

Massage and Manual Therapy for Orthopedic Conditions

Enhanced Second Edition

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Library of Congress Cataloging-in-Publication Data


Library of Congress Cataloging-in-Publication Data unavailable at time of printing.

LCCN: 2020936079

6048

Printed in the United States of America

24 23 22 21 20 10 9 8 7 6 5 4 3 2 1



*To Lauren Berry, RPT, for his generosity in
selflessly passing on his wealth of knowledge, and to
my parents, Bill and Jean Hendrickson, for their love
and encouragement.*

Preface to the Enhanced Second Edition

I have been very gratified that the first edition of this book was well received and that I was asked to write a second edition. This new edition allows me the opportunity to update the text with the latest research in the effects of massage and manual therapy on the functional rehabilitation of the musculoskeletal system. I added extensive new information on the treatment protocol for acute and chronic injuries as well as the scientific rationale for choosing the appropriate technique for each stage of healing. I have chosen to retain the preface to the first edition, as it provides important information about the history and development of the method of treatment described in this text.

A NEW TITLE FOR THE ENHANCED SECOND EDITION

I have chosen to change the title of the first edition from *Massage for Orthopedic Conditions* to *Massage and Manual Therapy for Orthopedic Conditions*. This new title more accurately reflects the contents of the book. The term *manual therapy* is typically used to describe mobilization of the joints and soft tissue and also refers to other techniques, including muscle energy technique. Because these techniques are included in the method of treatment described in this text, I elected to include the term in the title.

NEW CONTENT FOR THIS EDITION

The *Enhanced Second Edition* has been extensively rewritten on the basis of the latest research and my experience in clinical practice and input from students, the teaching staff at the Hendrickson Method Institute, and colleagues in the field. The only exception to this is the description of the techniques, which has withstood the test of time and remains essentially unchanged.

■ The first chapter has been extensively rewritten and reorganized for clarity. The chapter is divided

into four sections: General Overview, Overview of Theory and Technique, Essentials of Anatomy and Physiology for Orthopedic Conditions, and Injury and Repair.

- A completely new section, General Overview, has been added to the first chapter. This section provides a clear and concise overview of the more detailed information that follows in each chapter.
- I have added a greatly expanded section on an exciting new paradigm in biology and medicine, which hypothesizes that electromagnetic signaling controls cellular processes, including repair. This new paradigm also hypothesizes that the biomagnetic field emanating from the hands of the therapist can be focused for healing. This is an exciting time for massage and manual therapy because the science of rehabilitation and that of energy medicine are confirming our clinical experience that soft tissues are highly responsive to touch.
- Extensive new information on the treatment protocol for acute and chronic injuries has been carefully delineated. In the *Enhanced Second Edition*, each orthopedic condition now has clear guidelines on how to apply soft tissue mobilization, joint mobilization, and muscle energy technique for each stage of healing.
- The section in Chapter 2 entitled “Treatment Guidelines” has been rewritten and greatly expanded. New sections have been added that describe the scientific rationale for each technique in each phase of healing and repair, the factors that indicate which phase of repair the condition is in, the treatment goals, and guidelines for treatment.
- A new, expanded “Clinical Examples” section in each chapter describes how I applied the three treatment techniques on patients who were in acute and chronic pain for each area of the body. This section provides examples on ways to integrate the theory and techniques in the clinical setting.
- Each chapter has been rewritten to reflect the latest research in musculoskeletal rehabilitation, with updated references.

CLARIFICATION OF THE TERMS MASSAGE, ORTHOPEDIC MASSAGE, AND SOFT TISSUE MOBILIZATION

Because massage therapy has become more widely utilized in the clinical setting, it is important to define certain terms. The classical meaning of the term *massage* describes three principle techniques: effleurage, or stroking; petrissage, or kneading; and tapotement, or percussion. While these techniques are very effective in the spa environment and can induce relaxation, promote circulation, reduce stress, and provide many other benefits, they are not specifically designed to treat acute injuries, nor are they the most effective style of soft tissue therapy to help resolve injuries and induce the optimum functional improvement in the musculoskeletal system. Many terms are used in the literature to describe more “clinical” massage therapy, such as *orthopedic massage*, *soft tissue therapy*, *medical massage*, *soft tissue mobilization*, *soft tissue manipulation*, *neuromuscular therapy*, *trigger point therapy*, *clinical massage*, and *myofascial manipulation*, to name a few.

In the first edition, I used the term *orthopedic massage* to describe the more clinically oriented method of treatment in the text. Since the publication of the first edition, *orthopedic massage* has become widely used as a term that defines a field of massage rather

than a specific technique. With this in mind, in this *Enhanced Second Edition*, I have elected to use the term *soft tissue mobilization* to describe the “massage” portion of the technique. All references to *orthopedic massage* have been removed.

Soft tissue mobilization is simply defined as the manual manipulation of soft tissues. This term is more accurate for the soft tissue techniques that are described in this text because they are not classical massage strokes. After decades of clinical practice, I developed a new way to mobilize the soft tissue that I named *wave mobilization*. Modeled on ocean waves, this is completely different from classical massage techniques. The strokes are precise, rounded scooping motions, perpendicular to the fiber, performed rhythmically, in precise directions.

It is my hope that this expanded and revised edition will inspire massage and manual therapists to learn a new way of working that is not only clinically effective, but also relaxing for the client to receive and energizing for the therapist to perform. The treatments become a moving meditation that creates stillness and deepened awareness in the therapist as well profound relaxation in the client. For too long, clinical musculoskeletal therapy has been painful to receive and straining for the therapist to perform. This new way of working will provide an opportunity of looking forward to a long and healthy career in the healing arts.

Preface to the First Edition

This book was written to fulfill the need for advanced training in massage and manual therapy specializing in the management of musculoskeletal pain and dysfunction. It is intended as a textbook for massage therapists as well as for chiropractors, physical therapists, osteopaths, physical therapy and orthopedic assistants, athletic trainers, and other health care providers.

The demand for safe and effective treatment of pain and disability is growing rapidly as the population seeks alternatives to drugs and surgery. In addition, an increasing number of people are experiencing musculoskeletal pain and dysfunction. Many factors can be cited for this, such as a more active elderly population, the popularity of recreational sports, the increased number of people using computers, and the growing numbers of people involved in car accidents.

The medical community has recognized that much of the pain and disability suffered by their patients involves soft tissue injury and dysfunction. Yet at a 1987 symposium of the American Academy of Orthopedic Surgeons entitled “The Mechanisms of Injury and Repair of the Musculoskeletal Soft Tissue,” experts addressed the limitations of orthopedic medicine in treating soft tissue injuries. They concluded that strains and sprains of the musculoskeletal soft tissue not only cause significant pain and impairment, but also are often poorly diagnosed and inadequately managed. Most massage schools have not provided adequate training in the assessment and management of soft tissue injuries, and chiropractors, osteopaths, and physical therapists often have had little or no training in advanced massage techniques for musculoskeletal pain and dysfunction in their degree programs.

Massage and Manual Therapy for Orthopedic Conditions provides a scientific basis for massage and manual resistive techniques and a rational, step-by-step guide to the assessment and management of the most common orthopedic conditions. The therapeutic protocol that is described in this text includes soft tissue mobilization, joint mobilization, and manual resistive techniques.

These techniques are based on 30 years of clinical experience and the latest scientific developments in the management of soft tissue injuries and dysfunction.

This book began as a training manual for the 200-hour certification program at the Hendrickson Method Institute in Kensington, California. The techniques have been refined each year for the past 20 years of teaching and have been clinically tested with tens of thousands of patients.

THE THERAPEUTIC CONTRIBUTIONS OF SOFT TISSUE MOBILIZATION

The therapeutic protocols described in this text can provide reproducible results of functional improvement for most orthopedic conditions, including increased range of motion and decreased pain. In line with the modern goals of rehabilitation, these techniques help normalize musculoskeletal function rather than merely provide symptomatic relief.

These techniques are designed to manage conditions related to orthopedics, such as low back pain, neck stiffness and pain, rotator cuff and knee injuries, and many other conditions, such as arthritis, frozen shoulder, and tennis elbow. The techniques are applicable whether the pain or dysfunction is acute or chronic and whether the condition arose from an injury, cumulative stress, or degenerative condition.

These techniques also enhance the performance of dancers and athletes and assist anyone wishing to achieve optimum health. In addition to providing the benefits of traditional massage, such as relaxation and increased circulation, these techniques have several other treatment goals: They dissolve adhesions and lengthen the connective tissue; help to normalize muscle function by reducing hypertonicity in the muscles and strengthening inhibited and weak muscles; normalize the position of the soft tissue and release its torsion; help to restore normal joint function by restoring natural lubrication, range of motion, and normal biomechanics; release entrapped peripheral nerves; and facilitate normal neurological function through reeducation of the nervous system through muscle energy technique (MET), a system of manual therapy that uses active participation of the client.

THE UNIQUE ASPECTS OF HENDRICKSON METHOD

This text introduces a new theoretical model of soft tissue alignment developed by my mentor, Lauren Berry, RPT. Berry was a mechanical engineer and physical therapist who theorized that muscles, tendons, ligaments, and all soft tissues have a normal position relative to the joint that they affect. He taught manipulations in very specific directions, transverse to the line of the fiber, to realign the soft tissue and help normalize the function of the soft tissue and its associated joint.

Massage and Manual Therapy for Orthopedic Conditions also introduces a new style of massage therapy that I developed called *wave mobilization*. This unique style of performing the massage strokes is based on both the science of ergonomics and the practice of tai chi, a Chinese internal martial art. In this book, I describe the ergonomics of giving a treatment, including the functional position of the hand and the resting position of each joint, to teach the therapist how to use his or her body most efficiently. This text also describes the rational basis and provides step-by-step instructions for how to develop and use this internal energy, or “chi,” in your massage strokes instead of relying only on muscular effort.

This method is not only an efficient and remarkably effective technique for the management of the majority of orthopedic conditions, it is also deeply relaxing for both the client and the therapist. It allows the therapist to use minimal muscular effort and solves the problem of overuse injuries within the field of massage therapy. The Chinese call this use of minimal effort the “wu wei,” the path of effortless effort. For the therapist, the effort of giving a massage is refreshing and energizing, akin to taking a walk. Tai chi emphasizes internal strength, postulating that we can develop our inner life force, or chi, and learn to transmit it to others. It teaches that softness will dissolve hardness. After nearly 30 years of performing soft tissue therapy, I am using dramatically less physical effort in my treatments and achieving more profound results.

This method of therapy is also unique because the treatment can be given through clothing. This has allowed me to provide treatments to a diverse patient population, including Tibetan lamas and elderly patients in third-world countries where it would be inappropriate to have clothing removed for their therapy. Dramatic clinical results can be achieved even across ethnic, cultural, and language barriers.

In addition to describing a new method of massage, this book describes the fundamentals of taking a his-

tory and performing an assessment. To gain their rightful place as a member of the health care team, massage therapists must know how to gather objective information, properly assess an injury or dysfunction, determine whether massage is contraindicated, communicate that information to other health-care providers and insurance companies, and know when to refer.

THE DEVELOPMENT OF HENDRICKSON METHOD

The development of this method was influenced by many practitioners over a 30-year period. I began studying massage in 1972 as part of a teacher’s training course in yoga and immediately began to appreciate the healing power of touch. In 1974, I completed a year-long training in shiatsu massage with Riuho Yamada, a Zen priest and shiatsu master. Master Yamada’s treatments had tremendous power, which I believe resulted not only from his technical skill, but also from his lifelong practice of meditation. I realized that his effectiveness was related not to how hard he worked, but to the way he combined his internal energy with outward movements. This insight has been reinforced throughout my years of training and practice.

In 1976, I participated in an intensive, four-month residential training program in Lomi work. Lomi work was developed by Robert Hall, MD, et al., and synthesizes the work of Ida Rolf (Rolfing), Fritz Perls (Gestalt therapy), and Randolph Stone (polarity therapy). Lifelong postural habits and emotional patterns are often dramatically changed. The deep tissue and shiatsu approaches are limited, however, in treating soft tissue injuries.

The greatest influence in my career came in 1978 when I met Lauren Berry, RPT. By then, Lauren had been a healer for more than 50 years. He began his training with a Finnish doctor who taught him massage and manipulation. As a physical therapist and mechanical engineer, Lauren traveled all over the world studying healing. Lauren had a very pragmatic “nuts-and-bolts” approach. He used manipulation of the soft tissue and joints to correct mechanical dysfunctions in the body. People traveled from all over the country to be treated by this legendary healer. I trained with Lauren for four years. My last year was an apprenticeship, in which I assisted him in treating thousands of people. His work had not been previously documented, and I felt deeply honored when he permitted me to record his method of manipulating the joints. *The Berry Method, Volume I: The Joints* was published in 1981. Unfortunately, Lauren died shortly

after completing the first volume, so the planned second volume on soft tissue was never realized.

Lauren's contributions to the treatment of soft tissue injuries were original and invaluable. He theorized that all of the soft tissues in the body have a specific position relative to the neighboring soft tissue and its associated joints and that massage must be applied in specific directions to correct its positional dysfunction. Lauren observed predictable patterns of soft tissue misalignment over the entire body and developed a system of manipulation to correct those dysfunctional positions.

I began a four-year chiropractic training program in 1982, concurrently training massage therapists in methods of advanced soft tissue therapy. Training massage therapists in Lauren's techniques presented me with two challenges. First, much of Lauren's method involved high-speed joint manipulation, which is not within the scope of practice for massage therapists. His techniques also involved quick manipulations of the soft tissue, which is incompatible with a relaxing massage. I realized that my work was to change the joint manipulations into gentle mobilizations and to transform his quick soft tissue manipulations into massage strokes while maintaining their therapeutic effectiveness.

The second challenge was to create a treatment that was as relaxing as it was therapeutic. Lauren's students debated about how hard one needed to work to be effective. Some students believed that a very deep, often painful touch was necessary to be effective, while others believed that a gentle touch was more effective. It was my personal goal to be as gentle as possible without sacrificing therapeutic results.

Over years of clinical practice and teaching, I developed the concept of "interfascicular torsion" to describe the microscopic adhesions and abnormal twists that I could feel with my hands. I observed that these torsional dysfunctions in the soft tissue were winding the body into abnormal spirals, and I developed techniques to unwind these segments.

As I developed my techniques for working on the spine, I placed my patients in a side-lying fetal position. This position was comfortable even for the patient with acute low back pain and it also allowed me to stand upright during the treatment rather than leaning over the table. As tai chi teaches that water will dissolve stone, I began experimenting with a rounded, wavelike stroke, transverse to the fiber. I also applied the principles of tai chi and moved my whole body into each stroke and practiced keeping my body relaxed and supple. Rocking my patients in rhythmic oscillations created subtle wavelike movements in the patient's entire body. These rocking movements had a quieting and calming effect. I began to explore differ-

ent frequencies of applying the wave mobilization strokes and found that performing the strokes to the rhythm of the resting heartbeat, about 60 cycles per minute, had the most profound effect on the nervous system. I realized that this is the same rhythm that each of us felt as developing babies in our mother's womb from our mother's heartbeat. As I was performing these rhythmic oscillations, I too became more relaxed internally and began to notice an expansion of my own energy field. The therapy that I was giving became a method to develop my own internal energy.

My chiropractic education emphasized the role of the nervous system in both health and dysfunction or injury and focused on the vast reflex connections between the soft tissue, joints, and central nervous system. I also gained an appreciation of the profound neurophysiological effects of mobilization of the spine and joints of the extremities. As I began to incorporate joint mobilization techniques into my soft tissue work, I achieved better results with less effort. These were not the high-speed, low-amplitude thrusting techniques associated with the chiropractic adjustment; rather, they were techniques that involved gentle, rhythmic, oscillating movements of the joints.

Moving the joint while massaging the surrounding soft tissue has several effects: It helps to reduce hypertonicity in the muscles; it helps to normalize joint function by stimulating the normal lubrication of the synovial membrane, articular cartilage, and discs within the joint; it helps in pain management by stimulating the mechanoreceptors; and it creates a profound relaxation response.

My work has also been influenced by the insights of James Cyriax, MD, the modern developer of transverse friction massage. Cyriax's work has many parallels with Berry's, as both approaches work transverse to the line of the fiber. Cyriax theorized that brisk, transverse strokes at sites of injury restore the normal parallel alignment of the collagen fibers, which can become distorted after an injury. He focused his soft tissue therapy on critical junction sites, that is, where a muscle interweaves with its tendon (myotendinous junction), where the tendon interweaves with the periosteum of the bone (tenoperiosteal junction), and at the attachment sites of ligaments, but he did not address the function of the entire soft tissue complex. For example, transverse massage techniques on a lesion in the supraspinatus help to resolve that lesion but do not address postural distortions, muscle weakness or hypertonicity, and positional dysfunctions in the neighboring soft tissue. I incorporate some of Cyriax's friction techniques but in a unique style by mobilizing the associated joint with the friction strokes, which dramatically reduces the discomfort associated with transverse friction massage.

Another tremendous influence in the evolution of my work came from Vladimir Janda, MD, and Karel Lewit, MD, two physicians from the Czech Republic. These remarkable pioneers in manual therapy have made major contributions to the assessment and treatment of soft tissue injury and dysfunction. Janda discovered predictable patterns of muscle dysfunction, in which some muscles become weak and inhibited and others become short and tight in response to pain or joint dysfunction. Lewit and Janda also developed methods of treatment in the tradition of proprioceptive neuromuscular facilitation (PNF), which requires the client's resistance to pressures applied by the therapist. Some texts, including this one, call these techniques muscle energy techniques (MET). I have incorporated Janda's insights into each chapter, and I use MET within the massage session to reduce muscle hypertonicity, facilitate or strengthen weak or inhibited muscles, reeducate muscles in their normal firing patterns, help to normalize joint function, and help to restore normal neurological function. MET can change chronic pain patterns and has proved extremely effective clinically.

Revelations have also come from my study of healing with Muriel Chapman, DO, and Rosalyn Bruyere. I learned from each that gentle touch itself is healing. I noticed in my clinical practice that with patients who are in severe pain, effective clinical results could be achieved even if I used very light pressure. I have come to realize that one of the most important goals of the therapist in the clinical setting is to create an experience with touch in which the client feels completely safe and completely comfortable. This induces a state of relaxation and trust in the client that not only allows for the healing of the physical pain, but also provides an environment for the healing of the emotional and psychological components.

The method of treatment that I describe in this text is intended to be a nurturing experience for both the therapist and the client. One of the hallmarks of this method is that the client should be able to completely relax into the massage strokes. In the healthy individual, all of the massage strokes described in this text should feel comfortable to receive. If the massage stroke is painful, it indicates that the area is injured or dysfunctional and requires that the therapist adjust the pressure of the massage strokes to ensure the client's comfort.

Each session is also an opportunity for the therapist to create an environment of kindness for the client. It is important to realize that anyone who is experiencing pain or dysfunction is emotionally vulnerable, perhaps worried, depressed, or anxious. Whether the client is out of shape, noncompliant, or irritable, the therapist should aspire to be nonjudgmental. The mas-

sage session gives us an opportunity to practice loving kindness. There is no greater calling.

ORGANIZATION AND FEATURES

The book is divided into four sections. The first section should be read before performing the massage techniques described in the other sections. The first section has two chapters. Chapter 1 describes the scientific and theoretical foundations for treatment. It reviews the fundamentals of neuromusculoskeletal anatomy, describing the structure and function of all the soft tissues in the body, the mechanics of dysfunction and injury, the mechanical and neurological consequences of these dysfunctions and injuries, and, finally, how this information can guide the therapist in the most effective therapy.

Chapter 2 is divided into two parts. The first part provides an overview of clinical assessment, including taking a history and how to perform a fundamental orthopedic examination. The process of performing an objective examination is given in detail, including the assessment of active and passive range of motion, isometric testing, special tests, and palpation. This is followed by a summary of examination findings for the most common categories of orthopedic dysfunctions and injuries.

The second part of Chapter 2 is an overview of the techniques used in this book. The essential massage stroke, called *wave mobilization*, is described in detail, and exercises are provided to practice this stroke on a client or fellow student. A description of MET follows. The neurological basis of MET is described, as are exercises to practice the six different styles of MET used in this text. The third modality of treatment, joint mobilization, is described next. A summary of the clinical effects of soft tissue mobilization, joint mobilization, and MET are described. Finally, guidelines for the treatment of clients in acute or chronic pain are described in detail, as well as contraindications for massage therapy and when to refer your client to another provider.

The next sections of the book are divided into eight chapters and describe specific techniques for particular regions of the body. Each chapter provides an overview of the anatomy of the region, the structure and function of all the soft tissues, the most common orthopedic injuries and dysfunctions, and the protocol for the treatment of each of these conditions. Each chapter also describes a basic assessment of the region for the massage therapist and provides a step-by-step guide for how to perform the massage strokes, MET and joint mobilization for that area of the body. The

strokes are divided into Level I and Level II. Level I strokes are massage strokes that can be performed on anyone, whether the client is symptomatic or not. These strokes bring the area to its highest level of functioning. Level II strokes are used as needed to supplement Level I strokes if pain or dysfunction is present in the region. They are typically deeper strokes and often work on sensitive attachment points, which is unnecessary for most clients.

Each technique chapter has a variety of features that were specifically designed to enhance the reader's learning experience:

- The easy-to-reference bulleted format allows students to “keep their place” in the text and encourages students to practice the techniques with a partner as they read.
- Muscle anatomy and kinesiology are organized into tables for easy reference.
- Consistent organization reinforces basic concepts and fosters retention of fundamental information. For example, anatomy sections are divided into *structure*, *function*, *dysfunction and injury*, and *treatment implications* subsections. Similarly, muscle energy technique sections are divided into *intention*, *position*, and *action* subsections.
- A “Caution” icon (⚠) highlights contraindications and precautions that the massage therapist should be aware of before performing a particular technique.
- The Study Guide section at the end of each chapter lists concepts and objectives that the reader should master for both the Level I and Level II techniques.
- References and Suggested Readings point the reader to articles and books that provide more information about anatomy, kinesiology, assessment, and the science of injury and repair.
- Clinical examples describing the assessment and management of an orthopedic condition using an actual patient are included in each technique section.

HOW TO USE THIS BOOK

It is essential that the student read Chapters 1 and 2 first and practice the exercises described in Chapter 2 before attempting the techniques described in Chapters 3–10. In the training program at the Hendrickson Method Institute, the MET and Level I strokes are learned in the first semester, and the assessment and Level II strokes are learned in the second semester. The MET is listed in the section before the massage strokes for convenience and easy reference, but in clinical practice, the MET and massage strokes are interspersed throughout the massage session. The massage strokes are described very precisely and in a specific sequence. The student is encouraged to “follow the recipe” exactly as it is described. It is natural to feel insecure when you are learning something new. Be patient and kind with yourself. As you master the techniques over time, you will naturally create your own unique style of performing this method. It is akin to learning to play the guitar. First, learn the exact way to form the chords and the sequence of how the chords change in familiar songs. Then use these skills to create your own music. Enjoy the rewards of learning something new, and have faith that with dedication and practice, you will help relieve the suffering of all whom you touch.

Feedback from clinicians, students, or schools with constructive ideas about how to improve this text is appreciated. For instructional DVDs and information regarding training programs in Hendrickson Method, go to www.hendricksonmethod.com.

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Acknowledgments

I am very grateful to the students and teaching staff at the Hendrickson Method Institute (formerly Institute of Orthopedic Massage) who have helped to craft this text for nearly 28 years. During the 200-hour training sessions offered each year at the Institute, they have carefully read the text year after year and made thoughtful suggestions about how to best describe and teach these techniques. In the preparation of the *Enhanced Second Edition*, I would especially like to thank Jennifer Lane and Candace Palmerlee. Jennifer edited my revisions with meticulous attention and offered many helpful suggestions. Candace carefully reviewed the technique section and helped to clarify the instructions. I would also like to thank Rachel McMullin for running the

Hendrickson Method Institute with great skill and ease and Claudia Moore for managing my clinic with such grace and good humor.

I would also like to thank my managing editor Laura Horowitz, whose careful attention to every detail I greatly appreciated; especially Andrea Klinger and Jennifer Clements; the copyeditor Barbara Willette; and Kim Battista for her beautiful illustrations.

I owe many thanks to my angel Margaret, for teaching me about service to those in need and for being a sanctuary of love, and to Luke for expanding my faith in healing.

Finally, this book would never have been created if not for the inspiration and teaching of my mentor, Lauren Berry, RPT.

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