# massage & bodywork

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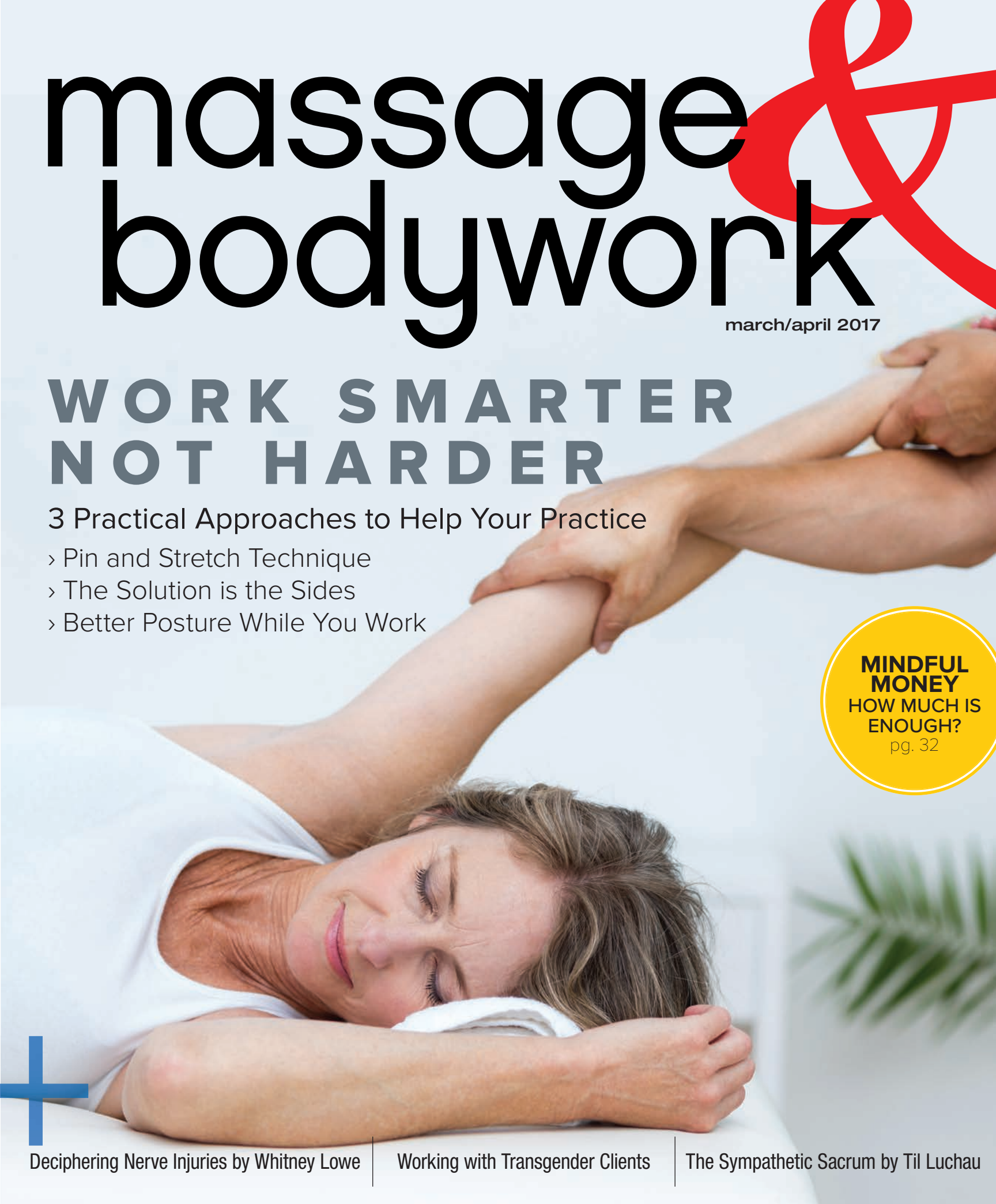

## WORK SMARTER NOT HARDER

3 Practical Approaches to Help Your Practice

› Pin and Stretch Technique
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**MINDFUL MONEY**
HOW MUCH IS ENOUGH?
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# THE SOLUTION IS THE SIDES

By David M. Lobenstine

# APPROACH THE BODY FROM NEW ANGLES

When a client lies down on our table, something curious happens. More often than not, that person—who just minutes before was a walking and talking part of our three-dimensional world—becomes two-dimensional. Why? Because many of us therapists, I believe, fall into a dangerous habit during our sessions: we come to see our clients as "just a back" and "just a front." It's as if the person on the table has become a pancake, and it is our job to flatten that person a bit further.

I am exaggerating, of course, but only slightly. Think of how we shape a typical session—we start the client in a prone position, then 35 or 40 minutes later ask them to flip, and finish up in as they lay supine. (I'm guessing that most of you are like me, and rarely, if ever, work with clients in a side-lying position—except perhaps for pregnant clients and other very specific populations.) But with that flattened vision of the body, we miss out on so much.

## THE THERAPIST'S MYOPIA

There are a few obvious reasons for this two-dimensional myopia. First, my guess is that your massage school training was a lot like mine: we spent the most time learning about, and practicing on, the back of the body, followed by (significantly less) time on the front of the body and almost no time on the sides of the body. (Think about how much time you spent learning about the rhomboids, as opposed to the pectoralis minor or gluteus medius.)

Second, this hierarchy of emphasis is perpetuated by our clients. What do they nearly all complain about? Back. Shoulders. Neck. A few unusually self-aware clients might mention they have tight pectoral muscles, or tight hip flexors, but these are rarely the client's priority. And when was the last time a client asked you for a side-lying massage? Exactly. Or consider a less extreme example: how often do clients ask for work on the sides of their ribs? Even with the explosion of foam rolling, and the surprising number of clients who tell me they have tight iliotibial bands, that awareness is the exception that proves the rule. We all know that to be a good therapist we must listen to our clients, so our work mirrors their awareness.

I mention curriculum and clients not to lay blame on any one group in particular. Indeed, the problem is systemic: we as a species are still startlingly oblivious to our sides. Unless we are in pain, or terribly ticklish, we just don't think much about the stuff that links the back and the front—even though it is the sides of our bodies that give us depth and that enable us to exist in all three dimensions.

That lack of *depth* in how we, as humans, perceive our own bodies has a corollary in the lack of *variety* in how we, as therapists, contact those bodies on our table. Again, our approach matches our perception. Thus, our emphasis on the back (and a bit less, on the front) of the body means we focus on the big muscles close to the center of the body, namely the muscles alongside the spine, and then the hamstrings and quadriceps. And typically, we engage these pronounced midline muscles by pushing them down into the table. Those downward strokes can accomplish a great deal, yet there is an irony here we don't often notice. Our aim is to make our clients feel better in their bodies. But does feeling better mean feeling flattened? We don't actually want to be pinned down against the table or mashed into submission. Many of our clients are coming to us because, whether due to injury, surgery, or just stress, their muscles feel stuck or fixed in place, as if glued to the bones beneath. I fear that in our determination to dig down into these restricted tissues, we risk replicating that feeling: the muscles fixed in place, strapped against the skeleton. Instead, I think what most of us want (even though our clients rarely articulate it as such) is quite the opposite: we want to feel our bodies in all their fullness. We don't want to feel flattened—we want to feel expanded.

## LATERAL LOGISTICS

Sinking down into the anterior and posterior musculature of the body is wonderful, and essential, for successful bodywork. Indeed, all those strokes along the midline we learned in school are still mainstays of my practice. But we don't need to stop there—we can make our habitual techniques more effective. All those standard strokes accomplish more if we contact the *sides* of the body amidst our contact to the back and front.

How often do you work directly on the lateral musculature? On the peroneals? The intercostals? Or the sternocleidomastoid? My guess is, not that often. But with a little determination and a little experimentation, you can add another dimension to your work (without moving the client into a side-lying position).

First, a word of warning: working on the lateral musculature (in a way that is comfortable for you and not invasive for the client) can be tricky and requires a shift in how we see the body. As creatures of habit, we get stuck in a routine at our tables, just as our clients get stuck in a routine at their desks and in their lives. Our dominant approach—digging into the big muscles along the midline of the client's body—makes working the sides of the body difficult for one simple reason: gravity. If we are pressing along the erectors, for example, and then want to move laterally to explore the latissimus dorsi or quadratus lumborum, we quickly run into a problem: we begin to "slip" off the side of the client's body. In order to maintain the right amount of pressure, we must contort our own body and push down with a lot more effort. That doesn't feel good—not for us and not for the client—so it is easier to stay close to the midline. Similarly, when working the lower body, we tend to stay close to center as well, lavishing attention on the bellies of those meaty muscles in the front and back of the legs. The more familiar this approach becomes, the more we become ingrained in it, and the more the sides of the body are ignored.

But, just as we encourage our clients to change their habits, we should change ours, too. When we challenge our old habits, we

expand our therapeutic possibilities—and our clients' therapeutic benefits. What does such a change look like? Let's explore two positions that will enable you to effectively engage the sides of the body.

1. Opposite-Side Lean. Stand at the side of the table and work on the opposite side of the client's body (so to work the left side of the client's back, for example, you would stand on the right side of the table). From this position, you will reach past the client's midline, grasp the lateral structure you want to work on (whether the quadratus lumborum, the iliotibial band, or the axilla), and then lean your whole body backward, so you are lifting the tissue (as is comfortable), and encouraging the musculature to move up and away from where it lies on the table.

2. Same-Side Sink. Start on the same side of the table as the side of the client you want to work, but instead of standing, sit on a stool (or yoga ball) or kneel on your knees. From this low position, you can contact the lateral musculature from "underneath"—working more specifically than in the first position—contacting the most lateral (and even anterior) portion of the muscle. Once again, you are not pressing the tissue down toward the table, but instead sinking into the musculature from other angles, either suggesting it along the bone, or up and away from the bone.

These two positions are unusual, so don't worry if they are hard to visualize just yet. Now, let's explore how you might use them to work on one specific part of the body.

## OPPOSITE-SIDE LEAN PROTOCOL

Some days, it seems as though every client who gets on my table has the same complaint: that frustrating feeling of tightness, tension, or pain up the back of the neck or across the shoulders. Surely, you see many clients like this, too. No matter how much stripping you do of the rhomboids, or how much crossfiber friction you do to the upper trapezius, the area remains stuck. And—let's be honest—you get bored.

When we merely go through the motions, so to speak, neither the therapist nor the client benefits. Instead, a more effective solution to this common complaint lies in expanding your focus beyond the actual spot where the client feels tension, and around to the sides of the body.

The next time a client complains of this typical upper-back tension, try liberating yourself (and your client). With the client in prone position, apply less oil than you usually do and spend a few minutes doing your typical upper-back routine: pushing directly into the rhomboids, the trapezius, etc. Then, allot yourself an additional few minutes to try something different. Here are two techniques I find especially effective to engage the lateral structures of the upper back, using the first position I described earlier—the Opposite-Side Lean. (Note: this sequence describes working the left side of the client's body, in prone position; you can do all the same things on the client's right side by mirroring these descriptions.)

WHEN WE CHALLENGE OUR OLD HABITS, WE EXPAND OUR THERAPEUTIC POSSIBILITIES—AND OUR CLIENTS' THERAPEUTIC BENEFITS.

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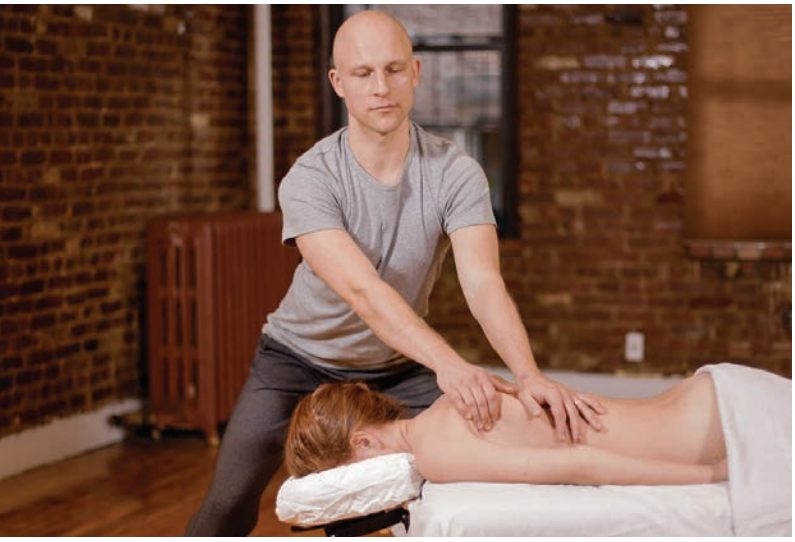

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Rib and scapula mobilization using the Opposite-Side Lean position.

Stand on the opposite (right) side of the table, your body level with the client's shoulders but facing toward the client's left hip. Reach across the client's body and wrap the fingers of your right hand around the lateral aspect of the left-side inferior ribs. Think of your fingers lying in the intercostal space between each rib and the next (Image 1). You should be so lateral that the backs of your fingertips are resting on the table. Keep your back long and straight (resist the urge to hunch closer to the client, as we so often do). Now, bend your knees slightly and lean back slowly, as if you are starting to sit down in an imaginary chair. The shift of your body weight backward should lift the client's trunk ever so slightly off the table. Crucial here is that you are just *holding* the client; your fingertips are not digging into the rib cage, and your biceps are not flexing to try and yank the client higher off the table. You are just leaning back slightly, effortlessly, and allowing the lateral tissue to melt, or slide, through your fingers. Once their ribs begin to slide out from your grasp, resist the impulse to grab them more tightly (your client won't like that); instead, allow the tissue to melt and wrap the fingers of your other (left) hand around the next segment of their ribs, slightly superior to where your first hand was, and lean back once again, lifting—and thus mobilizing—this

next segment of tissue, again, allowing it to slowly slip through your fingers (Image 2).

Repeat this gradual alternating of your hands until you've moved superiorly all the way up to the level of the scapula. This time, as you lean back, you are mobilizing those upper ribs. As their ribs slide through your fingers, you'll find that your fingers are left holding the lateral edge of the scapula. Now, when you lean back, you can actually lift the scapula itself posteriorly and medially, bringing the bone and its muscular attachments up off of the posterior ribs and toward the spine (Image 3). This position—likely one the client has never experienced before—shortens many of the upper-back tissues that always feel tight. If you lean back and hold the scapula in this retracted position, with no tension in your own body—again, imagine you are doing nothing more than slowly sitting down in a chair—your client will respond in kind. After a few slow breaths, often you'll feel this whole area of chronic tension, now slackened and relaxed, simply go limp—as if the client is letting go of that "weight of the world" that has long been on their shoulders.

With this simple sequence, you have accomplished two things that are too often ignored in our work. First, you have contacted the intercostal muscles of the ribs, as well as the lateral muscles of the shoulder blade—the latissimus dorsi, the teres major and minor, perhaps even the edge of the serratus anterior. Most clients are completely unaware these muscles exist, let alone that they are using them all the time. And those clients with the tightest upper backs are often the ones for whom this lateral area is the most locked in place, and thus tender and in need of sensitive attention. Though the client feels the tension in the top of the shoulders or between the shoulder blades, the habituated posture of these lateral muscles—glued against the scapula and ribs—perpetuates the upper-back tension that brought them into your office. By leaning back slowly, we are encouraging these muscles to be mobile, rather than rigid; to be stabilizers, rather than just be stuck. Again, in our effort to make the client feel fuller, rather than flattened, it can be a great gift simply to unstick these tissues from their surrounding structures, and remind them of their potential for pliability.

Second, as we move these lateral muscles up and away from the bone, you are placing all the client's strained, stressed midline muscles on the slack—a position that happens rarely as we slouch forward toward our computer screens and as we rush headlong to fulfill our endless to-do lists. That passive, and novel, slack position floods the client with new proprioceptive possibility.

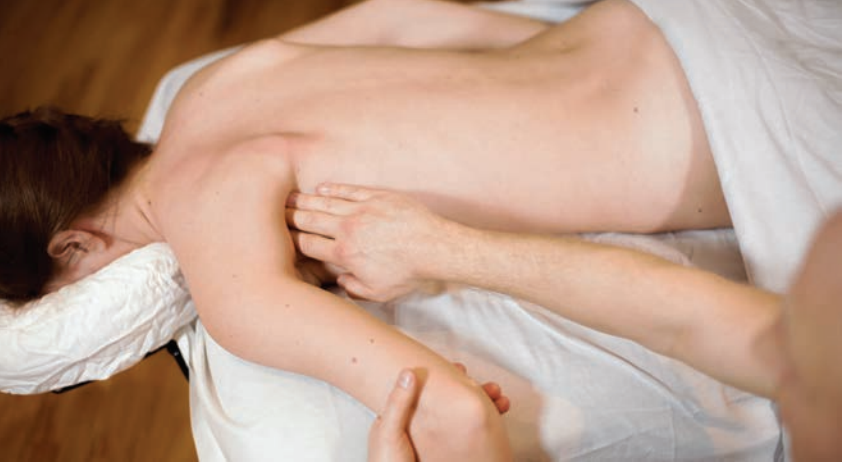
As an added bonus, after you've held this retracted scapula position for a few breaths and allowed the client to feel this unusual sense of ease, your old work along the midline will immediately be more effective. Feel that difference by now reversing direction and working as you are used to, from medial to lateral: release your hands and let the scapula sink back onto the ribs. Now, place the heel of one palm (or your fingertips) between the spine and the *medial* border of the scapula (Image 4). As you lean your body weight into this area, the client's scapula will sink laterally, often farther and more easily than it would have moved using only those usual strokes along the spine. With this sequence, you have attended to the specific area where the client feels tension. But, just as important, you have illuminated an area of the body totally different from (yet inextricably linked to) their area of complaint. In the process, you've demonstrated to your client their body's capacity to move in new directions and to get unstuck in new ways.

A few minutes of this work, I find, is often sufficient to awaken the client's curiosity. After this work, clients tell me things like: "I had no idea the tightness in my back came from my armpit." Or, "I haven't been breathing all this time!" Or they'll place their hands on the sides of their ribs and say simply, "That was amazing—what is going on in there?"

Now I know this client is hooked—that they have been awakened to an enlarged sense of what is happening in their body, and that they are curious about how they might inhabit their body with greater ease. Then, in subsequent sessions, I can do deeper and more specific lateral work, using the second position (Same-Side Sink).

## SAME-SIDE SINK PROTOCOL

Continuing with our rib cage and scapula example, in your next session with this client (again in prone position), after doing a minute or two of general work to the back, try the following protocol. Come again to the side of the table, but now you should be on the same side that you want to work (in this example, on the left side of the table). Either kneeling on your knees, or sitting on a stool or a yoga ball, position yourself so you are level with the client's middle ribs, but keep your body turned slightly so you are facing their occiput. You should be far enough from their body so that, with your arms straight, your hands just touch their lateral ribs. From this position, you can reach all of those same lateral muscles from the first sequence, but with greater depth and specificity. In the first position, you were standing on the opposite (right) side of the client's body you were addressing, leaning away from their body in order to mobilize the muscles and lift the rib cage slightly off the table. Here, you are on the same (left) side of the body, leaning *into* their lateral musculature. And yet, the general angle, or direction, of your work is the same.



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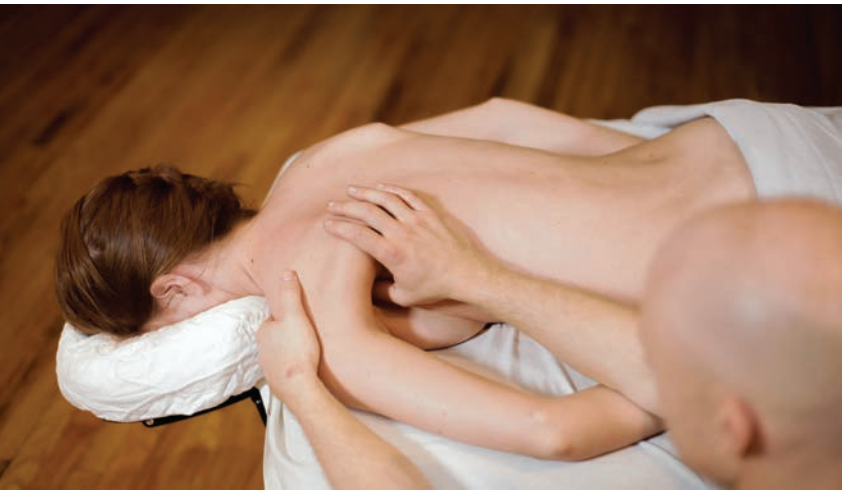
Melting the rib and rotator cuff musculature using the Same-Side Sink position.



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We'll start by sinking into the intercostal muscles between the lower ribs. Rest the base of your right-hand palm on the table. Your fingertips should be pointing roughly toward the opposite-side shoulder and contacting the intercostal spaces at the lateral-most curve of the ribs. If you are in the right place, your whole hand will be pointing up at about a 45-degree angle relative to the table. Sink into the intercostals by leaning forward from your hips. Think of your fingers being in line with those intercostal spaces—not poking into the ribs, but rather suggesting greater movement along and between the ribs, encouraging the intercostals up and away from their current (likely stuck) position. Once again, you are suggesting the tissue move up and off, or away, from the bone.

As muscle fiber and fascia start to soften, you can adjust your right hand superiorly, into the upper ribs, and then eventually into the axilla (as we'll see in a minute), sinking between the posterior ribs and the anterior surface of the shoulder blade. The client's tissue will only allow you in if you are merely leaning, never pressing, and delivering the necessary pressure by tipping forward from your hips, rather than pushing with the muscles of your arms (just as how, in the first position, you were leaning away from the client with your whole body, rather than just yanking the client off the table with your arms). That leaning, or what I call "pouring" (see my article "Pour, Don't Push" in the November/December 2016 issue of *Massage & Bodywork*), is especially crucial here; we can all imagine how unpleasant it would feel to have a therapist poking and prodding between our ribs.

But, if you establish a contact that is soft, in which you are pouring your body weight into the client, rather than pushing with your muscles, adhesions will loosen, and even more importantly, the client will begin to let go of those strands of excess tension that we too often maintain, even when we are doing nothing at all. I believe that unconscious holding is at the heart of many of our ongoing aches and pains.

The greatest test comes when your fingertips get to the lateral edge of the client's shoulder blade. If you have been merely leaning thus far, encouraging the client's tissues to soften as they are ready, rather than forcing them or "fixing" them, then your client's tissues will likely allow you into the axilla—and in particular, between the anterior surface of the scapula and the posterior surface of the ribs—a place that is rarely touched and nearly always guarded.

Avoiding the axilla is easy. It is likely sensitive or tender or ticklish, and sometimes all three, and rare is the client who will ask you to work there. But even just a bit of work here will change your own perspective, and your client's. If you lean your right fingertips with patience, that space between ribs and shoulder blade will gradually accept your fingertips (Image 5). If the client is particularly guarded, you can cup the top of their left shoulder with your left palm and then move your left palm and right fingertips in synchrony back and forth, rocking the shoulder superiorly and inferiorly to help the client loosen and allow you in further. If your client is ready for even more specific work, replace your fingertips with your thumb (Image 6).

Do this unsticking work for as long as you are able. This area is physically tiny, but somatically vast. In my experience, the more I sink into the lateral ribs, the more surprised, and then released, my clients are after the session. As for time, 2 minutes on each side is great; 8 minutes is that much better. Your client's serratus anterior and subscapularis—not to mention their whole understanding of how they hold tension—will thank you.

## THERAPEUTIC POTENTIAL

I've focused on the upper back because it is a particularly revelatory place to begin, but it is just one part among many along the lateral body that is crying out for touch—not just the muscles themselves, but also the layers of fascia wrapping around and between those muscles. Consider all the other therapeutic possibilities contained along our sides: in the peroneals, in the abductors (and adductors), in the gluteus medius and minimus, in the hip-hiking efforts of the quadratus lumborum, and then, beyond our shoulder blade example, all the way up to the many other muscles that wrap the shoulder and neck—from the pectoralis minor to the scalenes to the sternocleidomastoid. Consider how you can work any and all of these muscles using just the two protocols I've described. In the process, you'll grow your own sense of possibility in how you practice and grow your client's sense of possibility for resolving their problems.

Remember, this work only *works* if you don't work too hard. The sides of the body can be quite sensitive—from the iliotibial band (and for some people, even the peroneals) all the way to the base of the skull. Some clients may feel vulnerable or self-conscious, particularly around the hips and up to the lateral edge of the breast tissue. All that to say: proceed with care.

In my continuing education workshops, I teach the concept of pouring, rather than pushing, to ensure a contact that is full of care. A stroke that is fluid, rather than forceful, and that pours into the client rather than pushes the client, begins by placing your feet and your whole body in the direction you want the stroke to go. Then, you can generate whatever pressure the client needs merely by leaning your hips away from the client (Opposite-Side Lean) or toward the client (Same-Side Sink). Your actual point of contact—whether thumbs or fingers or elbows—is just a manifestation of what the hips are doing. In other words, think of your hands as delivering the stroke to the client, but not creating the stroke.

This concept can help counteract one of our most common downfalls as therapists: working too hard, and in particular, holding unnecessary tension in our own fingers and forearms. This excess tension is instantly, if not always consciously, felt by our clients—especially when we are working the sides of the body. A hand that is clenched like a claw around the ribs, or a thumb digging into the iliotibial band, will feel pokey and invasive; the client will spend the rest of the session guarding against our touch, unconsciously wondering when and where we are going to attack next. Instead, our point of contact should be as floppy as possible, doing just the minimum necessary to engage the tissue. With that relaxed contact, we encourage the client to let go of the guarding instinct, and remind them of their capacity to melt.

## AWARENESS IS THE KEY

When we succeed in muscling as little as possible, and contact these tender areas with a gentle confidence, the benefits can be profound. We can work exactly as deep as the client needs, because the client is working with us, rather than bracing against our efforts. And when we work in concert with the client, rather than forcing change, we give the client the ability to feel the musculature unsticking, or ungluing, from the surrounding structures—a rare feeling, especially in these lateral parts of the body that hardly get touched.

Ultimately, attending to the sides in this way allows us to dramatically increase and deepen the client's somatic awareness, showing them how their tissues can move in multiple directions. When we work the sides, our client becomes aware of an area of the body they *never* think about and becomes differently aware of those areas of tension that they are *always* thinking about! Thus, by focusing not just on the client's pain and tension, but on their body as a three-dimensional whole, we enlarge their felt experience of daily life.

Addressing the sides of the body will, quite literally, broaden your work. And it can liberate both therapist and client from the routines that we as therapists get stuck in, from those perpetually cranky areas that our clients get stuck in, and from the limited perceptions of our bodies that we all get stuck in. **m&b**

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