NANDU NAI LEARNING

Massage Therapist

Salon textbook

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English

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This textbook is for salon therapists who provide professional relaxation and therapeutic massage. It covers the practical basics: obtaining consent, draping so the client stays covered, using the one-to-ten pressure scale, and performing the five Swedish stroke families, effleurage, petrissage, friction, tapotement, and vibration. It then sets out how to plan a sixty-minute full-body session and a thirty-minute back and shoulder session with the clock shares written down, how to work with desk workers and how to avoid grinding the spine, and how to run a seated head and scalp routine. Later chapters cover linens, oil, and hygiene; a twenty-minute foot and lower-leg sequence with the cautions that feet require; the medical conditions that need clearance before any work, including uncontrolled blood pressure, heart disease, cancer treatment, and osteoporosis; and what a client should feel afterwards, including the difference between ordinary soreness and a warning sign. It also states the limits of the role. Massage is not a treatment for disease, some clients must be referred rather than massaged, and a therapist who is not trained for a technique or a client group should say so and refer. Every chapter ends with salon examples and a specific caution that show how the rules apply in a real room. The book assumes the therapist works within local licensing, insurance, and salon policy, and it does not replace hands-on training with a qualified instructor.

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CHAPTER 1

Consent, Draping, and the Pressure Scale

The conversation before the first touch

A session starts in the waiting area, not on the table. Greet the client by name, check how to pronounce it, and lead them to a private room rather than discussing their body in a corridor. Ask an open question about what brought them in, then let them finish without interrupting. The reason behind the booking matters more than the service name on the screen: a stiff neck after a long journey, a month of broken sleep, a shoulder that aches by four in the afternoon. Repeat back what you heard in one sentence so the client can correct you. Silence while they think is useful, so resist filling it with a list of techniques.

Explain the plan in ordinary words before anything is removed. Name the areas you intend to work, the order you will work them in, and how long each part will take. Say that the client keeps their underwear on and that a sheet covers them throughout, with only the area being worked left uncovered. Set out the pressure scale from one to ten and say that five is firm and comfortable. Ask what pressure they usually like and whether they have had a massage before. If they have, ask how they felt the next day, because that answer tells you more than any form.

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Consent is a conversation that continues for the whole session, not a signature collected at the desk. A signed form records that information was given; it does not tell you how the client feels ten minutes later, when a hand moves to a new area or the pressure rises. Check again at each transition, before turning the client over, and before any work on the abdomen, the face, the feet, or the front of the shoulder. Silence is not agreement. If the client hesitates, offer a smaller choice: keep the area covered, use lighter pressure, or skip it and spend the time elsewhere.

Say the limits out loud, once, at the start. This is a professional massage service: no breast massage, no genital massage, and no work under the underwear. The client stays draped, and the drape is not moved to save time. If a client asks for anything sexual, refuse in one short sentence, stop the session, and do not negotiate, joke, or explain at length. If they withdraw consent for an area, stop that part at once and continue only with what is still agreed. Write down what was agreed, including any area the client asked you to avoid, so the next therapist respects it too.

- 1. Greet the client, confirm the booking and the length, and take them to a private room.
- 2. Ask what they want from the session, in their own words, and let them finish.
- 3. Ask about health conditions, injuries, medicines, allergies, pregnancy, and recent surgery.
- 4. Explain which areas you will work, in what order, and roughly how long each will take.

- 5. Explain that underwear stays on and that the sheet covers them except for the area being worked.
- 6. Define the one-to-ten pressure scale, with five as firm and comfortable, and ask what they prefer.
- 7. Ask where they do not want to be touched, and write the answer on the record.
- 8. State the fixed limits: no breast massage, no genital massage, no work under the underwear.
- 9. Say that they can stop, skip an area, or ask for less pressure at any moment, without explaining why.
- 10. Get a clear yes before you leave the room, and check again whenever the plan changes.

> **Salon example**
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> Meera books sixty minutes after a week of long office days. At the counter she mentions a sore shoulder and says little else. In the room the therapist asks what she hopes to feel when she leaves and whether a doctor has looked at the shoulder. Meera explains that she fell two months ago, that an X-ray showed no fracture, and that the ache has been steady since. The therapist repeats the plan: back, shoulders, and neck first, then legs, arms, and a quiet finish, with the undergarments kept on and the sheet covering everything except the part being worked. Meera asks to skip her feet and to avoid the left side of her neck. The therapist writes both on the intake sheet, reads them back, and explains the pressure scale. Meera chooses five. The therapist leaves the room so she can undress in private and knocks before returning. Halfway through, when the work moves to the neck, the therapist repeats the note about the left side and stays on the right. Meera leaves relaxed and books again with the same two requests on file.

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> **CAUTION**
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> A signature on a form records information; it never replaces asking again when the area, the pressure, or the plan changes.

Draping that keeps the client covered

Draping is consent made visible. The client stays covered by a sheet or a large towel for the whole session, and only the area being worked is uncovered. Breasts and genitals are never exposed and never massaged. Use fabric wide enough to cover the whole body with something to spare, tuck it under the far side of the mattress, and fold it back in a clean straight line instead of dragging it across the client. When you work a leg, expose that leg only, from hip to foot, and re-cover it before you move to the other side. If the client shivers, add a blanket before continuing rather than rubbing harder to warm them.

Good draping is also a matter of movement. Ask the client to turn while the sheet is held, or hold the sheet yourself and let them roll beneath it. Never ask a client to move a towel for you or to hold fabric in place. Work around the sheet rather than pushing it aside, and position your own body so you are not leaning across exposed skin that you are not working. Keep the drape over the chest when you work the abdomen, the hip, or the upper leg. The gluteal area is worked only if it has been agreed,

only through the sheet, and never under the underwear. If the sheet slips, stop, replace it, and carry on without a comment that draws attention to the mistake.

Offer clothing choices rather than assuming one. Some clients are comfortable with underwear; others prefer shorts, a gown, or a full set of loose clothes. A client who keeps more clothes on can still receive excellent work on the back, shoulders, neck, arms, hands, feet, and scalp. Say this clearly, because many first-time clients worry that refusing to undress means refusing the massage. Have clean shorts and gowns available in more than one size, and mention them before the client undoes anything. The choice belongs to the client, and it can change between sessions or halfway through one. Clients notice this preparation even when they cannot name it, and it removes the small anxiety that makes a first session feel unsafe.

Draping fails in small, ordinary ways: a sheet that is too short, a room that is too cold, a therapist who reaches across the body, a towel that is thin when the light is bright. Check the linen before the client arrives, and check the room temperature. Keep a spare sheet and a blanket within reach. When the client turns over, hold the sheet up as a screen and look away until they are settled. None of this is fussy. A client who feels covered stops monitoring the drape and starts to relax, and relaxation is the whole point of the service.

- 1. Put a clean, wide sheet on the table before the client enters, with a spare sheet and blanket within reach.
- 2. Explain the drape and the clothing choice before the client undoes anything.
- 3. Leave the room while the client undresses, and knock before you return.
- 4. Fold the sheet back only as far as the area you are working, and never further.
- 5. Expose one limb at a time, and re-cover it before starting the next area.
- 6. Tuck the sheet under the far edge of the mattress at the shoulder, the hip, and the feet.
- 7. Hold the sheet as a screen when the client turns over, and look away until they are settled.
- 8. Keep the chest covered during abdominal, hip, and upper-leg work.
- 9. Work the gluteal area only if agreed, only through the sheet, and never under the underwear.
- 10. Replace a slipped drape at once, without commentary, and continue only when the client is covered.

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Salon example

Ravi comes for his first massage and admits at the door that he is nervous about undressing. The therapist explains that he can keep his shorts on, that his chest will stay covered, and that only his back will be uncovered at first. Ravi lies face down and the therapist folds the sheet to the base of his spine, tucking the upper edge firmly under the far side. When it is time for his legs, the therapist covers his back again before folding the sheet down from the waist, and works one leg at a time. Ravi turns over beneath the sheet while the therapist holds it as a screen. At no point are his chest or groin exposed. During the neck work the sheet slips from his shoulder; the therapist stops, replaces it, tucks it again, and resumes without making him feel awkward. Afterwards Ravi says the covering was the reason he could relax enough to notice the effect. The therapist records his preference for shorts and a warm room. He also asks for a warmer blanket on the legs, which the therapist notes for next time.

CAUTION

No breast massage and no genital massage. These are fixed professional limits, not preferences that a booking, a tip, or a request can change.

The pressure scale from one to ten

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Pressure is described on a scale from one to ten, and the numbers only work when both people mean the same thing. One is a light touch that barely moves the skin. Three is comfortable and calming. Five is firm, the pressure most clients call good during a full-body massage. Seven is strong and may suit a tight shoulder for a short period. Nine or ten is sharp, breath-taking pressure that has no place in a relaxation session. Explain these anchors before you begin and ask for a number once your hands are working, not while the client is still standing in their coat.

Pressure is not a test of endurance. Some clients believe they must ask for ten to get their money's worth, and some therapists believe deeper is always better. Neither is true. Different areas tolerate different pressure: the upper back may accept a seven while the front of the neck accepts a two, and the shin accepts less than the thigh. Slow, broad pressure often feels deeper than fast, sharp pressure, so adjust speed and contact area before you add force. Watch the breath, the jaw, the hands, and the feet. If the breath becomes shallow or the fingers curl around the edge of the table, reduce at once and ask what changed.

Ask for a number at the start of each new area and after the first minute of deeper work. Repeat the number back so the client knows you heard, and then act on it. If they ask for more, increase gradually and check again rather than jumping two levels. If they ask for less, reduce immediately and do not ask twice whether they are sure. A client who says the pressure is fine while holding their breath is not giving useful information; the body is answering a different question. Trust the body, and give the client credit for noticing the difference when you name it.

The scale also covers what you will not do. You will not go deeper than the agreed number because the tissue feels tight, because the client is quiet, or because you think they can take it. You will not use elbows, knees, or body weight to deliver a ten when the booking asked for a relaxing five. If a client

wants work that is beyond your training or beyond what the tissue safely accepts, say so plainly and offer what you can do. Pressure is a service the client chooses, not a performance the therapist wins. A number is a request, not a challenge, and the therapist who treats it that way keeps the client's trust for years.

- 1. Define the anchors before the session: one is light, three is calming, five is firm, seven is strong, ten is sharp.
- 2. Ask for a starting number before your hands touch the skin, and note it.
- 3. Begin one level below the requested number and build up over the first minute.
- 4. Check the number at the start of every new area, and after any change of stroke.
- 5. Repeat the client's number back so they know you heard it.
- 6. Change speed and contact area before you change force.
- 7. Reduce pressure at once if the breath shortens, the jaw tightens, or the hands grip.
- 8. Use different numbers on different areas of the same body, and say so.
- 9. Refuse to exceed the agreed number just because the tissue feels tight.
- 10. End every area at a lower number than you used in the middle of it.

> **Salon example**
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> Anjali asks for deep pressure because she sits at a desk all day. The therapist explains the scale and starts at four on her upper back. Anjali says it feels good and asks for more, so the therapist moves to five, then six, checking after each change. At six she is quiet and breathing slowly. When the therapist moves to the front of her neck, the same pressure makes her lift her chin and hold her breath. The therapist drops to two without being asked and says what she noticed. Anjali admits that the lighter touch is comfortable and the stronger one felt sharp rather than satisfying. The therapist stays at two for the neck, returns to six on the upper back, and finishes the shoulders at four. At the end, Anjali says she had assumed deep pressure everywhere was the goal. The therapist explains that the goal is useful pressure the body accepts, not the highest number on the scale. She adds that the neck is a place where the same number always feels stronger, and that this is normal rather than a failure of nerve. Anjali says she will ask for two on the neck next time from the start.

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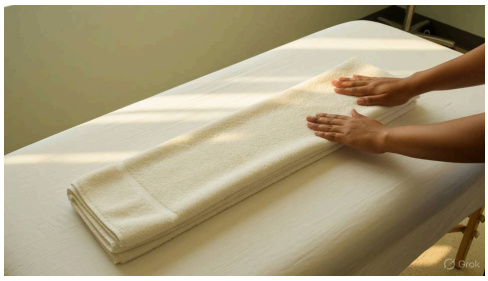
CAUTION

Sharp, burning, numb, or tingling sensations are not signs of good work. Stop, change the stroke, and reassess before continuing.

CHAPTER 2

Swedish Strokes and When to Use Them



Effleurage and petrissage

Effleurage is the gliding stroke that opens and closes most sessions. The hands stay in contact with the skin, palms and fingers relaxed, and the stroke follows the shape of the muscle rather than crossing bone. Light effleurage warms the tissue and lets the client grow used to touch. Firmer effleurage, moving toward the heart, helps return fluid and prepares an area for deeper work. Keep the rhythm even, keep one hand on the body while the other re-oils, and let each stroke fade at the end instead of lifting abruptly. On dry or hairy skin, use enough oil to glide without pulling, and check that the client is warm before you settle into a slow rhythm.

Petrissage is the family of kneading strokes that lift, squeeze, and roll soft tissue. The hands work in opposition: one lifts the muscle while the other presses, or the fingers and thumb roll the skin over the tissue beneath. Use it on large, fleshy areas such as the upper back, the thighs, and the calves. Keep the movement slow, keep the whole hand in contact, and avoid pinching with the fingertips. Petrissage suits tissue that feels thick or guarded, but it is not appropriate over inflamed joints, varicose veins, bruises, or recent injuries. Return to effleurage after every sequence so the change of stroke is smooth rather than abrupt.

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The two strokes work as a pair. Effleurage spreads oil, warms the skin, and gives you a chance to feel where the tissue is dense. Petrissage then works that density, and effleurage closes the area and carries the client into the next one. If you knead first, the skin is dry and the client tenses. If you never knead, the session stays pleasant but superficial. The usual pattern is two or three minutes of effleurage, several minutes of petrissage in the places that need it, then effleurage again. Listen for the change in breathing: a good kneading sequence usually slows it, while a bad one makes it catch.

Both strokes need care around landmarks. Work along the muscle belly, not across the bony ridge of the shoulder blade or the crest of the hip. Near the spine, keep the contact broad and stay on the muscle, never on the vertebrae. On the leg, avoid pressing directly on the shin bone and on the back of the knee. On the arm, avoid the inner elbow and the armpit. These limits are not obstacles to good work; they are the map that tells you where the work belongs. A therapist who knows the map can be firm and safe at the same time.

- 1. Confirm consent for the area, and check that the drape exposes only that area.
- 2. Warm a small amount of oil between your palms, never pour it onto the client.
- 3. Begin with slow effleurage over the whole area for two to three minutes.
- 4. Ask for a pressure number once the first strokes have settled.

- 5. Add petrissage on the thickest part of the muscle, lifting rather than pinching.
- 6. Keep one hand in contact whenever the other hand leaves the body.
- 7. Avoid bone, the front of the neck, the armpit, the inner elbow, and the back of the knee.
- 8. Check the skin for heat, redness, or bruising before you increase depth.
- 9. Return to effleurage for a minute to close the area.
- 10. Re-cover the area before moving on, and record the pressure used.

Salon example

Farah comes in with a heavy, tired feeling across her upper back after months of carrying a small child. The therapist begins with three minutes of slow effleurage over the whole back, using flat palms and a little extra oil warmed between the hands. The skin warms and Farah's breathing slows. The therapist then works the upper back with petrissage, lifting the muscle between both hands and squeezing gently, moving from the shoulder blade toward the spine but never onto it. Farah says the kneading feels satisfying but a little strong near the left shoulder. The therapist reduces the squeeze, checks the number, and adds effleurage between passes. Over the next few minutes the tissue softens and the left side stops guarding. The sequence ends with long, light strokes from the neck to the waist. Farah says the area feels lighter and that she can turn her head without the usual pull. The therapist notes the pressure number and the area that softened, so the next session can begin with a plan instead of a guess. Farah books a follow-up in two weeks.

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CAUTION

Do not knead over varicose veins, bruises, inflamed joints, or skin that is hot and swollen. Work around them and note the finding.

Friction and vibration

Friction is a family of small, focused movements. Circular friction uses the fingertips or thumb pads to move the skin over the tissue beneath; transverse friction works across the fibres of a tendon or a tight band. Both are useful on the shoulders, the base of the neck, and around the shoulder blade, where larger strokes cannot reach. Keep the pressure steady and the movement small, and ask about the sensation rather than assuming it is welcome. Friction can feel warm and productive, or sharp and irritating. Stop if it feels sharp, and work in short periods of twenty to thirty seconds, smoothing the area with the palm afterwards.

Friction has limits. Do not use it on bony points, fresh scars, inflamed skin, varicose veins, or an area that is bruised. Do not use it to break down tissue or to create a sensation of pain that the client must endure. The useful question is whether the area feels warmer and freer afterwards, not whether it hurt at the time. If the skin becomes hot, red, or tender, stop and change to a broader stroke. If the client reports tingling or numbness, stop entirely and reassess, because those are nerve signs rather than muscle signs. Keep your nails short and your pads soft, because friction with a hard fingertip feels like a scrape rather than a stroke.

Vibration and rocking are light, repetitive movements that settle the nervous system. The hand or fingers tremble quickly over the tissue, or the forearm rocks the client's back in a slow rhythm. Vibration is useful at the end of a session, on the scalp, and over a muscle that is guarding. It should feel soothing, never ticklish or jarring. Keep the wrist loose and the shoulder relaxed, because tense hands tire quickly and transmit tension rather than release. Rocking through a towel or sheet spreads the movement without direct skin contact, which suits clients who find light touch over-stimulating. Note what you find and tell the client, because a small change in the skin is information that belongs in the record.

Use vibration briefly and with a purpose. Ten to twenty seconds over a guarded area, then a slow stroke, then a check-in. Avoid strong vibration over the spine, the kidneys, the abdomen during pregnancy, and any area that has just been injured. Some clients find vibration unpleasant or dizzying, so ask first. If the client laughs, flinches, or pulls away, the movement is too light or too fast for them; change it rather than persisting. A calm finish is worth more than an impressive technique. A minute of rocking can do more for a guarded shoulder than several minutes of firm pressure, and it costs the therapist far less effort.

- 1. Confirm that the area has been agreed and that the skin is intact, with no bruise, rash, or swelling.
- 2. Warm the area with effleurage before any friction.
- 3. Use the thumb pad or fingertips, moving the skin over the tissue rather than sliding over it.
- 4. Keep each friction pass to twenty or thirty seconds, then smooth the area.
- 5. Ask whether the sensation is warm or sharp, and stop if it is sharp.
- 6. Avoid friction on bone, fresh scars, varicose veins, and inflamed skin.
- 7. Introduce vibration only after explaining it and getting agreement.
- 8. Keep the wrist loose, the shoulder relaxed, and the movement small.
- 9. Use vibration for ten to twenty seconds, then return to a slow stroke.
- 10. Avoid strong vibration over the spine, the kidneys, and the pregnant abdomen.

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> **Salon example**
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> Karan works at a laptop for nine hours a day and points to a spot at the top of his right shoulder. The therapist looks at the area and finds a tight band but no swelling, bruise, or rash. After warming the back with effleurage, the therapist uses circular friction with the thumb pad for about twenty seconds and then smooths the area with the palm. Karan says the spot feels warm rather than sharp. The therapist repeats the friction twice more, checking after each pass and keeping the drape over his back except for the strip being worked. When the band begins to soften, the therapist switches to slow rocking through the sheet, moving the whole shoulder gently for a minute. Karan's breathing deepens and his jaw loosens. The session ends with a few seconds of light vibration over the upper back and a long effleurage stroke to the waist. Karan says the spot is still there but no longer catches when he turns his head. He books again for the same shoulder and asks for the rocking at the end, which the therapist adds to his notes. The tight band is still present on the second visit, but Karan can point to it without wincing.

CAUTION

Stop friction if the skin becomes hot, red, or painful, or if the client feels sharp burning or tingling. Those are stop signs, not progress.

Tapotement and choosing the right stroke

Tapotement is a group of brisk, percussive strokes: cupped hands, loose fists, and the edges of the hands. The wrists stay relaxed and the movement comes from the forearm, so the sound is soft and the impact is light. Use it briefly on the upper back, the shoulders, and the thighs, usually near the end of a session when the client wants to feel alert. It is not a way to deliver force, and it is not a substitute for depth. Avoid tapotement over the kidneys, the spine, bones, the abdomen, and on anyone with osteoporosis, easy bruising, a bleeding disorder, or recent surgery. Many relaxation clients dislike it, so ask first and accept a no without comment.

Strokes are chosen for a purpose, not performed as a fixed routine. Start with effleurage to spread oil and warm the skin. Add petrissage where tissue is thick and needs to be moved. Use friction on small, stubborn areas such as the top of the shoulder. Use vibration or rocking when the client needs to settle rather than to be worked. Use tapotement only when the client wants stimulation and the area is safe. Then return to effleurage to close. The order matters less than the response: if a stroke makes the client brace, change it rather than repeating it more firmly.

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A good sequence feels continuous. There are no sudden changes in speed, pressure, or contact, and the client is never left uncovered or untouched for long. Plan the transitions as carefully as the strokes: finish an area with a slow stroke that ends where the next area begins, and keep one hand on the body while the other reaches for oil or a towel. If you must step away, cover the client first and tell them what you are doing. The clock matters, but continuity matters more, because a session that stops and starts feels shorter and less settling than one that flows.

Choose the stroke that fits the tissue in front of you. A broad, flat hand suits a large back; fingertips suit the base of the skull; a forearm suits a thigh when your hands are tired. The same pressure delivered through a small point feels sharp, while through a broad surface it feels calming. When in doubt, go broader and slower. This is also how you protect your own body: relaxed shoulders, soft knees, and a stance that lets your weight move rather than your hands push. A therapist who is braced cannot deliver a relaxed stroke, and the client feels the difference immediately.

- 1. Ask before tapotement, and accept a refusal without trying to persuade.
- 2. Keep the wrists loose and let the forearm produce the movement, not the shoulder.
- 3. Use cupped hands over the upper back and the outsides of the shoulders for no more than a minute.
- 4. Avoid percussion over the spine, the kidneys, bones, the abdomen, and the neck.
- 5. Skip tapotement entirely for osteoporosis, easy bruising, bleeding disorders, and recent surgery.
- 6. Follow percussion with slow effleurage so the finish is not abrupt.
- 7. Match the stroke to the tissue: broad for large areas, small and precise near the skull.
- 8. Keep one hand in contact during every transition, and cover the client if you step away.

- 9. End each area at a slower speed and a lower pressure than you used in the middle.
- 10. Judge the sequence by the client's breathing and movement, not by the recipe.

Salon example

Neha books a massage before a long drive and says she wants to feel awake afterwards. The therapist plans a session that stays calming for most of the hour and adds a short, brisk section at the end. After working the back and shoulders with effleurage and petrissage, the therapist asks whether Neha would like some light percussion and explains what it involves. Neha agrees. The therapist uses cupped hands over the upper back and the outsides of the shoulders for about a minute, keeping the wrists loose and the sound soft. Neha flinches once when the hands come close to her spine, so the therapist moves outward, shortens the sequence, and does not return to the centre. The session closes with slow effleurage from the neck to the waist and three quiet breaths with both hands resting on her shoulders. Neha leaves alert but not jangled, and says the percussion was the right amount because it stopped early. The therapist notes that Neha likes a stimulating finish but not near the spine, and plans the next session around that preference. Neha also asks for a shorter neck segment next time, because the drive will start sooner than she expected.

CAUTION

Percussion is not a substitute for depth. If tissue needs deeper work, use slower, broader strokes rather than hitting harder.

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CHAPTER 3

Clock Plans for Sixty and Thirty Minutes

Building the sixty-minute full-body plan

A sixty-minute appointment is not sixty minutes of massage. Allow about five minutes at the start for the intake, undressing, and settling under the sheet, and five minutes at the end for dressing, water, and aftercare. That leaves roughly fifty minutes of hands-on work. Plan the clock before the client arrives, then adjust to what you find. A common full-body plan is twelve minutes on the back and shoulders, ten on the back of the legs, eight on the arms and hands, eight on the front of the legs, six on the neck and scalp, and four on the feet, with two minutes held back for the turn and for settling. Write the plan where you can see it without turning your back on the client.

The clock is a guide, not a ruler. If the shoulders are the reason the client came, give them fifteen minutes and shorten the arms. If the client is cold, add a blanket and a minute of back work rather than rushing the legs. If the client has a foot phobia or a recent ankle injury, drop the feet and give the time to the neck. Keep a clock in view, but do not stare at it. Learn what five minutes of effleurage feels like in your hands so you can pace without checking. The aim is a session that feels unhurried even when the plan changes.

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Work in blocks, not in a scatter of small pieces. Finish the back before you move to the legs, and finish one leg before starting the other. A half-worked area feels worse than a skipped one, because the client is left aware of an unfinished job. When you turn the client over, that is one turn, not three; plan the front of the body so you do not need to keep repositioning. Leave the last five minutes for the neck, the scalp, and a quiet close, so the client does not leave the room in a hurry with oil on their shoulders and no idea what was done.

Protect the intake even when the clock is tight. Five minutes of questions is what keeps the session safe: it finds the recent surgery, the blood thinner, the pregnancy, the calf that has been swollen since a flight. If the client arrives late, shorten the massage and say so, but do not shorten the questions. Write the timed plan in the record, along with any change you made and why. A plan on paper is also a defence when a client asks why their feet were not worked, and it makes the next session easier to build. Keep the pad with the plan on it beside the oil, so the timings are visible at a glance rather than stored in your head.

- 1. Reserve five minutes at the start for intake and settling and five at the end for dressing and aftercare.
- 2. Confirm consent, the areas to be worked, and the pressure number before the clock starts.
- 3. Check the drape is secure and the room is warm before the first stroke.

- 4. Spend two minutes on contact and slow effleurage over the back to settle the client.
- 5. Give the back and shoulders twelve minutes, including petrissage and work beside the spine.
- 6. Give the back of the legs ten minutes, one leg at a time, re-covering each as you finish.
- 7. Give the arms and hands eight minutes, then the front of the legs eight minutes if agreed.
- 8. Give the neck and scalp six minutes and the feet four minutes, and skip any area the client declines.
- 9. Hold two minutes for the turn and for smoothing each transition with effleurage.
- 10. Close with two minutes of quiet contact, then step away and let the client sit up slowly.

Salon example

Sana arrives on time for sixty minutes and says her lower back and shoulders are both tight. The therapist confirms the plan, agrees a pressure of five, and writes the timings on the pad by the table: twelve minutes for the back and shoulders, ten for the back of the legs, eight for the arms, eight for the front of the legs, six for the neck and scalp, four for the feet, with two minutes held for the turn and the close. Sana mentions that her feet are sensitive, so the therapist cuts the foot segment to two minutes and gives the extra time to the lower back. At the halfway point the clock shows twenty-five minutes of work left. The back is finished and one leg is done. The therapist shortens the arms to five minutes and keeps the neck segment intact, because Sana mentioned headaches. The front of the legs is trimmed by three minutes, and the session still ends on time with a slow neck and scalp finish. The therapist records the changes next to the original plan.

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CAUTION

If the appointment starts late, shorten the massage, not the intake. A rushed intake misses the information that keeps the session safe.

The thirty-minute back and shoulder plan

The thirty-minute back and shoulder session is the most requested short appointment in most salons. Use three minutes for intake and settling, about fifteen minutes on the back, eight on the shoulders and neck, and four minutes to close, which leaves roughly twenty-seven minutes of hands-on work. Begin with broad effleurage over the whole back for two minutes, then work the side that feels tighter. Spend time on the upper trapezius, around the shoulder blade, and on the muscles beside the spine, but keep the spine itself free of direct pressure. Finish with slow strokes from the neck to the lower back, then hold the shoulders for a few breaths. Ask the client to turn only if you need the front of the shoulder.

A short session works best when it has one clear focus. Ask the client to name the area that bothers them most and agree that the other areas will receive only light work or none at all. If the pain runs down the arm, ask about numbness and weakness before you begin, and refer rather than treating it as a tight muscle. Do not try to cover the whole body in thirty minutes; the result is a rushed, slippery

session that helps no one and leaves the client feeling handled rather than treated. One area worked well is a better service than five areas skimmed.

Set up so that no time is lost. Have the oil, a towel, and a clock within reach before the client lies down. Warm the room, put a pillow under the knees, and adjust the face cradle so the neck is not twisted. Know your order in advance: back, then shoulder blades, then trapezius, then neck, then a short scalp finish if the client wants it. If the client arrives late, shorten the session rather than the intake, and say clearly how much time remains. If they arrive early, offer a few extra minutes on the neck rather than starting the deep work sooner.

The thirty-minute format is also a good place to teach the client something small. Show one stretch for the upper back or the front of the chest, and keep it simple enough to do at a desk. Do not build a rehabilitation programme or promise that the tightness will not return. Record what you worked, the pressure, and anything the client reported. If the same shoulder is the complaint every month and the work never holds, say so and suggest a medical or physiotherapy review rather than quietly booking another session. That conversation is part of the service, and it is often the reason the client books the short session again.

- 1. Confirm the booking length, the main area, and the pressure number before the client undresses.
- 2. Explain the drape and that only the back and shoulders will be uncovered.
- 3. Settle the client face down with a pillow under the knees and the face cradle adjusted.
- 4. Spend two minutes on broad effleurage over the whole back to warm the skin.
- 5. Ask which side feels tighter, then give that side more time rather than equal time.
- 6. Work the upper back with petrissage for five minutes, keeping the contact broad.
- 7. Work between the shoulder blades on the muscles beside the spine, never on the vertebrae.
- 8. Give the upper trapezius six minutes, one side then the other, checking the pressure.
- 9. Give the neck four minutes with the head supported, and avoid the front of the neck.
- 10. Finish with a brief scalp stroke, one minute of quiet contact, and clear aftercare advice.

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Salon example

Vikram has thirty minutes between meetings and asks for his usual back and shoulder work. The therapist confirms that the upper back and neck are the priority and that the legs and feet will be skipped. Vikram says the pressure should be six, and the therapist repeats the number back. He lies face down, and the therapist spends two minutes with broad effleurage, then works the right side more deeply because Vikram carries his bag there. The therapist spends five minutes around the right shoulder blade with slow petrissage and a little friction on the top of the shoulder, checking after each pass. The left side gets lighter work. With eight minutes left, the therapist moves to the neck with the head supported and keeps the pressure at four, then returns to long effleurage over the whole back and holds both shoulders for three breaths. Vikram leaves on time and says the session did not feel shortened. The therapist records the pressure and the bag habit, and suggests he switch shoulders during the week. He also asks whether the therapist can show him a stretch for the front of the shoulder, and she demonstrates one slow movement he can do at his desk without holding it for a long count.

CAUTION

Do not promise a full-body massage in thirty minutes. Say clearly what you can do well in the time available, and offer the longer booking.

Adapting when the clock slips

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Plans change once your hands are on the body. The client may arrive with a headache, a new bruise, or a request to avoid a leg. The room may be cold, the client may be late, or the previous appointment may have run over. Decide what to drop before you start, and tell the client what you are changing. If you lose ten minutes, cut the feet, the abdomen, and one arm first, not the area they came for. Never rush strokes to catch up; fast, light work feels anxious and leaves the client vaguely unsatisfied without knowing why. If the session must be shorter, say so at the start and offer to focus on one region well.

The next client matters as much as this one. Running over by fifteen minutes steals time from someone who booked and paid for a full session, and it pushes the whole day later. Keep a visible clock and give yourself a two-minute warning before the close. If you are behind, tell the reception desk so the waiting client can be informed rather than left guessing. Do not make the current client feel guilty for the delay, and do not hurry their aftercare to make up time. A calm, honest explanation at the desk is better than a silent wait. A client who is told the truth at the start can decide what matters to them, and most choose the area they came for.

Record the plan and the changes in the client's notes. Note the areas worked, the pressure used, any area avoided, and anything the client reported afterwards. These notes help the next therapist and protect you if a question arises later. They also reveal patterns: a client who always asks for the same shoulder may need a medical opinion rather than another hour of pressure. Keep the notes factual and brief. Write that the client reported numbness in the right hand for two minutes, rather than that the client was difficult. If something worries you, say it plainly to the client and suggest a doctor.

Some sessions should be stopped rather than shortened. If the client becomes dizzy, nauseated, or tearful, or reports a new sharp pain, stop and deal with that first. Offer water, let them sit, and do not restart the clock as though nothing happened. A session that ends ten minutes early because the client felt unwell is a professional session; one that continues because the time was booked is not. The same applies to a client who is intoxicated, feverish, or has a hot swollen calf: the plan is irrelevant once a stop rule applies. Write the time of the stop and the reason, because the record is the only account anyone will have later.

- 1. Check the clock at the start and name the finish time to the client.
- 2. If time is short, say what you are dropping before you begin rather than silently skipping.
- 3. Cut peripheral areas first: feet, abdomen, one arm, and the second leg.
- 4. Keep the intake and the consent check even when the massage is shortened.
- 5. Do not speed up strokes to cover more ground; slow work is safer and feels longer.
- 6. Keep a two-minute warning before the close so the finish is not abrupt.
- 7. Tell the desk if you are running late, so the next client is informed.
- 8. Never take time from the next booking to finish this one.
- 9. Record the areas worked, the pressure, the avoided areas, and the reason for any change.
- 10. Stop the session rather than shortening it if a stop rule applies.

Salon example

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The previous appointment runs fifteen minutes over and Priya is waiting for her sixty-minute session. The therapist apologises at the door, explains that the massage will be forty-five minutes, and offers to focus on her back and shoulders or to rebook at no charge. Priya chooses to continue with the shorter session. The therapist drops the feet, the abdomen, and one arm, and keeps the back, neck, and scalp at a calm pace. She does not speed up her strokes to cover more ground, and she keeps the intake questions intact, which is how she learns that Priya has been taking a blood thinner since a procedure last month. That changes the pressure plan: the work stays broad and no deeper than five. At the end she records the shortened areas, the reason, the medication, and the pressure used on the right shoulder. Priya books a longer session for the following week and says she appreciated being told at the start rather than discovering it halfway through. The therapist also tells the desk that the next booking needs a longer gap, so the same delay does not repeat itself in the afternoon.

CAUTION

Do not silently steal time from the next client. A late finish creates pressure that carries into the rest of the day and the rest of the week.

CHAPTER 4

Seated Head and Scalp Massage

Setting up seated work

Seated head and scalp massage is done with the client fully clothed, in an ordinary chair or a massage chair, and it needs no oil unless the client asks for a scalp treatment. Ask about neck injuries, recent accidents, dizziness, headaches, and scalp conditions before you begin. Place the client so their feet rest flat and their back is supported. Stand behind or beside them, keep your own back straight, and adjust the chair height rather than bending over. Explain that you will work on the scalp, temples, forehead, and the base of the neck, and that they can stop at any time. Tie back long hair only with their permission, and use a clip rather than a band that pulls.

The room matters more than the technique in seated work. A busy salon floor is noisy, so choose a corner away from dryers and conversation, or book a quiet ten minutes. Lower the light if you can, or turn the client away from a bright mirror. Keep your voice low and your movements calm, because the client is sitting upright with their eyes open and can see everything around them. Wash your hands where the client can see you do it, and keep your nails short. If the client is wearing makeup, ask before working the forehead, and use a light touch that does not drag the skin.

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Seated work has its own screening. A recent whiplash, a fall, or neck pain with numbness, weakness, or loss of coordination is a reason to stop and refer, not a reason to work more gently. Dizziness, double vision, difficulty speaking, or a sudden severe headache needs medical assessment. Ask about high blood pressure that is not controlled, recent head or neck surgery, and any scalp infection, rash, or open sore. If the client is in the middle of a migraine, postpone the head work and offer a quiet room and water instead. These questions take a minute and prevent the mistakes that end careers.

Set the session up so the client does not have to hold themselves rigid. Their feet should be flat, their hips square, and their hands resting in their lap. A small cushion behind the lower back helps. Stand with one foot slightly forward, knees soft, and shoulders relaxed; if you have to stoop, raise the chair instead. Keep a towel nearby for loose hair and for oil if you use it, and keep a clock visible. Ten to twelve minutes is a full seated routine, and fifteen is a generous one. Longer than that in a busy salon usually means the therapist is filling time rather than working.

- 1. Ask about neck injury, recent falls, dizziness, headaches, blood pressure, and scalp conditions.
- 2. Confirm consent for the scalp, temples, forehead, and neck, and agree whether oil will be used.
- 3. Seat the client with feet flat, back supported, and hands resting in the lap.
- 4. Wash your hands where the client can see, and keep nails short and smooth.
- 5. Tie back long hair only with permission, using a clip rather than a tight band.

- 6. Stand behind or beside the client with soft knees and a straight back, and raise the chair rather than stooping.
- 7. Rest your hands on the shoulders for a minute and ask the client to breathe slowly.
- 8. Keep the drape, meaning a towel across the shoulders, in place if the client is cold or prefers it.
- 9. Work the muscles beside the neck, never the front of the throat or the spine itself.
- 10. Finish with a minute of still contact, then ask the client to stand slowly.

> **Salon example**
>
> Aditi comes in for a scalp massage between a haircut and a meeting, still in her work clothes. The therapist seats her in a quiet corner away from the dryers, checks that the chair supports her back, and asks about neck pain, headaches, and dizziness. Aditi says she has no injury but felt light-headed once this week after skipping lunch. The therapist brings water, suggests a shorter and gentler session, and Aditi agrees. The therapist stands behind her, keeps her own back straight, and begins with a minute of still hands on the shoulders. She works the scalp in slow circles without pulling the hair, then the temples, then the base of the skull. Aditi's shoulders drop and her breathing slows. The therapist finishes with her hands resting on the shoulders and asks her to stand slowly. Aditi says the room feels quieter than when she came in, and the therapist notes the skipped lunch and the shorter session in her record. She also asks whether Aditi would like the chair turned away from the mirror, and Aditi says yes, which makes the corner feel more private.

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> CAUTION
>
> If the client feels dizzy or faint, stop, let them sit quietly, offer water, and do not continue the session that day.

A simple seated routine

Start at the sides of the head, above the ears, and move upward with small circles. Keep the fingers slightly spread and the pressure even, as if you were washing hair without water. Work from the hairline to the crown, then from the crown to the base of the skull. Use the thumbs on the ridge at the back of the head, pressing slowly and releasing slowly. Move to the temples and use the fingertips in gentle circles, staying away from the eye. Then place both thumbs at the inner ends of the eyebrows and slide outward with light pressure. Repeat each movement three or four times, and keep the rhythm slow enough that the client can predict it.

The face is optional and should be offered, not assumed. If the client agrees, work the jaw with light circles at the hinge, then the cheeks with flat fingers, always moving outward. Avoid the front of the throat and the area over the carotid arteries. Do not press on the eyes, and do not work inside the ears. Work around the outer ear only, and ask before you touch it. Finish with the scalp again, using broad contact, and then rest both hands on the shoulders for a few breaths. Ask the client to sit still for a moment before standing, because a sudden stand after a relaxed session can make anyone unsteady.

Pressure in seated work is usually lighter than on the table. The scalp accepts a medium pressure through the pads of the fingers, the temples accept less, and the base of the skull accepts slow thumb pressure. Ask for a number on the one-to-ten scale, and expect most clients to choose three or four. If the client asks for more, add pressure slowly and check the jaw and forehead for tension. A scalp massage is not a competition, and a hard rub leaves the client with a headache rather than a sense of calm. Keep the hair moving with your fingers rather than pulling at the roots.

The routine should feel quiet rather than busy. There is no need to fill every second with movement; a few seconds of still contact at the start, between areas, and at the end does more than another technique. If the client talks, answer briefly and let the conversation fade. If they fall silent, that is a good sign. Watch for tension in the forehead, the jaw, and the shoulders, and ease off where you see it. At the end, brush loose hair from the chair and clean your hands before the next client, because a scalp routine leaves your fingers in contact with skin and hair for the whole session.

- 1. Begin with a minute of still hands on the shoulders and slow breathing.
- 2. Work the scalp from the hairline to the crown in small circles, without pulling the hair.
- 3. Move from the crown to the base of the skull, using the pads of the fingers.
- 4. Use slow thumb pressure on the ridge at the back of the head, releasing as slowly as you press.
- 5. Work the temples with light fingertip circles, staying clear of the eyes.
- 6. Stroke the forehead from the centre outward, and only with permission.
- 7. Offer jaw and cheek work separately, moving outward, and never press the throat.
- 8. Avoid the inside of the ear, the eyes, and the front of the neck.
- 9. Keep the pressure at three or four out of ten unless the client asks for more.
- 10. Finish on the shoulders, let the client sit for a moment, and clean the chair afterwards.

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Salon example

Rohit books a fifteen-minute scalp add-on after his haircut. He has thick hair and a sensitive scalp, and he asks the therapist not to pull. The therapist begins at the sides of his head with flat fingers, using slow circles and no oil, and asks for a pressure number. Rohit chooses three. The therapist moves to the crown, then to the base of the skull, pausing at the ridge with both thumbs and releasing slowly. She asks whether the pressure is still right, and Rohit says it is. She offers face work, and Rohit declines, so she returns to the scalp with broad contact rather than trying to persuade him. She finishes with her hands resting on his shoulders for three breaths. Rohit says the room feels quieter than when he came in, and that the no-oil choice was right for his hair. The therapist brushes the chair, washes her hands, and notes that Rohit prefers no oil and a pressure of three. He books the same add-on for his next cut and asks for the same therapist, which the desk notes against his name.

CAUTION

Never press on the eyes, the front of the throat, or the carotid arteries. These are fixed limits, not areas to explore.

When to stop: acute neck injury and migraine

An acute neck injury is a reason to stop and refer, not a reason to work more gently. This includes a recent whiplash, a fall, a sports collision, or any neck pain that came on suddenly with numbness, weakness, or loss of coordination. Severe pain, dizziness, nausea, double vision, or difficulty speaking also require medical assessment. Do not massage the neck to see whether it helps. Do not move the head through its range to test it, and do not crack it. Keep the client still, offer water, and tell them plainly that they need to see a doctor or go to urgent care. Record what they reported and what you advised.

A migraine in progress is another stop sign. The client may arrive hoping that pressure will relieve the pain, but the nervous system is already overloaded. Throbbing pain, nausea, and sensitivity to light or sound mean the session should be postponed or kept extremely light and brief, away from the head and neck. A quiet room, water, and a chance to rest are more useful than massage. A headache with fever and a stiff neck, or a sudden severe headache unlike any before, needs emergency care. Do not treat these as ordinary tension headaches, and do not offer a scalp routine as a substitute for medical help.

Scalp and skin conditions also decide the plan. Ringworm, impetigo, lice, open sores, or a rash on the scalp are reasons to avoid the area and, in contagious cases, to postpone the session and clean the chair and tools. Dandruff is not contagious and does not stop a massage, but do not apply oil to a scalp that is inflamed or broken. If the client has had recent head or neck surgery, ask for the surgeon's clearance before any work near the site. A healing scar is not a place to test pressure. When in doubt, postpone and refer, and write down what you saw.

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The therapist's own limits matter too. If you are not trained in a technique that a client requests, say so and offer what you can do. If a client asks you to work on a problem that needs a diagnosis, refuse and refer. If a client becomes upset, angry, or asks for something outside the service, end the session politely and involve the salon manager. Seated work happens in public view, which makes some conversations easier and others harder; keep your language clinical, keep your hands where they can be seen, and do not continue a session that has stopped feeling professional.

- 1. Ask directly about recent falls, whiplash, and sports collisions before any neck work.
- 2. Stop if there is numbness, weakness, loss of coordination, double vision, or difficulty speaking.
- 3. Do not test neck range of motion after an acute injury, and do not crack the neck.
- 4. Postpone head work during a migraine, and offer a quiet room and water instead.
- 5. Treat a headache with fever and a stiff neck, or a sudden severe headache, as an emergency.
- 6. Avoid the scalp if there is a rash, an open sore, or a contagious skin condition.
- 7. Ask for surgical clearance before working near a recent head or neck operation.
- 8. Refuse work that needs a diagnosis, in one short sentence, and refer.
- 9. Record what you observed, what you advised, and who you referred the client to.
- 10. End the session if a client asks for anything outside a professional massage service.

Salon example

Leena arrives for a head massage and mentions that she slipped on a wet floor two days ago and her neck has been stiff since. She has no numbness, but turning her head hurts and she feels a little sick when she looks up. The therapist does not begin the scalp routine and does not test her neck. She asks a few questions, notes that the pain started after the fall, and explains that massage is not appropriate until Leena has been assessed. Leena is disappointed and asks for a light shoulder rub instead. The therapist declines to work near the injured neck but offers a hand and forearm massage while Leena sits comfortably, with her neck still. She advises a medical check the same day and gives her the clinic address the salon uses. Leena messages that evening to say the doctor found a strain and asked her to rest for a week. The therapist records the advice and the referral, and rebooks her for a scalp session a fortnight later with a note that the neck is cleared.

CAUTION

A headache with fever and a stiff neck, or a sudden severe headache unlike any before, is an emergency. Call for medical help.

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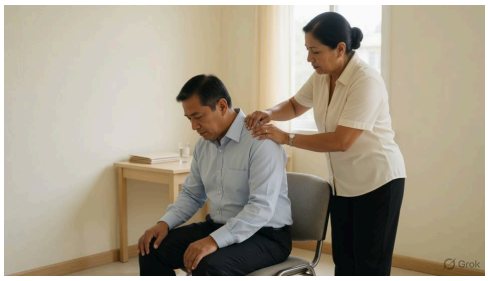
CHAPTER 5

Desk Workers: Back and Shoulders



Reading the desk-worker pattern

A desk worker often arrives with a predictable set of complaints: a heavy upper back, tight shoulders, a stiff neck, and a lower back that aches by the end of the day. Long sitting tends to shorten the front of the body and load the back. The head drifts forward, the shoulders round, and the upper trapezius and levator scapulae work hard to hold the head up. The chest muscles shorten, and the lower back takes the strain of a chair that does not fit. None of this is a diagnosis. It is a pattern to observe, describe, and work with, and the client has probably heard a different explanation from three other people already.

Ask about the working day before you touch the body. How many hours are spent sitting, how the screen is placed, whether the phone is held on one side, and whether a bag is carried on the same shoulder every day. Ask about the commute, because a long drive or a train journey with a laptop bag adds its own load. Watch the client stand and sit, and notice which shoulder sits higher or which side of the neck looks guarded. Ask them to show you where the discomfort starts and where it travels. Keep your questions inside your scope: you are gathering information for a massage plan, not testing for a medical condition.

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Compare the two sides before you decide where to spend the time. One shoulder is often higher, one forearm thicker, one side of the neck warmer to the touch. A difference in heat, colour, or swelling is a finding that changes the plan, because heat and swelling are not muscle tension. Look at the skin for a rash, a bruise, or a recent scar, and ask about any area that is tender to a light touch. If the client winces when you rest a hand on the shoulder, that is information. Do not press harder to find out how much it hurts.

The pattern also tells you what to teach. A screen that sits too low, a phone tucked between ear and shoulder, a wallet in a back pocket, a bag on one side, and no movement for three hours are all habits that recreate the tension you have just released. Mention one or two of them at the end, in plain language, without turning the session into a lecture. The client came for relief, not a posture audit. A single change that they actually make is worth more than a list of ten that they forget by Monday. Keep the advice to what the client can change this week, and let them choose which one to try first.

- 1. Ask about sitting hours, screen height, phone habits, bag side, and commute before you begin.
- 2. Confirm consent for the back, shoulders, neck, and arms, and explain the drape.
- 3. Watch the client stand and sit, and note shoulder height and head position without labelling it a diagnosis.

- 4. Compare both sides for heat, colour, swelling, and guarding before you touch.
- 5. Ask the client to point to where the discomfort starts and where it travels.
- 6. Ask about numbness, tingling, or weakness in the arms, and refer if any are present.
- 7. Check the skin for rashes, bruises, and recent scars, and avoid anything hot or broken.
- 8. Agree a pressure number for the upper back and a lower one for the neck.
- 9. Plan more time on the tighter side, but do not ignore the other side entirely.
- 10. Choose one or two habits to mention at the end, not a full posture lecture.

> **Salon example**
>
> Deepak books a massage for a burning ache between his shoulder blades. He works at a laptop on a dining table for eight hours a day and holds his phone with his left hand during calls. The therapist asks him to stand and sit, and notices that his head sits forward and his left shoulder is slightly higher. Deepak says the ache worsens after lunch and sometimes reaches his left arm. The therapist asks directly whether he has numbness, tingling, or weakness in the arm, and Deepak says no. That answer keeps the session inside the salon's scope. The therapist plans broad back work, careful shoulder work on both sides, and a short chest stretch, and explains that the left side will get more time. She also asks about his chair and screen, and suggests a stand for the laptop and switching the phone to the other ear on alternate calls. Deepak says no one has asked about the phone before. The therapist records the pattern, the negative nerve signs, and the advice, and notes that the ache reaching the arm should be reviewed if it changes.

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> **CAUTION**
>
> Pain that travels down an arm with numbness, tingling, or weakness is not a routine desk-worker ache. Refer it for assessment.

Working the shoulders and the space around the blade

Warm the whole back before you focus on the shoulders. Use broad effleurage from the waist to the neck, then work the upper trapezius with slow petrissage, keeping the pressure wide rather than pinching. The levator scapulae runs from the top of the shoulder blade to the side of the neck, and it often feels thick and tender. Work it with the flat of the hand or the thumb pad, moving along the muscle rather than jabbing into the corner of the blade. Around the shoulder blade, work the rhomboids with small circles and kneading, and keep the blade itself free of hard pressure. The space between the blade and the spine is small, so use the pads of the fingers and go slowly.

The front of the shoulder and the chest are part of the same pattern, but they need explicit consent and careful draping. Work the upper chest below the collarbone with flat fingers, staying away from the breast tissue and the armpit, and keep the drape over the chest throughout. Never press deeply into the armpit, where nerves and blood vessels sit close to the surface. If the client is ticklish or uncomfortable, skip the area without making it a problem. A tight chest pulls the shoulders forward, so a little light work there can change how the shoulder moves, but it is optional and it is always agreed first.

The arms are often the missing part of a desk-worker session. Forearm work addresses the muscles that type, hold a phone, and grip a mouse, and it is easy to include in the last ten minutes. Work the forearm with effleurage and petrissage, keep away from the inner elbow, and finish with gentle wrist movement only if the client agrees. If the client reports numbness in the hand, stop and refer rather than working harder. The hand itself can be worked with slow thumb circles over the palm and gentle pressure between the bones, but do not pull or crack the fingers.

Finish the shoulder work with slow effleurage and a few seconds of gentle holding. The goal is a shoulder that moves more easily, not a shoulder that has been punished into submission. Ask the client to lift and lower the arm, turn the head, and roll the shoulder, and compare with how it felt at the start. Record what changed and what did not. If the shoulder is no better after several sessions, or if it is losing range, say so and suggest a physiotherapy or medical review rather than quietly booking another month of the same work. That comparison takes thirty seconds and tells both of you whether the session did anything useful.

- 1. Warm the whole back with effleurage before focusing on either shoulder.
- 2. Work the upper trapezius with broad petrissage, never pinching the skin.
- 3. Follow the levator scapulae along its length rather than jabbing into the blade corner.
- 4. Work the rhomboids with small circles, keeping the shoulder blade itself free of hard pressure.
- 5. Keep at least two fingers of contact away from the spine at all times.
- 6. Ask separately before working the chest, and keep the drape over the breast throughout.
- 7. Never press into the armpit, the inner elbow, or the front of the neck.
- 8. Include the forearms for five minutes if the client agrees, and stop for numbness.
- 9. Finish with slow effleurage, a few seconds of holding, and a simple movement check.
- 10. Record changes in range and comfort, and refer if the shoulder is not improving.

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> **Salon example**
>
> Nisha comes in with tight shoulders and says she cannot turn her head fully to the right when driving. The therapist warms her back with effleurage for three minutes, then spends time on the right upper trapezius using broad petrissage. Nisha says the pressure is good at six. The therapist moves to the levator scapulae, using the thumb pad along the muscle rather than pressing into the top corner of the blade, and checks the number after each pass. The tissue softens a little. The therapist asks whether Nisha would like work on the front of the shoulder and the chest, explains the draping and the reason, and receives a clear yes. She works below the collarbone with flat fingers, avoiding the breast and the armpit, and keeps the sheet over the chest. Nisha turns her head further to the right afterwards and says the pull has eased. The therapist records the change, the areas worked, and the pressure, and suggests Nisha move her car mirror slightly so she does not twist to reverse. She also asks Nisha to check her driving position, because a seat pushed too far back makes every shoulder check a twist. Nisha says she will try moving the seat forward an inch on the drive home.

> **CAUTION**
>
> Never press deeply into the armpit or breast tissue. Chest work requires separate consent, a clear explanation, and secure draping.

Do not grind the spine

The spine is a column of bones, discs, nerves, and joints, and it is not a surface to be ground with a thumb or an elbow. Direct pressure on the spinous processes can be painful and does nothing useful for the muscles beside them. Fast friction across the spine can irritate the tissue and give the client a jolting sensation that stays with them for hours. High-velocity manipulation, the kind that produces a pop, is outside the scope of a massage session unless you hold a separate qualification and the client has been assessed. A massage therapist works the muscles that run alongside the spine, not the vertebrae themselves, and says so when asked.

Work parallel to the spine with broad thumbs, fingers, or the flat of the hand. Keep the pressure even and move slowly from the lower back to the neck. Use both hands on either side of the column so the client feels supported rather than prodded. If the client asks you to press directly on a painful vertebra, explain why you will work around it instead, and show them where your hands will be. If they insist, you can rest a flat palm over the area without pressure, but you do not grind it. The muscles beside the spine usually respond to slow, broad work, and they are the reason the area feels tight in the first place.

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Be especially careful with older clients, anyone with osteoporosis, and anyone who has used steroids for a long time, because bone strength may be reduced. The same caution applies to clients with a known fracture, a recent fall, or cancer that has spread to bone. Avoid tapotement and strong pressure in these groups, and ask for medical clearance where the craft reference requires it. A rib that cracks under a hand is a serious event, and it happens most often to thin, older clients who asked for firm pressure and were given more than they needed. Broad, slow pressure on the muscle beside the bone is almost always the better answer, and it is the one you can defend if anyone asks what you did.

Some back pain is not a massage problem at all. Unexplained pain that is worse at night, pain with fever, weight loss, a recent fall, or changes in bladder or bowel control needs medical assessment, and quickly. So does pain that comes with numbness around the groin or weakness in both legs. Do not treat these as tight muscles and do not offer a deeper session. Say what you have noticed, keep the session gentle or stop it, and send the client to a doctor. Writing the finding down protects the client and gives the next clinician a clear starting point.

- 1. Confirm consent for back work, and agree a pressure number before you begin.
- 2. Keep the drape at the waist and expose only the strip of back being worked.
- 3. Locate the spine with a flat hand before you apply any pressure.
- 4. Work parallel to the column with broad thumbs, fingers, or the palm.
- 5. Never press, roll, or grind on the spinous processes themselves.
- 6. Avoid fast friction across the spine and any high-velocity manipulation.

- 7. Reduce pressure near the ribs, the kidneys, and the neck, and skip tapotement there.
- 8. Use extra caution with older clients, osteoporosis, long-term steroid use, and known fractures.
- 9. Stop and refer for night pain, fever, weight loss, a recent fall, or bladder changes.
- 10. Record what you found, where you worked, and what you advised.

Salon example

Arjun points to a spot in the middle of his back and asks the therapist to press hard on the bone because it feels stuck. The therapist explains that the spot is a vertebra and that pressing on it is unlikely to help. Instead, she works the muscles on both sides with slow, broad thumb pressure, starting well below the point and moving upward, with one hand always supporting the other side of the column. Arjun says the area feels warm and less guarded. The therapist asks about the history of the pain. Arjun says it has been present for three weeks and wakes him at night. She stops the deeper work, keeps the rest of the session gentle, and asks whether he has had fever, weight loss, or any change in bladder habits. He says no to all three, but the night pain alone is enough. She advises a medical review within the week, writes the finding and the advice in his record, and offers a short, light session on the shoulders instead of more back work. He also asks whether the therapist can work on the spot again next week, and she says she will work the muscles around it, not the bone, and that the night pain needs the doctor's answer first.

CAUTION

Night pain, fever, weight loss, or loss of bladder control with back pain needs urgent medical assessment, not deeper pressure.

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CHAPTER 6

Pressure, Breath, and Bruises

Breath-holding means too much

The breath is the most honest pressure gauge a therapist has. A client may say the pressure is fine while holding their breath, clenching the jaw, or gripping the table. When pressure exceeds what the body can accept, the nervous system protects itself: breathing becomes shallow, muscles brace, and the client may stop talking mid-sentence. That is not a sign of deep work. It is a sign that the body is defending against the work. Reduce the pressure until the breath returns to a slow, steady rhythm, then ask what changed, and believe the answer even if it contradicts what the client said a minute earlier.

Explain this before you begin, so the client knows what you will be watching. Say that you will ask for a number and that you will also watch their breathing, and that they should tell you at once if anything feels sharp. During the session, keep one hand in contact while you check in. Ask open questions such as how does this feel, rather than is this okay, because most people say yes to the second question out of politeness. If the client holds their breath for more than a few seconds, lighten the pressure and wait for the exhale before you speak again.

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Breathing is also a tool the client can use. Ask them to breathe out slowly as you sink into a tight area, and to let the muscle soften rather than push back against your hand. Some clients hold their breath from the moment you touch a tender spot, before you have applied any real pressure. In that case, the fear is doing the bracing. Rest a warm hand on the area, ask them to breathe normally, and wait until the shoulders drop before you add anything. This pause costs ten seconds and changes the whole session. The pause is not an interruption of the treatment; it is the treatment.

Watch the rest of the body as well. Curled toes, a lifted shoulder, a hand gripping the table edge, and a jaw that shifts sideways are all pressure signals. So is a sudden silence in a client who has been talking. If you see two or more of these signs together, reduce the pressure without waiting to be asked. A therapist who notices and eases off builds trust faster than one who keeps asking whether everything is fine. The client should leave feeling that their body was listened to, not that they endured a treatment. A client who is watching their own breath is also less likely to drift into holding it without noticing.

- 1. Explain before the session that you will watch the breath as well as ask for a number.
- 2. Agree the pressure number and stay below it for the first minute of any new area.
- 3. Keep one hand in contact whenever you check in.
- 4. Ask open questions about how it feels rather than yes-or-no questions.

- 5. Ease off at once if the breath becomes shallow, the jaw tightens, or the hands grip.
- 6. Ask the client to breathe out slowly as you settle into a tight area.
- 7. Wait for the shoulders to drop before adding pressure to a guarded area.
- 8. Treat a sudden silence, curled toes, or a lifted shoulder as a pressure signal.
- 9. Reduce pressure without waiting to be asked when you see two or more signals together.
- 10. Record the pressure the client accepted in each area, not just the number they requested.

> **Salon example**
>
> Kabir asks for strong pressure on his lower back and says he can take it. The therapist starts at five, and Kabir asks for more. At eight his breathing becomes shallow and his fists close around the edge of the table. The therapist notices, keeps one hand on his back, and asks how the pressure feels. Kabir says it is fine, but he speaks in a tight voice and does not finish the sentence. The therapist reduces to five and asks him to take a slow breath. Kabir exhales and his hands open. He admits that he was holding his breath to get through it, because he thought that was what a deep massage required. The therapist explains that breath-holding means the pressure is too much, not that the work is good, and stays at five for the rest of the back. She asks him to breathe out as she works the tightest band, and the tissue softens more at five than it had at eight. Kabir says afterwards that the lighter session did more than the strong one he had last month.

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> **CAUTION**
>
> A client who is holding their breath is not receiving effective deep work. Reduce the pressure before continuing, even if they asked for more.

Bruises are not a goal

Mild soreness for a day after a massage can happen, especially after work on tight shoulders. A bruise is different. It means that pressure has damaged small blood vessels under the skin, and it is not evidence that the massage was effective. Bruising is more likely in older clients, people who take blood thinners or steroids, people with easy bruising, and anyone who has had recent surgery or injury. It is also more likely when pressure is applied quickly, with a small contact point, or over an area that has not been warmed. The presence of a bruise tells you that the technique was wrong for that body, not that the muscle was stubborn.

If a client bruises, acknowledge it, ask how they feel, and record it. Advise them to avoid strong pressure on the area until it settles, and tell them that a bruise usually fades over one to two weeks. Do not tell them that the bruise is releasing toxins or that it shows the treatment worked. Do not promise a specific recovery time, and do not offer to work on the bruise to break it up. In the next session, reduce the pressure and use broader contact. If bruising happens often or without strong pressure, suggest a medical check, because it can be a sign of a bleeding disorder or a medication effect.

Some clients ask for a bruise. They believe that a massage which leaves marks has done something, and they may push for more pressure when the therapist eases off. Say clearly that the salon does not work to that standard. Explain that soreness is not the same as injury, and that the aim is comfortable movement, not marks on the skin. If the client keeps insisting, offer a different therapist or refuse the booking rather than delivering pressure you know is harmful. A client who wants to be hurt is not a client you can treat safely within a relaxation service.

Bruising is also a clue about medication and health. A client who bruises from a light massage may be taking a blood thinner, steroids, or another medicine that affects clotting, and may not have mentioned it. Ask again, record the answer, and keep the work light. Do not advise them to stop or change any medicine. If they cannot explain the bruising, or if it appears without pressure, send them to a doctor. The therapist's job is to notice, adapt, and refer, not to diagnose a bleeding problem or manage a prescription. Say it once, calmly, and let the booking stand or fall on it.

- 1. Ask about blood thinners, steroids, easy bruising, and recent surgery before you plan the pressure.
- 2. Warm each area with effleurage before any deeper work, and keep the contact broad.
- 3. Never use quick, sharp pressure with a small contact point on a client who bruises easily.
- 4. Check the skin at the end of each area for new marks, and note where they appeared.
- 5. Acknowledge any bruise, ask how it feels, and record its size and position.
- 6. Advise the client to avoid strong pressure on the area until it settles.
- 7. Do not describe a bruise as released toxins or as proof of good work.
- 8. Reduce pressure and broaden contact in the next session, and say why.
- 9. Suggest a medical check if bruising happens often or without strong pressure.
- 10. Refuse to work to a standard that requires leaving marks, and say so plainly.

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> **Salon example**
>
> Sunita returns for a follow-up and shows the therapist a purple mark on her upper arm. She says it appeared after her last massage and she assumed it meant the muscle had been released. The therapist looks at the mark, asks whether it is tender, and records its size and position. She explains that the mark is a bruise caused by pressure on small blood vessels, not a sign of release. Sunita mentions that she has been taking a blood thinner since a recent procedure and did not think to mention it at the first visit. The therapist notes the medicine, avoids strong pressure on the arm, and uses broad palm work for the rest of the session. She explains that the next few sessions will stay light and that the bruise should fade on its own. She suggests Sunita mention the easy bruising to her doctor at the next appointment, and Sunita agrees. The therapist also adds a medication question to the intake form, because the omission was the form's fault as much as the client's. The form now asks for medicines by name, which is how the omission should have been caught in the first place. Sunita books again, and the therapist plans a lighter session with a note on the file.

> **CAUTION**
>
> Do not describe bruises as released toxins or as proof of good work. That claim is false and encourages pressure that injures tissue.

Checking in and adjusting

Checking in is a skill that improves with practice. Ask at the start of each new area, after the first minute of deeper work, and whenever the client's body changes. Use a short, clear script: I am going to work on the upper back now, tell me if the pressure is too much or if you want more. When the client answers, repeat the number back so they know you heard. If they ask for more, increase gradually and check again. If they ask for less, reduce immediately and do not ask twice whether they are sure. A check-in that ends in an argument is not a check-in.

Adjust more than pressure. Speed, direction, contact area, and oil all change the feel of a stroke. A fast stroke with a small contact point feels sharp; the same force spread over a forearm feels broad and calming. If your hands or wrists are tired, use your forearm or change your stance instead of pushing harder through the hands. Keep your shoulders relaxed and your knees soft, and move from your legs rather than your lower back. A therapist who is braced transmits tension down the arm and into the client, and the client often reports it as pressure that feels heavy rather than useful.

Silence needs interpreting. Some clients go quiet because they are deeply relaxed, and others go quiet because they are enduring something. The difference is in the body: relaxed silence comes with slow breathing, soft hands, and a loose jaw, while enduring silence comes with held breath, tight hands, and a lifted shoulder. If you cannot tell which you are seeing, ask a short question and listen to the tone of the answer. Do not assume that quiet means happy, and do not fill every pause with talk. A single well-placed question is better than a stream of chatter. Ask about the area, not about the person, and keep the question short enough that it does not break the rhythm.

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At the end, ask how the client feels and whether anything should be different next time. Ask about the pressure, the areas, the room temperature, and the oil, because those are the things you can change. Write the answers where the next therapist will find them. If the client says the pressure was too much in one area, note the area and the number that worked. If they say they wanted more time on the neck, note that too. The next session should begin with that information already in hand, rather than repeating the same discovery from scratch. Write the answer in the client's words where you can, because their description is more useful than your summary of it.

- 1. Check in at the start of each new area, after the first minute of deeper work, and after any position change.
- 2. Use a short script that names the area and invites a number.
- 3. Repeat the client's number back so they know you heard it.
- 4. Act on the answer at once, and do not negotiate a request for less.
- 5. Change speed, contact area, or stance before adding force.
- 6. Distinguish relaxed silence from enduring silence by watching the breath and hands.
- 7. Ask one short question if you cannot tell which silence you are seeing.

- 8. Keep your own shoulders relaxed and your knees soft, and move from your legs.
- 9. At the end, ask what should be different next time.
- 10. Record the answers so the next session starts with them.

Salon example

A therapist is working on a client's calves and feels her own thumbs tiring. Rather than pressing harder, she changes to a broad forearm stroke and slows down. The client, a runner named Mohan, says the new stroke feels deeper and more comfortable. The therapist checks in after a minute, and Mohan asks for a little more pressure near the top of the calf. She increases gradually, asks again, and Mohan says the pressure is right. Later he goes quiet. The therapist watches his breathing, sees it stay slow and his hands stay open, and decides the silence is relaxation rather than endurance, so she does not interrupt it. At the end of the session she asks what should be different next time. Mohan says he would like more time on the calves and less on the feet, and that the room was a little cold. The therapist records the preference and the temperature, adjusts the next plan, and starts the following session with the calves. She also leaves a note for the desk that Mohan prefers a warmer room, and the next booking is placed in the smaller room with the heater. Mohan notices the difference before the massage begins and says so.

CAUTION

Do not keep pushing because the client asked for more once. Pressure has to be rechecked as the body responds.

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CHAPTER 7

Contraindications and When to Say No

Fever and skin infection

A fever means the body is already working hard against an infection. Massage adds another physical load, can make the client feel worse, and may spread the sense of illness rather than ease it. A client with a raised temperature, chills, body aches, or a new cough should be sent home and encouraged to rest and seek medical advice if needed. Do not massage someone who is feverish, even if they insist that the massage will help them sweat it out. Wait until they have been free of fever for at least twenty-four hours without fever-reducing medicine and feel well again.

Skin infections need a more local decision. Bacterial infections such as impetigo, boils, or cellulitis should be covered and avoided, and the client should see a doctor if the area is spreading, hot, or painful. Fungal infections such as ringworm or athlete's foot are contagious, so do not work over them, wash your hands, and clean the table and any tools. Viral conditions such as shingles, cold sores, or warts also require the area to be avoided. A small, covered wound is different from an infected one. When in doubt, postpone the session and refer, and note what you saw in the client's record.

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Cellulitis deserves a careful eye because it can look like a harmless red patch at first. The signs are warmth, swelling, redness that spreads, and tenderness, often on a lower leg. It is a bacterial infection of deeper skin tissue and needs antibiotics. Do not massage the area, do not apply oil, and do not assume it is a bruise or a reaction to a previous massage. Send the client to a doctor the same day. If they also have fever or feel unwell, that is more urgent. A therapist who massages spreading cellulitis can make a serious infection worse and can carry bacteria to the next client.

Cleaning is part of the answer. Wash your hands before and after every client, change the sheet, wipe the table and the oil bottle, and put used linen in a closed bin. Do not leave a used towel on the floor or on a chair that the next client will use. If a client has a contagious skin condition, clean the room before the next booking even if the area was covered. A salon that treats hygiene as a routine rather than an emergency will have fewer of these decisions to make, and the clients will notice the difference in how the room feels.

- 1. Ask about fever, chills, recent illness, and feeling unwell before the client undresses.
- 2. Send a feverish client home, and do not massage to help them sweat out an illness.
- 3. Ask the client to wait until they have been fever-free for a day without medicine.
- 4. Look at any area the client mentions before you touch it, and note redness, heat, or swelling.

- 5. Avoid infected, weeping, or contagious skin, and cover a small clean wound before working near it.
- 6. Do not massage spreading redness, cellulitis, or a hot swollen patch; refer the same day.
- 7. Wash your hands before and after the client, and clean the table, bottle, and touch points.
- 8. Put used linen in a closed bin and never on the floor or a chair.
- 9. Reschedule contagious conditions and clean the room before the next booking.
- 10. Record what you observed, what you advised, and when the client was rebooked.

> **Salon example**
>
> Pooja arrives for her appointment with a flushed face and a dry cough. She says she has had a temperature since the morning but took a tablet and feels well enough for a massage. The therapist checks that she is warm to the touch and asks about other symptoms. Pooja admits to body aches and a sore throat. The therapist explains that massage is not appropriate today and that rest and fluids are more useful. She offers to move the appointment to later in the week at no penalty and writes a short note on the booking. Pooja is disappointed but agrees, and the therapist asks whether she has someone to take her home. Two days later Pooja messages to say the fever has passed and asks whether she can come in. The therapist asks a few questions, confirms she has been free of fever for a day without medicine, and books her for the following afternoon. The note on the file records the postponement, the reason, and the date she was cleared. The desk is told as well, so the slot can be offered to someone on the waiting list rather than left empty.

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> **CAUTION**
>
> Do not massage a feverish client to help them sweat out an illness. That is not a safe or effective treatment, and it can make them worse.

Suspected clot and recent surgery

A hot, swollen, painful calf may be a deep vein thrombosis, a blood clot in a deep vein. The signs include swelling on one side, warmth, redness, tenderness, and pain that may feel like a cramp. Do not rub the calf. Do not massage the leg, apply heat, or encourage the client to walk it off. A clot can move to the lungs and become a medical emergency. Send the client to urgent care or call for medical advice the same day. If they also have chest pain, sudden breathlessness, or feel faint, call emergency services immediately. A known clot being treated with blood thinners still needs medical clearance before massage, because the risk has not gone away.

Compare the legs before you dismiss a complaint. Look at both calves from the same angle, and ask whether the swelling came on quickly or gradually. A calf that is visibly larger, warmer, and tender on one side is not a muscle cramp that needs stretching. Neither is a calf that swells after a long flight, a period of bed rest, or a recent operation. Do not put the leg on a cushion and work the other one as a compromise; if a clot is possible, the session should not continue on that leg at all, and the client should be seen by a clinician that day.

Recent surgery is another reason to wait. The body is healing, the risk of clot is higher, and pressure near the wound can disturb the tissue. Do not massage over a recent incision, a healing joint replacement, or a cosmetic surgery site until the surgeon has given clearance. Ask when the operation was, what was done, and whether there are restrictions on movement or pressure. Once the wound is fully closed and the surgeon agrees, gentle work around the scar may be appropriate, but never pull or stretch a fresh scar. When in doubt, ask the client to obtain written clearance and keep the session away from the area until it arrives.

Blood thinners complicate the picture even after clearance. A client on warfarin, apixaban, rivaroxaban, or another anticoagulant bruises and bleeds more easily, so pressure should be lighter and the skin checked as you work. Do not advise anyone to stop or change a medicine before a massage; that is a doctor's decision. If a client says they skipped their dose so they could have deeper work, stop and explain why that was a bad idea. The therapist adapts the massage to the medicine, never the medicine to the massage. A bruise that appears after light work is a reason to ask about medicines, not a reason to press harder to see what happens.

- 1. Ask about long flights, bed rest, recent surgery, and previous clots before leg work.
- 2. Compare both calves for size, warmth, colour, and tenderness with the drape in place.
- 3. Do not rub, heat, or massage a calf that is hot, swollen, and painful.
- 4. Send a suspected clot to urgent care the same day, and call emergency services for breathlessness or chest pain.
- 5. Ask for the surgeon's clearance before working near any recent operation.
- 6. Stay away from a fresh incision, a healing joint replacement, and a new cosmetic site.
- 7. Work around a fully healed scar lightly, and never pull or stretch it.
- 8. Reduce pressure and check the skin for clients on blood thinners.
- 9. Never advise a client to stop or change a medicine for a massage.
- 10. Record the findings, the referral, and the clearance when it arrives.

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> **Salon example**
>
> Harish asks for a leg massage because his right calf feels tight and heavy. The therapist looks at both legs and sees that the right calf is visibly swollen and warmer than the left. Harish says it started two days ago after a long flight and that the area is tender. The therapist does not touch the leg. She explains that these signs could suggest a clot and that massage could be dangerous. Harish says he booked the massage because he thought it would help circulation after the flight. The therapist tells him that a massage is the last thing the leg needs today, advises him to go to urgent care, and offers to call a taxi. She writes down what she saw, the time, and the advice, and asks him to message the salon afterwards. That evening he reports that the clinic sent him for a scan and started treatment. The therapist notes the outcome on his file and adds a question about long flights to the intake form. She also asks the desk to note that leg bookings for clients over fifty should include a question about recent flights and swelling.

CAUTION

A suspected clot is an emergency. Do not massage, do not apply heat, and do not wait to see whether it settles.

Intoxication and pregnancy

A client who is intoxicated cannot give reliable consent. Alcohol and drugs alter sensation, judgment, and balance, so the client may not feel pressure accurately or be able to ask you to stop. They may also become nauseated, dizzy, or unwell during the session. Do not massage someone who is clearly intoxicated. Offer water, keep them in a safe place, and help them arrange a safe way home. If they become aggressive or unwell, call for help. Record the refusal and the reason. Being firm about this boundary protects the client, the therapist, and the salon, and it is not a lost sale.

Pregnancy requires additional training, not just a softer version of the usual routine. Work only within your training and ask for medical clearance when the pregnancy is high risk or the client has complications such as bleeding, contractions, or high blood pressure. Use side-lying or semi-reclined positioning after the first trimester, support the abdomen and knees with pillows, and avoid strong pressure on the lower abdomen. Do not promise that massage will induce labour, turn a breech baby, or treat infertility. If you are not trained in prenatal massage, refer the client to someone who is, and say so without embarrassment.

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The first trimester is a common point of confusion. Some salons take the booking, some refuse it, and some ask for a doctor's note. Decide the policy with the salon owner and apply it consistently. If you do take the booking, keep the session shorter and lighter, avoid the lower abdomen, and stop if there is any bleeding, cramping, or dizziness. Ask the client to tell you at once if anything changes. A pregnant client who feels listened to will trust your advice about positioning and aftercare, and that trust is worth more than an extra booking. A written policy, shown at the desk, saves the therapist from making the decision alone at the door.

Later pregnancy brings practical changes. The client may not be able to lie flat on her back for long, may need to turn more often, and may feel warm quickly. Keep the room cool, offer a pillow under the knees or between them, and let her choose the position. Avoid deep pressure on the legs because the risk of clots is higher, and treat a hot swollen calf as an urgent referral rather than a cramp. Do not use essential oil blends unless you have specific prenatal training for that oil; a plain carrier oil is the safer default. Stop for dizziness, nausea, or any feeling that something is wrong.

- 1. Do not massage a client who is intoxicated; help them get home safely and record the refusal.
- 2. Ask every client of childbearing age whether they are pregnant or could be.
- 3. Take a pregnancy booking only if you are trained in prenatal massage; otherwise refer.
- 4. Ask for medical clearance for a high-risk pregnancy or any complication.
- 5. Use side-lying or semi-reclined positioning after the first trimester, with pillows for support.
- 6. Avoid strong pressure on the lower abdomen and deep pressure on the legs.
- 7. Stop for bleeding, cramping, dizziness, or nausea, and refer the same day.
- 8. Keep the room cool and let the client change position often.

- 9. Use a plain carrier oil unless you have specific prenatal training for a blend.
- 10. Make no claims about inducing labour, turning a breech baby, or treating infertility.

Salon example

Sameer arrives for a couple's booking and smells of alcohol. He is cheerful but unsteady and repeats the same sentence twice. The therapist explains that she cannot begin the massage while he is intoxicated and that the priority is getting him home safely. Sameer protests that he is fine. She offers water and asks whether she can call a friend or a taxi. His partner, who is not intoxicated, agrees to take him home. The therapist records the refusal and the reason on the booking and tells the desk so the couple's slot is not resold. The following week Sameer calls to apologise and rebooks. The therapist confirms the salon policy before the new appointment, keeps the session alcohol-free, and works at the pressure he chooses. She also asks the desk to put the policy on the booking confirmation, because a rule that is only spoken at the door is a rule that causes arguments at the door. Sameer says the refusal was the right call, and the therapist agrees without lecturing him about the evening. The couple rebook the same slot for the following month, and this time both arrive sober and early.

CAUTION

An intoxicated client cannot consent reliably. Ending the session is the professional choice, not a lost sale.

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CHAPTER 8

Oil, Aftercare, and Honest Claims

Choosing and using oil

A simple, unscented oil is enough for most massage. It lets the hands glide without dragging the skin, and it does not commit the client to a fragrance they may dislike. Choose a plain carrier oil such as sunflower, grapeseed, or fractionated coconut oil, and check for nut allergies before using almond or other nut oils. If the client has sensitive skin, eczema, or a history of reactions, test a small amount on the forearm and wait a few minutes. Fragrance-free is the safer default in a salon, because scent sensitivity and headaches are common and a client will rarely complain about a product they did not choose.

Use less oil than you think you need. You can always add a little, but a flooded back is difficult to work with and leaves the client slippery and cold. Warm the oil between your palms before touching the client, and keep a towel within reach to wipe your hands when you need a firmer grip. Do not put oil on the face unless the client has agreed to facial work, and keep it away from the eyes. If the client has a scalp treatment, use a small amount and ask whether they want to wash their hair afterwards. Wipe the feet before the client stands, or the floor becomes a hazard.

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Some clients bring their own oil or ask for a specific blend. Read the label, ask what they expect from it, and check for anything they are allergic to. If the product contains a strong fragrance or a long list of essential oils, offer to use it only on a small area first, or suggest the salon's plain oil instead. Do not apply a product the client has not agreed to, and do not mix oils in an unlabelled bottle. Label anything you decant with the date and the contents, because a mystery bottle is a hygiene problem as well as an allergy risk.

Storage matters more than most therapists think. Oil goes rancid, especially in a warm room, and a rancid oil smells unpleasant and can irritate skin. Keep bottles closed, out of direct sunlight, and away from the heater. Use a pump or a dropper rather than dipping fingers into a jar, because fingers carry bacteria. Wipe the bottle between clients. If the oil has changed colour or smell, throw it out. These habits cost little and they are the difference between a professional room and one that smells like last month's stock. A clean bottle with a working pump is also easier to use with one hand while the other stays on the client.

- 1. Ask about nut allergies, skin reactions, and fragrance sensitivity before choosing a product.
- 2. Use a plain carrier oil as the default, and keep a fragrance-free option available.
- 3. Patch test clients with sensitive skin or a history of reactions, and wait before proceeding.
- 4. Warm the oil between your palms, and never pour it directly onto the client.

- 5. Use small amounts, and keep a towel within reach for your hands and for spills.
- 6. Keep oil away from the eyes, and use it on the face or scalp only with agreement.
- 7. Read the label of any product the client brings, and do not apply an unagreed product.
- 8. Label decanted oil with the date and contents, and store bottles closed and out of sunlight.
- 9. Use a pump or dropper rather than dipping fingers into a jar, and wipe the bottle between clients.
- 10. Throw out oil that has changed colour or smell.

> **Salon example**
>
> Farida books a relaxation massage and mentions that strong perfumes give her headaches. The therapist puts away the scented oil and chooses unscented sunflower oil. She asks about nut allergies and skin reactions, and Farida says she once had a rash from a massage oil she bought online. The therapist tests a drop on Farida's forearm and waits while they discuss the plan. There is no reaction. She uses a small amount, warming it between her palms, and keeps a towel on the side of the table. When Farida's back is slippery halfway through the session, the therapist wipes her hands rather than adding more oil. Farida says the lack of fragrance is a relief, because she usually spends the first ten minutes of a massage wondering whether the smell will trigger a headache. The therapist notes the sensitivity and the oil used on her record, and puts the scented bottle away in a closed cupboard so the next client does not meet it either. Farida books her next session with a note asking for the same oil, and the therapist adds it to the booking rather than relying on memory.

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> **CAUTION**
>
> Never claim that an oil or a massage cures a disease. Oils make massage comfortable; they are not medicine.

Fragrance, sensitive skin, and what an oil cannot do

Fragrance is the most common reason a client reacts badly to a massage. Essential oils, perfumed lotions, and room sprays can trigger headaches, sneezing, wheezing, and skin irritation, and the reaction may start minutes after the product is applied. Clients with asthma, eczema, migraine, or pregnancy are more likely to be affected, but anyone can react for the first time. Keep the room free of strong scent, ventilate between clients, and ask before using anything fragranced. If the client says they are sensitive, treat that as a firm instruction rather than a preference to be talked around. A room that smells of nothing in particular is the safest room in the building.

Essential oils are not medicine in a massage bottle. Some have a pleasant smell and some have been studied for particular uses, but a therapist is not trained or licensed to prescribe them, and a blend is not a treatment for a disease. Do not invent blends for conditions, do not tell a client that a blend will balance their hormones, detox their liver, or cure an infection, and do not sell a bottle as a substitute for medical care. If a client asks for an oil for a medical problem, say that you can offer a relaxing massage and that their doctor is the right person for the medical question.

Sensitive skin needs a simple routine. Use the plainest oil available, apply a small amount, and watch the area for redness, itching, or raised skin during the session. If a reaction starts, stop, wipe the area with a clean damp towel, and do not apply anything else. Offer water and a cool compress, and record the product and the reaction. If the reaction is spreading, painful, or comes with swelling or breathing difficulty, seek medical help at once. For the next visit, use a different product or no product, and note the decision clearly so no one repeats the mistake.

The honest conversation about products is part of the service. Tell the client what you are using, why, and what it will feel like. If they ask whether a product will help a condition, say what you know and what you do not. If they ask about supplements or oils they have read about online, do not dismiss them, but do not endorse a medical claim you cannot support. A short, clear answer builds more trust than an enthusiastic one, and it keeps the salon out of claims it cannot defend. Consistency matters too: the same plain answer at the desk and in the room, so the client is not told two different things.

- 1. Ask about fragrance sensitivity, asthma, eczema, migraine, and pregnancy before applying anything.
- 2. Keep the treatment room free of strong scent, and ventilate between clients.
- 3. Use the plainest oil available for a client who reports sensitivity.
- 4. Apply a small amount first and watch the skin during the first few minutes.
- 5. Stop at once for redness, itching, raised skin, or sneezing, and wipe the area with a damp towel.
- 6. Record the product, the reaction, and what was used instead.
- 7. Seek medical help for spreading redness, swelling, or breathing difficulty.
- 8. Do not invent essential oil blends for medical conditions.
- 9. Do not repeat claims that an oil detoxes, balances hormones, or cures infection.
- 10. Refer medical questions to a doctor and describe only what massage can reasonably offer.

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> **Salon example**
>
> A client named Rehana asks for a massage with lavender oil because a friend told her it would help her sleep and clear her sinuses. The therapist explains that the salon uses a plain carrier oil by default, that lavender smells pleasant, and that she cannot promise it will treat a sinus problem. Rehana is disappointed but agrees to the plain oil. Ten minutes into the session, the therapist notices a patch of redness on her upper arm where a previous salon had used a scented lotion. She stops, wipes the area with a damp towel, and asks whether it itches. Rehana says it does. The therapist applies nothing else, offers a cool compress, and keeps the rest of the session away from that arm. She records the product, the reaction, and the plain oil used, and suggests Rehana mention the reaction to a pharmacist if it spreads. At the next booking the file is checked before the client arrives. The therapist also checks the room spray, which a colleague had used that morning, and asks the team to stop using it before the first booking.

CAUTION

An oil blend is not a treatment. Do not make medical claims for products, and never suggest a product can replace a doctor.

Aftercare in the first hour

After a massage, the client needs a few minutes to return to normal. Offer water, let them dress without rushing, and ask how they feel before they leave. Advise them to drink water if they are thirsty, though there is no need to force large amounts. Suggest a quiet hour rather than a hard workout, especially after deep work. If the session focused on the legs, a long run or a heavy gym session straight afterwards is not ideal. If they feel light-headed, ask them to sit for a few minutes and have something to eat or drink before driving.

Heat is the part many clients get wrong. A sauna, steam room, or very hot bath immediately after deep work can make the client feel dizzy or overly relaxed, and it can increase soreness. Suggest waiting until the next day and using gentle warmth instead. The same applies to intense stretching or a sports session. Mention that mild soreness for a day is possible and that it should settle. Give the client a way to contact the salon if something feels wrong after they leave, and record the aftercare advice you gave in their notes, along with any warning signs you mentioned.

The first hour is also when the client notices things. A shoulder that feels looser, a neck that turns further, or a calf that still feels tight are all useful reports. Ask for them before the client leaves, and write them down. If they say the work felt too strong in one area, note the area and the pressure. If they say they feel nauseated or dizzy, keep them sitting and offer water, and do not let them drive until they are steady. A client who leaves feeling unwell will not remember the good part of the session, and they may not come back.

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Aftercare is not a script read at the door. It is a short conversation about what to expect and what would be a warning sign. Say that mild soreness is normal for a day, that sharp pain, numbness, or tingling is not, and that a calf which swells or becomes hot needs medical attention. Say that water and rest help, and that a sauna or a heavy gym session can wait until tomorrow. Then ask whether they have any questions. Most clients do, and the answer takes a minute. Record what you said, so the next therapist can repeat it consistently and so the salon has a record if a question arises later.

- 1. Let the client sit up slowly, and stay nearby in case they feel dizzy.
- 2. Offer water, and let them dress without rushing.
- 3. Ask how they feel before they leave, and note anything they report.
- 4. Advise a quiet hour rather than a hard workout after deep work.
- 5. Advise against a sauna, steam room, or very hot bath straight after the session.
- 6. Mention that mild soreness for a day can happen and should settle.
- 7. Name the warning signs: sharp pain, numbness, tingling, or a calf that swells.
- 8. Give the client a way to contact the salon if something feels wrong later.
- 9. Do not let a light-headed client drive until they are steady.

- 10. Record the aftercare advice given and the client's response.

Salon example

After a ninety-minute deep back session, Rakesh stands up quickly and says he feels light-headed. The therapist asks him to sit down and brings water and a biscuit. They wait five minutes until the colour returns to his face. She explains that a sauna or a hot bath right now would not be a good idea and suggests waiting until tomorrow. Rakesh mentions he planned a gym session that evening. The therapist suggests a walk or light stretching instead, and says the heavy session can wait a day without losing anything. She gives him the salon number and asks him to call if the soreness is severe, if he feels unwell, or if anything feels numb or sharp. He leaves steady on his feet and messages the next day to say he slept well and the soreness was mild. The therapist records the dizziness, the advice, and the follow-up message, and notes that Rakesh should sit up slowly next time. She also writes a short line in the file about the gym plan, so the next deep session is not booked on the same day as a heavy training week.

CAUTION

Do not send a light-headed client out to drive. Let them sit, eat or drink something, and recover first.

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CHAPTER 9

Linens, Oil, and Hygiene

Fresh linen for every client

Fresh linen for every client is not a luxury; it is the floor below which a salon cannot fall. That means a clean sheet, a clean face-cradle cover, a clean towel for the hands, and a clean blanket where the client will lie. If the previous client sweated, the sheet is changed even if the appointment was short. If the linen looks clean but has been used, it is still used. Clients notice a crease, a hair, or a faint smell of another person's oil, and they will not always say so. They will simply not come back, and the salon will never know why.

Set the table so that the change is quick. Keep a stack of sheets within reach, a closed bin for used linen, and a spare blanket folded on the shelf. Strip the table immediately after the client leaves, not at the end of the day. Put the used sheet straight into the bin rather than on the floor or over a chair, because both spread hair and skin cells around the room. Wipe the vinyl with a compatible disinfectant and let it dry before the next sheet goes down. If the table has a heating pad, check that it is covered and that the cable is not under the client's back.

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The face cradle needs the same attention as the sheet. Use a clean cover for every client, and change the pillowcase on the bolster as well, because the face rests on it and leaves oil and breath. If the client wears makeup, offer a tissue or a wipe before they settle, and put a fresh cover on afterwards. Wipe the frame of the cradle where hands and faces have touched it. These are small habits, but they are the ones a health inspector checks and the ones a nervous client notices when they lie down. If a client has a cold sore or a rash on the face, offer a side-lying position so the face is not in the cradle.

Linen also affects comfort, which affects the quality of the work. A sheet that is too small will slip, and the therapist will spend the session adjusting it. A blanket that is too thin will leave the client cold, and cold muscles guard. A pillow that is too flat will leave the neck twisted for an hour. Keep two sizes of sheet, two weights of blanket, and a range of pillows, and choose them for the client in front of you. Comfort is not decoration; it is part of how the body lets go of tension. A comfortable client is also a client who does not spend the session thinking about the table.

- 1. Put a clean sheet, face-cradle cover, hand towel, and blanket on the table before every client.
- 2. Check the linen for hair, creases, damp patches, and smell before the client enters.
- 3. Keep a stack of clean linen and a closed bin for used linen within reach.
- 4. Strip the table as soon as the client leaves, and put used linen straight into the bin.
- 5. Wipe the vinyl with a compatible disinfectant and let it dry before the next sheet.

- 6. Change the bolster case and wipe the cradle frame after every face-down session.
- 7. Offer a tissue or wipe to a client wearing makeup before they settle.
- 8. Check the heating pad and cable are covered and not under the client's back.
- 9. Keep two sheet sizes, two blanket weights, and several pillows for comfort.
- 10. Record any linen or equipment problem so it is fixed before the next booking.

> **Salon example**
>
> A therapist is setting up for the first client of the day and finds that the stack of sheets is one short because the laundry delivery was late. She does not use the sheet from the previous evening, even though it looks clean and was used only for a short scalp session. Instead she checks the cupboard, finds a larger sheet that is meant for the couch, and uses it folded double, with a clean blanket on top. She tells the reception desk that the laundry needs an extra bag before the afternoon. When the client arrives, the table is made properly, the face cradle has a fresh cover, and the bolster case is clean. The client mentions that the room smells fresh, which the therapist notes is partly the linen and partly the lack of room spray. At the end of the day she counts the remaining linen and messages the owner about the delivery. The owner replies within the hour and arranges a second delivery, and the therapist writes the shortage on the daily sheet so the afternoon team knows.

CAUTION

Never reuse a sheet because it looks clean, because the session was short, or because the laundry is late. Fresh linen means fresh for every client.

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Oil on your hand, not in a puddle

Oil belongs on your hand, not poured onto the client in a puddle. Warm a small amount between your palms, then apply it with the first effleurage stroke, spreading it as you move. If you need more, take it from the bottle into your hand, away from the client's skin, and warm it before you return. A back that is flooded is hard to grip, makes the client feel cold and greasy, and wastes product. It also makes the drape slippery, which is a consent problem as well as a comfort problem, because a sheet that slides is a sheet that stops covering.

Use the smallest amount that lets your hands glide. Different areas need different amounts: the back and thighs take more, the neck and shoulders less, the feet very little, and the face almost none. If your hands feel like they are sliding on a film rather than moving the tissue, you have too much oil. Wipe your hands on a towel and start again with a dry contact, then add a drop if needed. When you want a firmer grip for petrissage, wipe the area lightly with a towel rather than adding oil to compensate. When in doubt, use less and add a drop rather than starting again with a towel.

Keep the bottle off the floor and away from the client's hair. A pump bottle is easier to use one-handed than a pour bottle, and it keeps the oil clean. Do not dip your fingers into a shared jar, and do not use the same bottle to top up a different product. If you decant oil, label the bottle with the contents and the date. Wipe the bottle between clients, because it is touched with oily hands all day and becomes a

sticky surface that collects dust and hair. A clean pump also means the client never sees a bottle with oily fingerprints on the cap.

Spills happen, and they should be dealt with immediately. A drop of oil on the floor is a slip hazard, especially on tiles. Keep a paper towel or a cloth in your apron and wipe the floor before anyone walks through the room. If oil gets on the table vinyl, wipe it before the next sheet goes down, because oil damages some surfaces and makes the next sheet slide. If oil gets into the client's hair, tell them and offer a tissue or a clip; do not pretend it did not happen. Small honesty about small messes keeps the room professional.

- 1. Warm a small amount of oil between your palms before touching the client.
- 2. Apply it with the first effleurage stroke rather than pouring it on the skin.
- 3. Take more oil into your hand, away from the client, if you need it.
- 4. Match the amount to the area: more for the back, very little for the feet and face.
- 5. Wipe your hands and the area with a towel if the skin becomes too slippery.
- 6. Use a pump bottle rather than dipping fingers into a jar.
- 7. Label any decanted oil with the contents and the date.
- 8. Wipe the bottle between clients and keep it off the floor.
- 9. Wipe any spill on the floor or table at once, before it becomes a hazard.
- 10. Tell the client if oil reaches their hair, and offer a tissue or clip.

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> **Salon example**
>
> A new therapist is working on a client's back and reaches for the bottle three times in the first five minutes. By the third pour, the sheet has a dark patch and the client's lower back is slick enough that the therapist's hand skids during a petrissage stroke. The client laughs nervously and says it feels cold. The therapist stops, wipes her hands and the back with a clean towel, and continues with a drier contact. She realises that the bottle is a pour type with a wide mouth and that she has been tipping it too far. She decants some oil into a small pump bottle at the next break, labels it, and uses that for the rest of the day. The next client's back stays warm and the sheet stays dry. At the end of the week she mentions the change at the team meeting, and the salon switches to pump bottles for all the tables. The client says the second half felt warmer, and the therapist explains the change from a pour bottle to a pump rather than pretending nothing happened.

> **CAUTION**
>
> Oil on the floor is a slip hazard. Wipe every spill at once, and never leave a bottle where a client will step on it.

Laundry, the table, and the room

Laundry is a system, not a chore. Used sheets and towels go into a closed bin lined with a washable bag, and the bag goes to the laundry at the end of the day. Do not store used linen in the treatment room overnight, and do not mix it with clean linen, even in a separate pile on the same shelf. Wash at

the temperature the fabric allows and use a detergent that rinses clean, because residue can irritate skin. Dry thoroughly before folding; damp linen grows mould and smells of the cupboard. Fold and store clean linen in a closed cupboard, not on an open shelf where dust and hair settle.

The table itself needs a routine. Wipe the vinyl, the face cradle, the armrests, and any handles the client touches with a compatible disinfectant between clients. Pay attention to the edges and the underside of the face cradle, where oil collects. Check the frame for cracks in the vinyl, because a split surface cannot be cleaned properly and should be repaired or replaced. If the table has a heater, check the temperature before the client lies down, and never leave a client alone on a heated table for long. A table that wobbles is also a safety problem, so tighten the legs and check the locks.

The room is part of the hygiene picture. Ventilate between clients, especially after a session with oil or a client who was unwell. Keep the floor clean, because hair and oil end up there. Have a bin with a lid for tissues, and empty it before it overflows. Store clean towels and gowns in a closed cupboard, and keep the client's clothes off the floor with a hook or a basket. A room that looks cared for tells the client that the hands will be careful too, and a room that looks chaotic makes even good work feel less safe.

Write down what you clean and when. A simple daily sheet with the table, the cradle, the floor, the bin, and the laundry is enough. If a client has had a contagious condition, note the extra cleaning and tell the next therapist. If something is broken, report it rather than working around it for another week. The aim is not a spotless showroom; it is a room where the things that touch skin are clean, the things that hold the body are stable, and the air does not carry the last client's scent. A checklist on the wall is more reliable than a good intention at the end of a long day.

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- 1. Put used linen in a closed, lined bin and take the bag to the laundry at the end of the day.
- 2. Never store used linen in the treatment room overnight or beside clean linen.
- 3. Wash at the temperature the fabric allows and use a detergent that rinses clean.
- 4. Dry linen thoroughly before folding, and store it in a closed cupboard.
- 5. Wipe the table, face cradle, armrests, and handles with disinfectant between clients.
- 6. Check the vinyl for cracks and the frame for wobble, and report faults.
- 7. Check any table heater before the client lies down, and never leave them on it alone for long.
- 8. Ventilate the room between clients and keep the floor free of hair and oil.
- 9. Keep a lidded bin for tissues and empty it before it overflows.
- 10. Note extra cleaning after a contagious condition and tell the next therapist.

Salon example

The last client of the day has a cold and has been sneezing into a tissue throughout the session. When she leaves, the therapist does not simply change the sheet. She opens the window, wipes the table and the cradle with disinfectant, changes the bolster case, empties the tissue bin, and washes her hands before touching the clean linen. She puts the used linen bag by the door for the morning collection and writes a note on the daily sheet about the extra cleaning. The next morning the first therapist reads the note, checks the room, and sets up as usual. Nothing looks different to the client, which is the point. The salon has a simple rule that a contagious client means a full clean, and the rule is written on the wall by the sink so no one has to remember it. The therapist also puts a note in the diary to ask the owner about a second bin, because the current one fills by mid-afternoon on busy days. By the end of the month the bin is larger, the note is routine, and nobody has to remember the rule alone.

CAUTION

A split or cracked table surface cannot be cleaned properly. Stop using it and have it repaired or replaced.

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CHAPTER 10

Foot and Lower-Leg Massage

A twenty-minute foot and lower-leg sequence

A twenty-minute foot and lower-leg session is a complete service when it is planned, and a rushed one when it is not. Use two minutes to settle the client, check the skin, and agree the pressure, then fourteen minutes of hands-on work, and four minutes to finish, wipe the feet, and give aftercare. Seat the client in a chair with the leg supported on a stool or a padded rest, or use the table with a bolster under the knees if the client prefers to lie down. The leg should be supported so the calf is not hanging, and the knee should be slightly bent rather than locked straight.

Begin with the lower leg. Apply a small amount of oil to your hands and use effleurage from the ankle to the knee, moving toward the heart, for about three minutes. Then use petrissage on the calf, lifting and squeezing the muscle with both hands, keeping away from the shin bone and the back of the knee. Give the calf four minutes, working the inner and outer sides, and check the pressure. Then move to the foot: effleurage over the top and the sole, thumb circles along the arch, and gentle work between the bones of the foot with the pads of your fingers. Give the foot five minutes, then finish with slow effleurage up the leg.

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The sequence should have a clear shape: settle, warm, work, settle again. Do not spend the whole twenty minutes on the soles, because the calf is usually the part that carries the day's standing. Do not ignore the ankle, but do not force it into a stretch; gentle circles around the ankle bone are enough unless the client has asked for more and has no injury. Work the heel with the palm rather than a thumb point, and use both hands so the foot feels held rather than prodded. If the client is ticklish, keep the contact broad and slow, and avoid the arch until they are used to the touch.

Finish by wiping the feet with a clean towel so the client does not slip when they stand. Put their footwear within reach, and ask them to stand slowly, because the calf work can leave a light-headed client unsteady. Give the aftercare: water, no long walk in tight shoes straight away, and a note that mild soreness in the calf for a day is normal. Record the areas worked, the pressure, the skin check, and anything the client reported. If the client has come because of a specific pain, ask whether it changed, and write the answer down rather than relying on memory.

- 1. Confirm consent for the foot and lower leg, and check the skin before touching.
- 2. Support the leg on a stool or bolster so the calf is not hanging and the knee is soft.
- 3. Settle with two minutes of still contact and broad effleurage from ankle to knee.
- 4. Agree the pressure number, and keep the first pass below it.
- 5. Give the calf four minutes of petrissage, avoiding the shin bone and the back of the knee.

- 6. Give the foot five minutes, with thumb circles along the arch and work between the bones.
- 7. Work the heel with the palm rather than a thumb point, and keep both hands in contact.
- 8. Use broad, slow contact for a ticklish client, and avoid the arch until they settle.
- 9. Finish with slow effleurage up the leg and wipe the feet with a clean towel.
- 10. Ask the client to stand slowly, give aftercare, and record the pressure and skin check.

> **Salon example**
>
> A client named Naveen works on his feet in a kitchen for ten hours a day and books twenty minutes for his feet and calves. The therapist seats him with his right leg on a padded stool, checks both feet for broken skin and nail problems, and agrees a pressure of five. She begins with effleurage from the ankle to the knee for three minutes, then works the calf with petrissage, keeping away from the shin and the back of the knee. Naveen says the calf feels tight but the pressure is right. She spends four minutes on the calf, then moves to the foot: thumb circles along the arch, gentle work between the bones, and the heel worked with the palm. Naveen flinches once when she reaches the arch, so she slows down and broadens the contact. The foot gets five minutes, and she finishes with slow strokes up the leg. She wipes both feet, puts his shoes within reach, and tells him to stand slowly. Naveen says he can feel his feet again, and books the same slot for the following week.

CAUTION

Do not work on broken skin, an infected nail, or a new wound on the foot. Cover it, avoid the area, or reschedule.

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Pressure, bones, and broken skin

The foot is a small area with a lot of bone, so pressure needs to be precise. Use the pads of the thumbs and fingers rather than the tips, and keep the pressure broad enough that you are moving tissue rather than digging. The arch tolerates a medium pressure, the heel tolerates more through the palm, and the top of the foot tolerates very little because the bones sit close to the skin. The ankle bones are not pressure points to be pressed; work around them, not on them. If the client says the pressure is sharp, it is too much, whatever the number they chose earlier.

Broken skin changes the plan. A cut, a blister, a cracked heel that is bleeding, an infected toenail, or a new wound means you do not work that area. Cover a small clean graze and work elsewhere, or reschedule if the area is the reason for the booking. Do not apply oil to broken skin, and do not pick at a callus or cut a nail; that is not within the role. If the skin is hot, red, and spreading, think infection and refer. If there is a foul smell, discharge, or dark discolouration, refer the same day, especially in a client with diabetes.

Athlete's foot is common and easy to miss. Look for peeling, itching, and redness between the toes, and for a powdery or moist patch on the sole. It is contagious, so do not work on the affected area, wash your hands afterwards, and clean the stool, the towel, and anything the foot has touched. Wear gloves if you have a cut on your hand. Tell the client plainly what you have seen and suggest a

pharmacist or doctor, without diagnosing. Reschedule if the area is extensive or weeping, and note the finding so the next appointment starts with a check.

Pressure also has to respect the structures. Avoid pressing into the front of the ankle where the tendons and vessels are close to the surface. Avoid strong pressure on the top of the foot over the bones. Avoid pulling on the toes or cracking them. Do not use your body weight through a thumb on the sole, and do not lean on the foot with your forearm. The foot is small enough that a little force goes a long way, and the difference between a satisfying massage and a bruise is often a few degrees of pressure and a change of contact area.

- 1. Look at both feet before touching, including between the toes and around the nails.
- 2. Do not work on cuts, blisters, cracked bleeding heels, infected nails, or new wounds.
- 3. Cover a small clean graze and work elsewhere, or reschedule if the area is the reason for the visit.
- 4. Do not apply oil to broken skin, pick at calluses, or cut nails.
- 5. Treat hot, red, spreading skin as a possible infection and refer.
- 6. Check for athlete's foot, avoid the area, and clean everything the foot has touched.
- 7. Use the pads of the thumbs and fingers, not the tips, and keep the contact broad.
- 8. Avoid the ankle bones, the front of the ankle, and strong pressure on the top of the foot.
- 9. Do not pull or crack the toes, and do not lean body weight through a thumb.
- 10. Record the skin findings, the areas avoided, and the referral made.

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Salon example

A client named Rekha asks for a foot massage after a wedding season of standing in new shoes. Before she sits down, the therapist looks at both feet and sees a blister on the back of her right heel and a patch of peeling skin between the toes of her left foot. The therapist explains what she has seen, says she will avoid both areas, and asks whether Rekha has noticed itching. Rekha says she has, and that she has been treating it with a powder from the pharmacy. The therapist works the calves and the parts of the feet that are clear, keeps her hands washed, and uses a fresh towel. She does not apply oil near the blister and does not work between the toes. At the end she suggests Rekha see a pharmacist if the peeling spreads, and notes both findings on the file. She also wipes the stool and the floor where the foot rested, and puts the towel straight into the bin. She leaves the peeling patch alone for the rest of the session and does not comment on it again, because the client is already embarrassed about her feet.

CAUTION

Athlete's foot is contagious. Do not work the affected area, and clean the stool, towel, and floor before the next client.

Diabetes, numb feet, and when to refer

Diabetes changes how you work on feet. Reduced sensation means a client may not feel pressure accurately, so they cannot tell you when it is too much. Circulation may be poorer, so skin heals slowly and minor damage matters more. Ask every client with diabetes whether they have numbness, tingling, or a history of foot ulcers, and look carefully at the skin, the nails, and between the toes before you begin. If sensation is reduced, keep the pressure light, avoid heat, and check the skin during the session rather than only at the start. Refer any wound, ulcer, or area of unusual colour to a doctor.

Numb feet need a different conversation. If the client cannot feel a light touch, they cannot give you reliable feedback, so the usual pressure scale is not enough. Use your eyes and your judgement: keep the work broad, light, and short, and stop at the first sign of redness that does not fade. Do not use a hot towel, a heated boot, or a warm stone on a numb foot, because the client may not feel a burn. Do not work on a foot with an ulcer, even a small one, and do not attempt to remove hard skin. Refer to a podiatrist or the client's diabetes team.

Circulation is the other concern. A foot that is cold, pale, or blue, with shiny skin and hair loss, may have poor blood supply, and strong massage is not the answer. A foot that is hot, red, and swollen may be infected. A calf that is hot and swollen may be a clot, which is an emergency and not a foot problem at all. Ask about recent flights, bed rest, and previous clots, and compare both legs before you start. When in doubt, do not rub; refer, and write down what you saw. That is a judgement you make with your eyes, not a number the client gives you.

Being honest about the limits is part of the service. A foot massage can help a tired client feel better, and it can be a pleasant part of a longer session, but it does not treat neuropathy, cure poor circulation, or replace a podiatrist. Say that plainly if a client asks. Offer what you can do safely, and refer what you cannot. A client with diabetes who trusts your honesty will come back for the care you can give, and they will be safer for the questions you asked. A short session that ends with a clear referral is better than a long one that ends with a problem you did not name.

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- 1. Ask every client with diabetes about numbness, tingling, ulcers, and poor healing.
- 2. Inspect the skin, nails, and spaces between the toes before starting.
- 3. Keep pressure light and broad if sensation is reduced, and check the skin during the session.
- 4. Avoid heat on a numb foot: no hot towels, heated boots, or warm stones.
- 5. Stop at the first sign of redness that does not fade, and refer.
- 6. Do not work on an ulcer, a wound, or hard skin, and do not attempt to remove callus.
- 7. Compare both legs for heat, colour, and swelling before any leg work.
- 8. Treat a hot, swollen calf as a possible clot and send the client to urgent care.
- 9. Do not claim that massage treats neuropathy or poor circulation.
- 10. Record the findings, the pressure used, and the referral made.

Salon example

A client named Bashir has had diabetes for fifteen years and books a foot massage because his feet feel heavy. The therapist asks about numbness and ulcers, and Bashir says he has some numbness in both feet and once had a small ulcer that took months to heal. The therapist looks at both feet, checks between the toes, and finds the skin intact but dry, with a callus on the right heel. She explains that she will keep the pressure light and will not use heat or work on the callus. Bashir agrees. She works the calves with broad effleurage and the feet with gentle palm strokes and light thumb circles, checking the skin every few minutes. She avoids the heel callus entirely. At the end she suggests he ask his diabetes team about the callus and about footwear, and notes the numbness and the advice on his file. She does not promise that the massage will improve his circulation, and Bashir says he appreciates being told the truth. He books again for the following month and asks for the same therapist, who adds a note to check the callus before each session and to keep the room warm without using heat on the feet.

CAUTION

Do not use heat on a numb foot. A client who cannot feel a burn will not tell you before the skin is damaged.

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CHAPTER 11

Medical Clearance and Conditions That Need Care

Blood pressure and heart disease

High blood pressure is common, often silent, and not a reason to refuse every massage. It is a reason to ask questions. Ask whether the client has been diagnosed, whether it is controlled with medicine, and whether their doctor is happy with the current readings. If the blood pressure is uncontrolled, if the client has headaches, nosebleeds, chest pain, or breathlessness, or if they have recently changed medicine, ask for medical clearance before the session. A relaxation massage is not a treatment for hypertension, and a therapist is not in a position to decide that a reading is safe. The safest question is not what the reading is, but whether the doctor who knows the client is happy with it.

Heart disease needs a more cautious approach. A client who has had a heart attack, a stent, bypass surgery, or a diagnosis of heart failure should be asked when it happened and whether their cardiologist has placed any restrictions. Recent cardiac events mean no massage until the doctor clears it. Once cleared, keep the session shorter, keep the pressure moderate, avoid very hot rooms, and let the client sit up slowly. Watch for breathlessness, chest discomfort, dizziness, or a grey pallor, and stop at once if any appear. Call for medical help rather than trying to massage the client through it.

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Some medicines change the picture. Blood thinners increase bruising, diuretics can leave a client dehydrated and dizzy, and some heart medicines affect blood pressure when the client stands. Ask what the client takes, and do not offer advice about doses. If a client says they feel faint when they stand at home, keep the session short and help them up slowly. If they have missed a dose or taken extra, reschedule and ask them to speak to their doctor. The therapist's role is to adapt the session, not to manage the prescription. Write down the medicine only as a note for your own planning, never as a reason to comment on the client's care.

Clearance is a conversation, not a formality. Ask the client to bring a short note or to confirm that their doctor knows they are having massage, and record what was said, by whom, and when. Do not accept a vague assurance that it is probably fine when the condition is recent or unstable. If the client cannot get clearance, offer a seated hand and scalp session, or wait. Saying no to one booking is cheaper than being the therapist who massaged someone into an emergency, and most clients respect the caution once it is explained. Most clients accept the delay once they understand that the risk is theirs, not the salon's.

- 1. Ask whether blood pressure is diagnosed, controlled, and recently measured.
- 2. Ask about chest pain, breathlessness, headaches, nosebleeds, and recent medicine changes.

- 3. Ask for medical clearance if the condition is uncontrolled, unstable, or recently changed.
- 4. Ask when any heart attack, stent, or cardiac surgery happened, and what restrictions apply.
- 5. Keep a cleared cardiac session shorter, moderate in pressure, and in a cool room.
- 6. Let the client sit up slowly, and stay nearby while they do.
- 7. Stop at once for chest discomfort, breathlessness, dizziness, or grey pallor, and call for help.
- 8. Ask what medicines the client takes, and never advise on doses or skipping them.
- 9. Offer a seated hand and scalp session if clearance is not available.
- 10. Record the clearance, who gave it, and the date, or record that the session was declined.

> **Salon example**
>
> A client named Iqbal books a sixty-minute massage and mentions at the intake that he has high blood pressure. The therapist asks whether it is controlled, what he takes, and when it was last checked. Iqbal says his doctor changed his tablet two weeks ago and that his readings have been high since. He has also had headaches in the mornings. The therapist does not begin the massage. She explains that a recent medicine change and morning headaches are reasons to wait, and asks him to check with his doctor first. Iqbal is annoyed and says he only wanted to relax. The therapist offers a seated hand and scalp session, which does not need the same clearance, and he agrees. The session is quiet and short, and his blood pressure is not discussed again. Two weeks later he returns with a note from his doctor saying the readings are stable and massage is fine. The therapist records the note and keeps the pressure at four. He says the seated session was better than nothing, and that he would rather be told to wait than be massaged into a headache.

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> **CAUTION**
>
> Chest pain, breathlessness, or fainting during a session is a medical emergency. Stop, call for help, and do not continue the massage.

Cancer treatment and osteoporosis

Cancer is not one condition, and a diagnosis alone does not tell you whether massage is safe. Ask what the diagnosis is, what treatment the client is having, when it started, and whether their oncology team has placed restrictions. During active treatment, especially chemotherapy or radiotherapy, the client may have low blood counts, fragile skin, fatigue, and a higher risk of infection. Massage may still be appropriate in some cases, but only with the treating team's agreement and often with lighter pressure and a shorter session. Do not invent a medical massage, and do not claim that massage supports the immune system or fights the disease.

Some situations need a clear no. Massage over a tumour site, over a radiotherapy field that is still reacting, over a healing surgical site, or over an area with lymphoedema that has not been assessed is not appropriate. A client with a low platelet count bruises and bleeds easily, so even light pressure can leave marks. A client with bone metastases is at risk of fracture and should not receive deep pressure

or tapotement. If the client has a port, a line, or a drain, work around it and keep the area covered. Ask before every session, because the treatment plan changes.

Osteoporosis is a thinning of bone that often has no symptoms until a fracture happens. A client may know the diagnosis from a scan, or may only know that they are at risk because of age, long-term steroid use, or a family history. For these clients, avoid deep pressure, avoid tapotement, avoid joint manipulation, and avoid pressing on the ribs and the spine. Use broad, gentle strokes and let the client choose a low pressure number. A rib fracture from a massage is a serious event, and it is more likely in a thin older client who asked for firm work and was not screened.

The honest position is that you are not treating the disease. You are offering comfort, relaxation, and careful contact within limits set by the treating team. Say that to the client. If they ask whether massage will help their cancer, say that some people find it helps them feel more comfortable during treatment, that the evidence is limited, and that their oncology team is the right place for medical questions. Write down what the team said, and follow it even when the client asks for more. A clear boundary is kinder than a promise you cannot keep. Keep the note in the file, because the next therapist will need the same limits and should not have to ask the client to explain their treatment again.

- 1. Ask about the diagnosis, the current treatment, the start date, and any restrictions from the treating team.
- 2. Ask for the oncology team's agreement before working during active treatment.
- 3. Keep the session shorter and lighter, and stop for fatigue, dizziness, or feeling unwell.
- 4. Avoid tumour sites, active radiotherapy fields, healing surgical sites, and unassessed lymphoedema.
- 5. Use very light pressure for a client with low platelets, and check the skin for bruising.
- 6. Avoid deep pressure and tapotement for bone metastases.
- 7. Work around ports, lines, and drains, and keep them covered.
- 8. For osteoporosis, avoid deep pressure, percussion, and joint manipulation, especially on the ribs and spine.
- 9. Do not claim that massage fights cancer, boosts immunity, or replaces treatment.
- 10. Record the clearance, the restrictions, and the pressure used at each session.

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Salon example

A client named Sushma is halfway through chemotherapy for breast cancer and books a massage for fatigue and aching shoulders. The therapist asks what treatment she is having, when it started, and whether her oncology team has any restrictions. Sushma says her consultant knows she wants massage and has said light work on the back and shoulders is fine, but nothing near the surgery site or the port. The therapist asks her to bring the note, and Sushma produces a short letter from the clinic. The session is booked for forty minutes rather than sixty. The therapist uses broad effleurage and light petrissage, keeps the pressure at three, and avoids the right side of the chest, the armpit, and the port area. She checks the skin for bruising as she works and finds none. Sushma falls asleep for ten minutes, which she says has not happened in weeks. The therapist records the clearance, the restrictions, and the pressure, and books the next session for a day when Sushma expects to feel well. The oncologist's letter stays in her file, and the therapist checks it before each booking rather than trusting memory.

CAUTION

Do not work over a tumour site, an active radiotherapy field, a healing surgical site, or unassessed lymphoedema.

A recent injury and the limits of your role

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A recent injury is not a request for deeper work. A sprain, a strain, a fall, or a suspected fracture needs assessment before massage, and the first days after an injury are not the time to test the tissue. Ask when it happened, what happened, whether it has been examined, and what the client has been told to do. If there is swelling, bruising, deformity, or an inability to bear weight, refer for assessment. If the client has been cleared and the injury is healing, work around the area rather than on it, keep the pressure light, and stop if the client reports sharp pain.

The role has clear edges. A massage therapist does not diagnose, does not order scans, does not prescribe exercises as a treatment plan, and does not decide that a joint is out of place. You can describe what you observe, offer relaxation and comfort, and suggest that the client see a doctor or physiotherapist. You can show one or two simple movements if the client asks and it is safe, but you do not build a rehabilitation programme. If a client asks you to confirm a diagnosis or to tell them whether they need surgery, say plainly that this is outside your scope.

Some clients arrive with a diagnosis and a request to fix it. A slipped disc, a frozen shoulder, a torn ligament, or a nerve injury are medical conditions, and massage may form part of a wider plan that someone else is managing. Ask what the plan is, what has been cleared, and what the client has been told to avoid. Work within those limits, and do not promise to put anything back, release a trapped nerve, or undo a tear. If the client has no plan and no assessment, the right move is a referral, not an experiment. Saying that clearly is not a failure of service; it is the reason the client can trust the rest of what you say.

The limits protect the client and the therapist. They also make the work clearer. When you know what you do not do, you can be confident about what you do offer: careful contact, a calm room, a pressure

the client chooses, and an honest account of what massage can and cannot change. That confidence is what clients feel when they lie down. It is also what keeps a salon out of trouble when a question is asked months later, because the record shows what was checked, what was advised, and what was refused. The record is the only account anyone will have, and it should read like a professional note rather than a defence written after the fact.

- 1. Ask when the injury happened, what caused it, and whether it has been examined.
- 2. Refer for swelling, bruising, deformity, or an inability to bear weight.
- 3. Work around a healing injury, not on it, and keep the pressure light.
- 4. Stop for sharp pain, numbness, tingling, or a sudden loss of movement.
- 5. Do not diagnose, order tests, or tell a client whether they need surgery.
- 6. Ask what the treating clinician has cleared and what the client has been told to avoid.
- 7. Do not promise to fix a disc, release a nerve, or repair a tear.
- 8. Offer one or two simple movements only if they are safe and the client asks.
- 9. Refer clients with no assessment and no plan rather than experimenting.
- 10. Record what you observed, what you advised, and what you declined to do.

Salon example

A client named Tarun comes in three days after twisting his knee on a stair. He asks for a deep massage around the joint because it feels tight. The therapist looks at the knee, sees swelling and a bruise on the inner side, and asks whether he has had it examined. Tarun says he has not, and that he can walk but it hurts going downstairs. The therapist does not massage the knee. She explains that swelling and bruising after a twist need assessment, and that deep work now could make it worse. She offers a gentle session on the calves and the upper leg away from the joint, with the knee supported, and Tarun agrees. She keeps the pressure at three and stops when he shifts uncomfortably. At the end she advises him to see a doctor or a physiotherapist and gives him the clinic details the salon keeps at the desk. She records the swelling, the advice, and the areas she avoided. Tarun sees a physiotherapist two days later, learns that the ligament is strained rather than torn, and returns for leg work a month after the swelling has gone. The therapist checks the discharge note before touching the knee.

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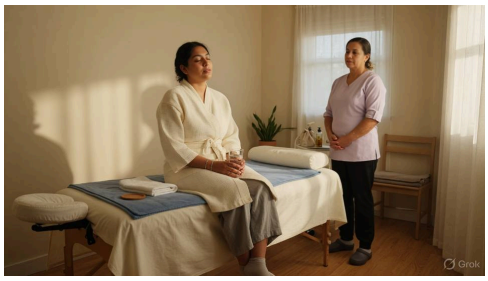
CAUTION

A recent injury with swelling, bruising, or an inability to bear weight needs assessment, not deep massage.

CHAPTER 12

What the Client Feels Afterwards



Normal soreness and warning signs

Mild soreness for a day after a massage is common, especially after work on tight shoulders or calves. It usually feels like the muscle has been used, similar to the day after unaccustomed exercise, and it eases with gentle movement. It should not be sharp, it should not stop the client from doing ordinary things, and it should not get worse over the following days. Tell the client this before they leave, so they are not alarmed by a familiar feeling, and so they know what would be unusual. A short explanation prevents most worried phone calls. That also protects the salon from a client who assumes the therapist damaged them because nobody explained what was expected.

Sharp pain is different. A pain that makes the client catch their breath, that shoots down a limb, or that is worse when they move in a particular direction is not normal soreness. Neither is numbness, tingling, pins and needles, or weakness in an arm or a leg. These can be signs of nerve irritation and need assessment rather than another massage. If a client reports them during the session, stop the area and reassess. If they report them the next day, advise a medical review and do not offer to work on the area until it has been checked.

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A calf that swells is a red flag. So is a calf that becomes hot, red, or tender after a session, particularly if the client has had a long flight, recent surgery, or a previous clot. Do not massage it, do not tell the client to walk it off, and do not wait to see whether it settles. Send them to urgent care the same day, and call emergency services if there is chest pain or breathlessness. The same caution applies to a leg that swells after a period of bed rest or a long car journey. A massage can be the thing that draws attention to a clot, and the right response is referral, not rubbing.

Other warning signs are less specific but still matter: a fever, a spreading rash, a feeling of faintness, a severe headache, or a new pain that does not fit the work you did. Ask the client to contact the salon if any of these appear, and record the call. If they describe something urgent, tell them to seek medical care rather than booking another appointment. The salon's job after the session is to be reachable and honest, not to keep the client in the treatment room because the next booking is available. A short, calm conversation at that point is worth more than a defensive one later.

- 1. Tell the client before they leave that mild soreness for a day can happen.
- 2. Describe the soreness as a used-muscle feeling that eases with gentle movement.
- 3. Name the warning signs: sharp pain, numbness, tingling, weakness, and a swollen calf.
- 4. Stop the area during a session if any warning sign appears, and reassess.
- 5. Advise a medical review for symptoms reported the following day.

- 6. Treat a hot, swollen, tender calf as a possible clot and send the client to urgent care.
- 7. Call emergency services for chest pain or breathlessness with a swollen calf.
- 8. Ask the client to contact the salon for fever, spreading rash, faintness, or a severe headache.
- 9. Do not book another massage for an area that has not been assessed.
- 10. Record every after-session report and the advice given.

> **Salon example**
>
> The morning after a deep calf session, a client named Meenakshi calls the salon to say her right calf is sore and slightly swollen. The therapist who took the call asks whether the swelling is on one side, whether the calf is warm, and whether she has had a flight or a period of bed rest. Meenakshi says the calf is warmer than the other one and that she flew home from a conference two days ago. The therapist does not book her in for another massage. She explains that these signs need checking today and gives her the address of the urgent care clinic. She also asks her to call back afterwards so the salon knows the outcome. Meenakshi is scanned that afternoon and the clinic finds no clot, but advises rest and a review. The therapist records the call, the advice, and the outcome, and notes that the next leg session should be lighter and should start with a question about recent travel. The clinic confirms that the calf is clear and that the soreness is muscular, and the therapist passes the message to Meenakshi the same evening.

CAUTION

A calf that is hot, swollen, and painful after a massage is not a reason for more massage. Send the client for medical assessment.

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Aftercare: water, no sauna, and the day after

Water is the simplest aftercare advice and the easiest to overstate. Offer water after the session, and suggest the client drinks normally through the rest of the day. There is no need to force litres or to promise that water flushes out toxins, because that claim is not true and it makes the salon sound like it is selling something. If the client is thirsty, water is welcome. If they are not, a glass is still a reasonable offer. The point is comfort and hydration after an hour of lying down, not a detox programme. A glass of water and a calm few minutes are the whole of the advice, and they are enough.

A sauna, a steam room, or a very hot bath straight after deep work is a bad idea for most clients. Heat can make a client feel dizzy, can increase soreness, and can leave someone who is already relaxed feeling faint. Suggest waiting until the next day and using gentle warmth instead. The same applies to a heavy gym session, a long run, or a hot yoga class. A walk, some light stretching, and an early night are better choices. If the client has a medical condition that affects blood pressure or balance, be firmer about the heat advice. If the client has been drinking alcohol, the heat advice matters more, and the session should not have started in the first place.

The day after is when the client decides whether the massage helped. Mild soreness that eases by the afternoon is a good sign. A shoulder that moves more easily, a neck that turns further, or a calf that

feels lighter are all worth noting. A pain that is worse, a new numbness, or a feeling of being bruised all over are reasons to call. Ask the client to report either way, because the report shapes the next session. A therapist who never hears the day-after result is working blind, and the client who is never asked learns that the follow-up does not matter.

Aftercare also includes the next booking. Do not book the client in sooner than the work needs, and do not promise a fixed number of sessions for a medical problem. If the client wants weekly sessions because the first one felt good, agree a plan and review it after a few visits. If the soreness lasts more than a couple of days, wait longer before the next deep session. The interval is part of the treatment, not a sales target, and a client who is given time to recover trusts the advice more than one who is booked in before they have stopped aching.

- 1. Offer water after the session, and suggest normal drinking rather than forced litres.
- 2. Do not claim that water flushes out toxins or that massage needs a detox.
- 3. Advise against a sauna, steam room, or very hot bath straight after deep work.
- 4. Advise against a heavy gym session, a long run, or hot yoga on the same day.
- 5. Suggest a walk, light stretching, and an early night instead.
- 6. Be firmer about heat advice for clients with blood pressure or balance problems.
- 7. Ask the client to report how they feel the next day, good or bad.
- 8. Treat worsening pain, new numbness, or all-over bruising as reasons to call.
- 9. Do not promise a fixed number of sessions for a medical problem.
- 10. Review the interval after a few visits rather than booking on a sales target.

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Salon example

After a deep shoulder session, a client named Ayesha asks whether she can go to the sauna at her gym that evening. The therapist explains that a sauna straight after deep work can leave her dizzy and more sore, and suggests waiting until the next day. Ayesha is disappointed because the sauna is part of her routine. The therapist offers an alternative: a warm shower, a walk, and some water, with the sauna the following evening if she feels well. Ayesha agrees. The next morning she messages to say her shoulders feel looser but a little sore, and that she slept well. The therapist replies that this is the expected pattern and asks her to keep the area warm. At the next booking they agree to leave two weeks between deep sessions rather than one, because Ayesha's training schedule is heavy. The therapist records the advice about the sauna and the agreed interval, and notes that Ayesha responds well to a clear explanation rather than a list of rules. Ayesha keeps the sauna for the following evening and says the delay was worth it, because the soreness had settled by then.

CAUTION

Do not send a client from deep work straight into a sauna, a steam room, or a hot bath. Heat after deep work can cause dizziness and more soreness.

What massage does not cure

Massage can ease muscular tension, support relaxation, and help a client feel more comfortable in their body. It does not cure a slipped disc, infertility, cancer, diabetes, or any other disease. It does not move a disc back into place, reset a joint, or remove toxins from the body. Those claims are false, and repeating them damages trust and can lead clients to delay proper care. A massage therapist is not a doctor and should not diagnose, prescribe, or advise a client to stop medical treatment or skip a recommended test. The distinction between comfort and cure is the most important sentence a therapist learns to say.

The slipped disc is a good example. A client may arrive with a scan, a diagnosis, and a belief that deep pressure can push the disc back. Explain that the disc is a structure inside the spine, that massage works on the muscles around it, and that no external pressure can move it back into place. Massage may reduce the surrounding tightness and help the client feel more comfortable, but it cannot change the disc itself. Suggest they discuss the scan with their doctor or physiotherapist, and keep your work gentle and within what has been cleared. That explanation is usually a relief, because it gives the client a realistic reason to keep coming without expecting a miracle.

Infertility is another area where claims run ahead of evidence. Some clients are told that a particular massage, oil, or technique will help them conceive, and they arrive hopeful and vulnerable. Do not promise that massage will improve fertility, unblock tubes, or balance hormones. You can offer a relaxing session that helps them feel cared for during a difficult time, and you can say honestly that this is what you are offering. If they ask medical questions, refer them to their fertility team. Hope is not something to trade on. A gentle session can still be a good session, and it does not need a medical claim attached to it.

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The general rule is simple: describe benefits in modest, specific terms, and refuse to make medical promises. Say that massage may help you feel more relaxed, that it may ease muscular tightness for a while, and that it is not a treatment for disease. If a client asks whether massage can replace their medicine, their physiotherapy, or their scan, the answer is no. If they ask whether it can help alongside those things, the answer is that it may help with comfort and relaxation, and that their treating team should know. That answer is honest, defensible, and kind. If the treating team has advice, follow it, and if there is none, work within the limits of a relaxation service.

- 1. Describe benefits in modest, specific terms: relaxation, comfort, temporary easing of muscular tightness.
- 2. Do not claim that massage cures a slipped disc, infertility, cancer, or diabetes.
- 3. Explain that massage works on muscles around the spine, not on the disc itself.
- 4. Do not promise that any technique moves a disc back or resets a joint.
- 5. Do not claim that massage improves fertility, unblocks tubes, or balances hormones.
- 6. Offer relaxation and care during fertility treatment without promising an outcome.
- 7. Do not diagnose, prescribe, or advise stopping medical treatment.
- 8. Refer medical questions to the client's doctor, physiotherapist, or specialist team.
- 9. Do not claim that massage removes toxins or replaces a scan.

- 10. Record the conversation and the referral in the client's notes.

> **Salon example**
>
> A client named Anil asks whether regular massage can cure the slipped disc shown on his scan. The therapist explains that massage may reduce the muscular tightness around his lower back and help him feel more comfortable, but it cannot change the disc itself. Anil says a friend told him that deep pressure could push the disc back. The therapist corrects the claim and suggests he discuss the scan with his doctor or physiotherapist. She offers a gentle session focused on relaxation, keeps the pressure at three, and avoids the areas the scan report mentions. Anil books again, and the therapist notes the conversation and the referral in his record. He later says the honest answer helped him trust the salon more, because two other places had promised a cure. At his next visit he brings a note from his physiotherapist with exercises, and the therapist reads it and works within those limits rather than inventing a plan of her own. The physiotherapist later calls the salon to confirm the plan, and the therapist is glad the file already records what was said and what was refused.

> **CAUTION**
>
> Never claim that massage cures a disease or replaces medical care. False claims are harmful, and they are also unprofessional.

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Glossary

Effleurage
A gliding stroke with the palm or fingers, used to warm tissue, spread oil, and link other strokes.

Petrissage
Kneading strokes that lift, squeeze, and roll soft tissue, used on fleshy areas.

Friction
Small, focused movements of the fingers or thumb that move skin over the tissue beneath.

Tapotement
Light percussive strokes with cupped hands, loose fists, or the edge of the hand.

Vibration
A fine, rapid tremor of the hand or fingers, or a slow rocking movement, used to calm tissue.

Draping
The use of sheets, towels, or blankets to keep the client covered, exposing only the area being worked.

Informed consent
Agreement given after the client understands the plan, the areas to be touched, the pressure, and the right to stop.

Contraindication
A condition or situation in which massage should be avoided, postponed, or modified.

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Trigger point
A tender, tight spot in muscle that may refer sensation to another area when pressed.

Modality
A particular style or method of bodywork, such as Swedish massage or seated massage.

Scope of practice
The boundaries of what a therapist is trained and legally permitted to do.

Referral
Directing a client to a doctor, physiotherapist, or other qualified professional when the issue is outside the therapist's scope.

Prenatal massage
Massage during pregnancy, requiring additional training, suitable positioning, and medical clearance when needed.

Aftercare
The advice and support given after a session, including water, rest, and avoiding heat or hard exercise straight away.

Deep vein thrombosis
A blood clot in a deep vein, often in the calf. A hot, swollen, painful calf is treated as a possible clot and referred urgently.

Medical clearance

A doctor's written or spoken agreement that a client may receive massage, usually with stated limits on pressure or areas.

Peripheral neuropathy

Reduced or altered sensation in the feet or hands, often from diabetes. It means pressure must be light and heat avoided.

Cross-infection control

The routines that stop infection passing between clients, including fresh linen, hand washing, and cleaning the table and tools.

Patch test

Applying a small amount of a product to the skin and waiting to see whether a reaction develops before using it more widely.

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