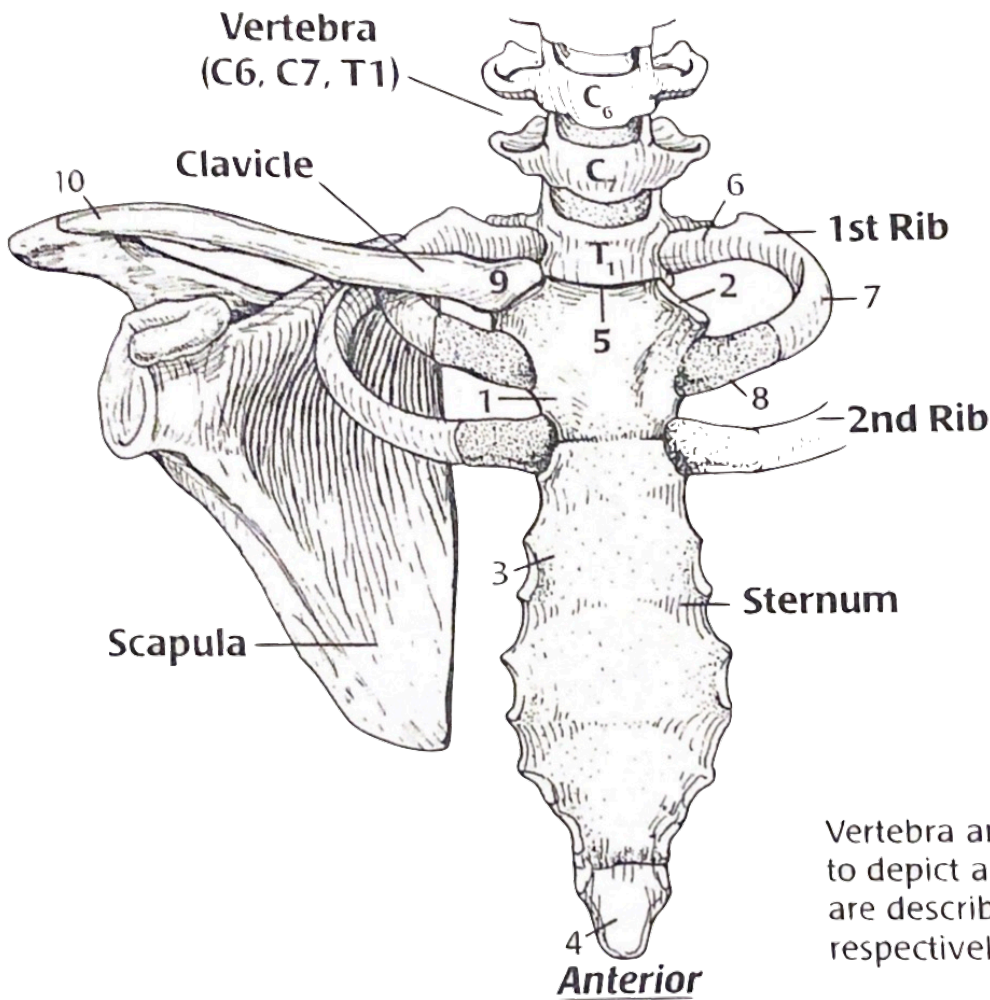
1. Phalanges
2. Calcaneus

SKELETAL SET 1









## Sternum

1. Manubrium
2. Clavicular notch
3. Body
4. Xiphoid process
5. Jugular (suprasternal) notch

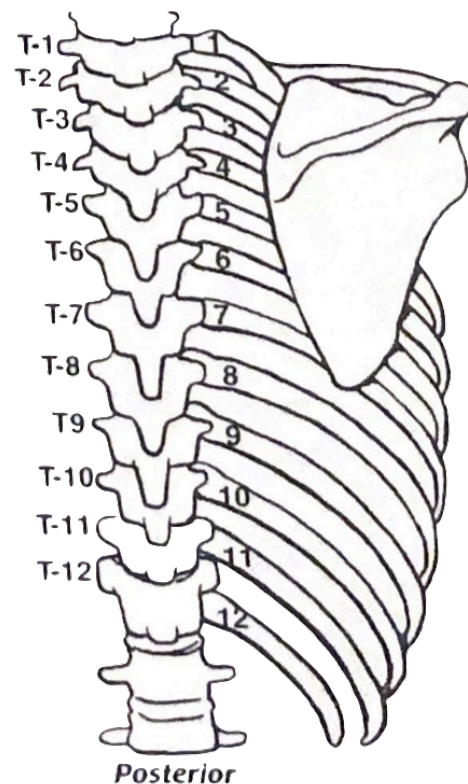
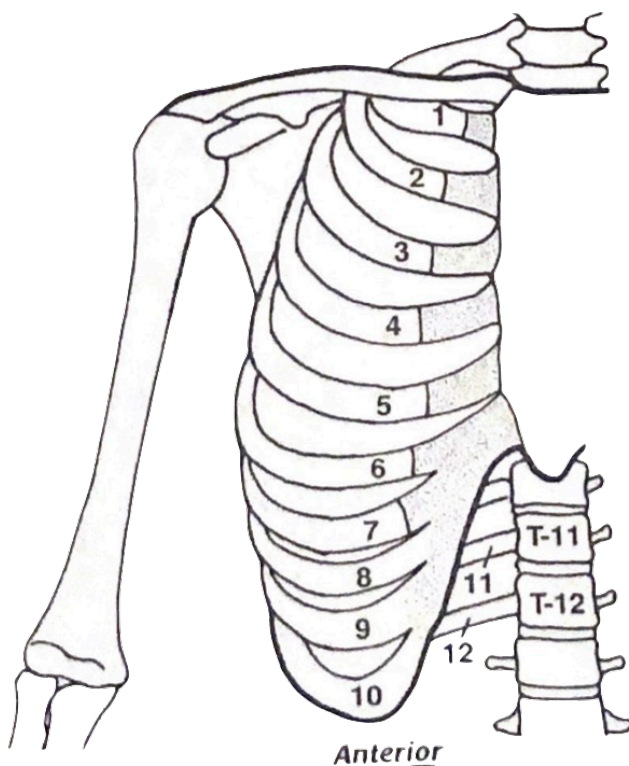
## Rib

6. Head
7. Body
8. Costal cartilage

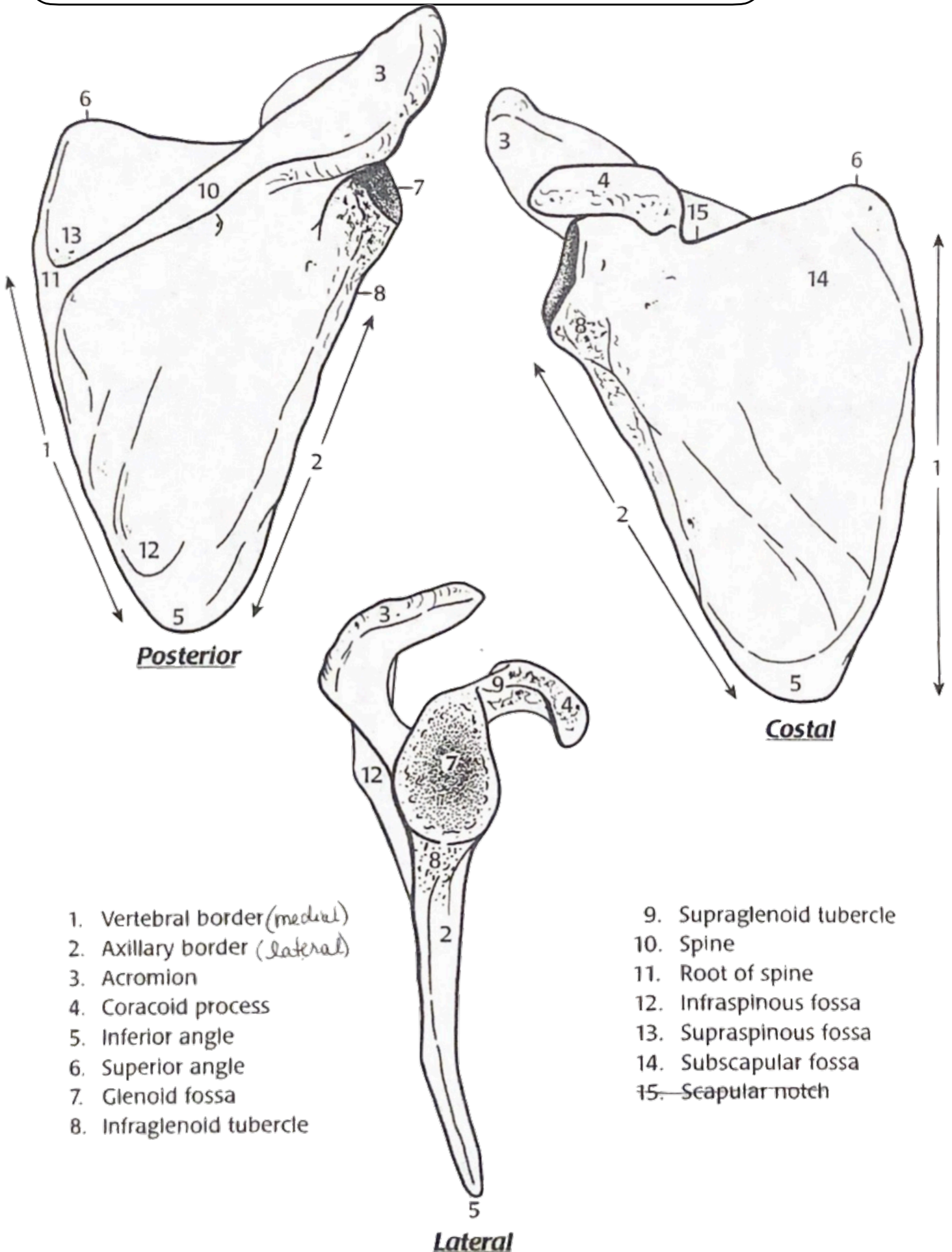
## Clavicle

9. Sternal end
10. Acromial end

Vertebra and scapula are included here to depict anatomical relationships and are described in detail on pages 3 and 5, respectively.



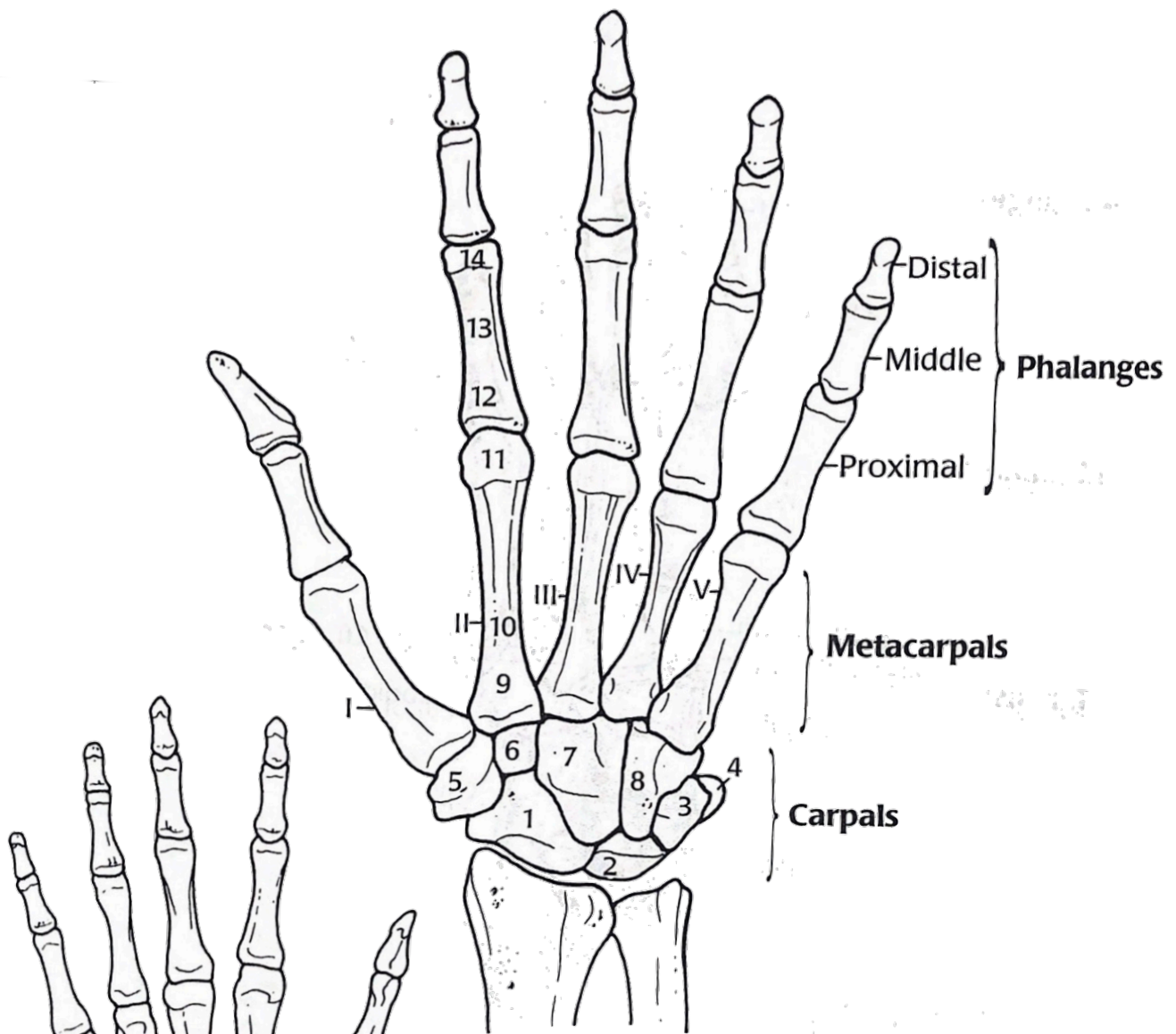
# SKELETAL SET 4: SCAPULA



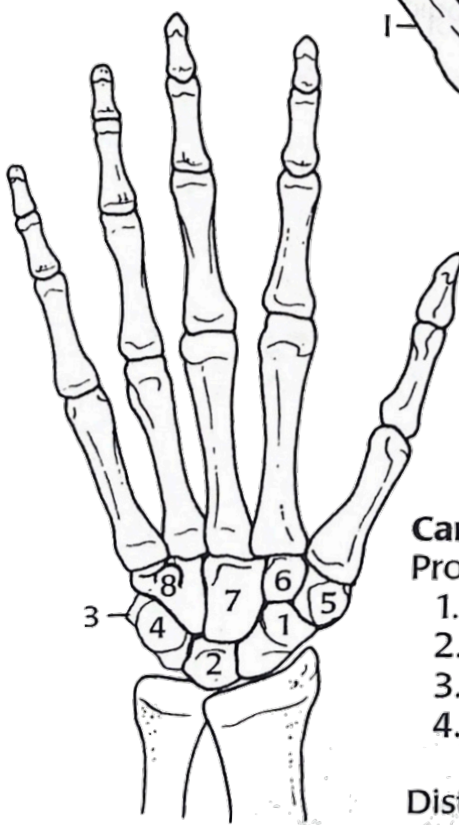
1. Vertebral border (*medial*)
2. Axillary border (*lateral*)
3. Acromion
4. Coracoid process
5. Inferior angle
6. Superior angle
7. Glenoid fossa
8. Infraglenoid tubercle

9. Supraglenoid tubercle
10. Spine
11. Root of spine
12. Infraspinous fossa
13. Supraspinous fossa
14. Subscapular fossa
15. Scapular notch

# SKELETAL SET 5: HAND (RIGHT)



**Dorsal  
(Posterior)**



**Palmar  
(Anterior)**

## Carpals

### Proximal Row:

1. Scaphoid
2. Lunate
3. Triquetrum
4. Pisiform

### Distal Row:

5. Trapezium
6. Trapezoid
7. Capitate
8. Hamate (hook of hamate on anterior surface)

## Metacarpals I through V

9. Base
10. Shaft
11. Head

## Phalanges

12. Base
13. Shaft
14. Head

# SKELETAL SET 6: FOOT (RIGHT)

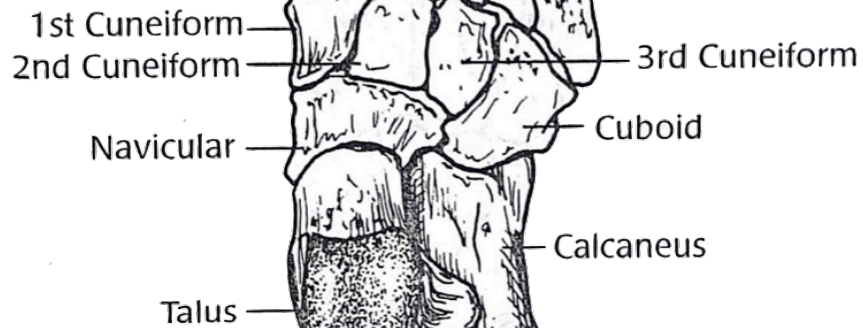
## Phalanges:



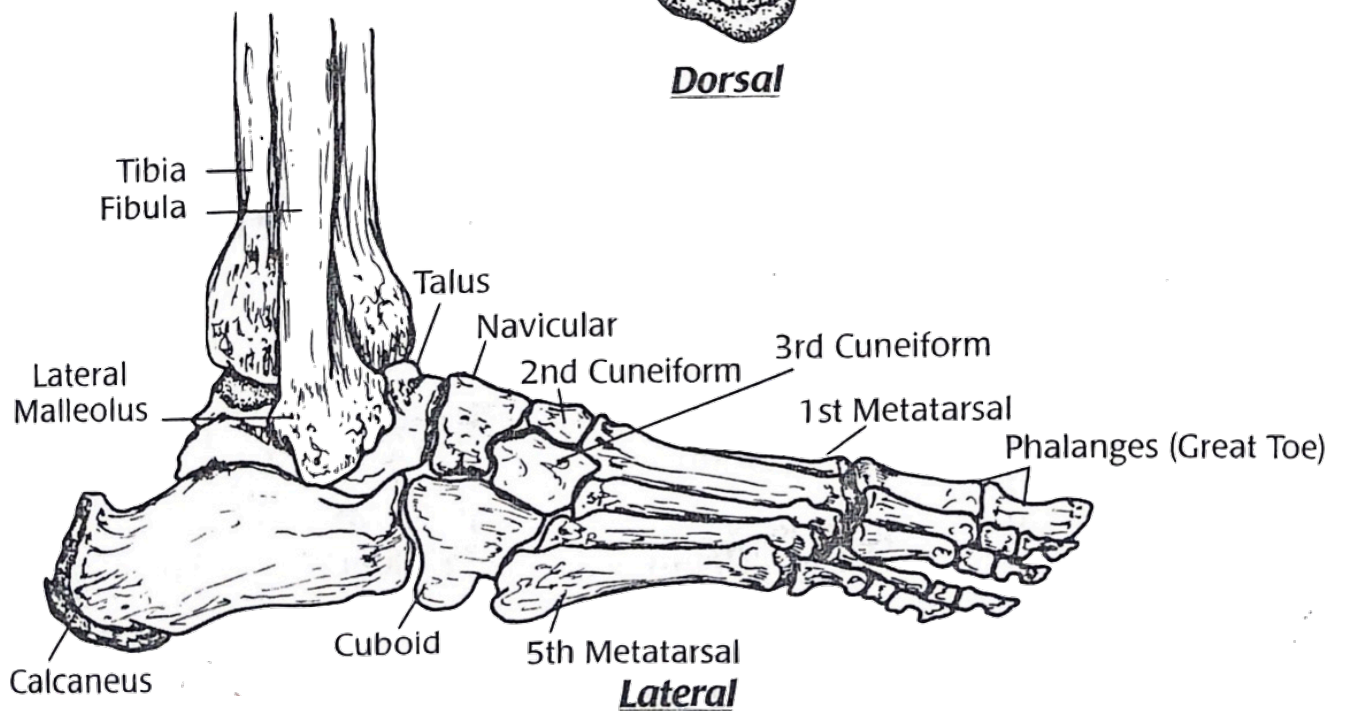
## Metatarsals:



## Tarsals:



**Dorsal**



# MUSCLE FACTS (A&P)

Muscle Name: \_\_\_\_\_ Muscle Group Name (if applicable): \_\_\_\_\_

Draw Muscle:

ORIGIN*
INSERTION*
ACTONS*
DESCRIBE MUSCLE LOCATION
DESCRIBE MUSCLE FIBER DIRECTION

\* Create flashcards for each muscle:— muscle name on one side, origin, insertion and action on the other side.

# MUSCLE FACTS (ETYMOLOGY)

In anatomy and physiology, many word roots are Latin or Greek. Root words, prefixes, and suffixes of the word/muscle name can give us clues about the function, shape, action, or location of a muscle.

Muscle Name	Word	Latin Root 1	Latin Root 2	Meaning	Translation

Additional Notes

# PRACTICE MASSAGE

For Instructor Use Only:

\_\_\_\_\_/30 Hours

## STUDENT THERAPIST EVALUATION (to be completed by Student Therapist)

Student Therapist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Session Length: \_\_\_\_\_

What techniques did you practice?

- Gliding
- Kneading
- Friction
- Vibration
- Percussion
- Joint Movement
- Stretching

How did you feel after the massage?

What could have made the massage better for you or your client?

What areas of the body did you work on?

- Back
- Posterior Legs & Hips
- Neck
- Face and Scalp
- Arms & Hands
- Forearms & Elbows
- Abdomen
- Anterior Legs & Feet
- Full Body
- Additional Techniques

What did you learn from this practice session?



# PRACTICE MESSAGE

## CLIENT EVALUATION (to be completed by Client)

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Did the therapist communicate with you?     Before             During             After

What areas of your body were massaged?

How was the pressure?

How did you feel after the massage?

- Too light
- Light, but good
- Good
- Perfect
- Deep, but good
- Too deep

How was the pace?

What could have made the massage better for you?

- Too slow
- Slow, but good
- Good
- Perfect
- Fast, but good
- Too deep

# INTAKE FORM

First Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Last Name \_\_\_\_\_

Referred by \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Physician's name \_\_\_\_\_

Emergency contact relationship \_\_\_\_\_

Physician's phone # \_\_\_\_\_

Emergency phone # \_\_\_\_\_

Date of initial visit \_\_\_\_\_

How would you rate your general health?

- Excellent
- Good
- Fair
- Poor

Have you had a professional massage before?

- Yes (Date of last treatment) \_\_\_\_\_
- No

List current medications & the conditions they are treating

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List any major accidents or surgeries (including dates)

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Please tell us about any allergies or hypersensitivities

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Reason for initial visit

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**HEAD NECK**

- Headaches / migraines
- Ringing in ears
- Vision problems
- Vertigo / dizziness
- Hearing loss
- Vision loss

**RESPIRATORY**

- Asthma
- Chronic cough
- Emphysema
- Frequent colds
- Family history of respiratory difficulties
- Shortness of breath
- Bronchitis
- Sinusitis
- Smoker

**NERVOUS SYSTEM**

- Sensory loss / change
- Sciatica
- Seizures
- Numbness / tingling
- Epilepsy
- Multiple sclerosis

**MUSCULOSKELETAL SYSTEM**

- Arthritis
- Osteoporosis
- Bursitis
- Pins / plates / wires / artificial joint
- Family history of arthritis
- Tendonitis
- Jaw pain (TMJ)

**REPRODUCTIVE**

- Pregnant
- Gynecological problems
- Given birth

**CARDIOVASCULAR**

- High blood pressure
- Heart attack
- Heart disease
- Phlebitis / varicose veins
- Hemophilia
- Chronic congestive heart failure
- Family history of cardiovascular problems
- Low blood pressure
- Stroke
- Poor circulation
- Pacemaker

**SKIN & INFECTIONS**

- Hepatitis
- Herpes
- Lyme disease
- HIV / AIDS
- Tuberculosis
- Infectious skin conditions

**OTHER CONDITIONS**

- Cancer
- Unexplained weight loss
- Fibromyalgia
- Depression
- Psychiatric disorder
- Other conditions \_\_\_\_\_

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It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

I understand that my personal health information will be collected. I understand that all information that I provide will be kept confidential unless required by law. I understand and consent that my medical information may be shared by the various care providers involved in my care and treatment.

Treatments may be covered by extended health care plans. I understand that it is my responsibility to confirm the exact details of my coverage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_