

INTRODUCTION TO SPORTS THERAPY

Practical – Petrissage and Tapotement

Learning Outcomes

- By the end of today students should be able to:
- Know the physiological effects associated tapotement and petrissage
- Practise the techniques learnt from experienced clinician

Recap

- Effleurage
 - 16 techniques
- Effects of Effleurage
- Proper Technique



Petrissage (knead)

- The “Cleansing” stroke
- Uses a rhythmical kneading action
- Concentrates on lifting muscle
- Emphasis is a “vertical” action
- Variety of techniques can be used

Effects of Petrissage

- Raises tissue temperature
- Increased local circulation and lymphatic flow
- Increased absorption of fluids/ elimination of waste
- Increases cell permeability
- Reduction of subcutaneous lipids (?)
- Stretches some muscles
- Increases mobility of muscles and fascia

Application of Petrissage

- Rhythmical grasping of the tissues, each hand in turn
- Tissue gripped and lifted away from the underlying bone
- Move up and down area to be treated
- Whole hand on large areas, working down to finger tips on small areas.
- THREE MAIN TYPES
 - Wringing
 - Rolling
 - Kneading

Application of Petrissage

- Not too much oil!
- Latissimus Dorsi
- Upper Fibres of Trapezius
- Posterior cervical spine
- Triceps
- Hamstrings?
- Medial gastroc
- If you can't lift it you can't Petrissage it



Tapotement

- Percussive technique
- Alternate hands striking skin in rapid succession
- Pressure variable

Effects of Tapotement

- Fast erythema of the skin
- Stimulates fight or flight
- Stimulates aggressiveness
- Stimulates peripheral nerves

Tapotement Application

Hacking

- Fingers loose, chopping action

Slapping

- Deflected slaps or rotary brush

Cupping

- Close fingers and thumb, hollow hand, hollow noise

Flicking

- Brush fingers, both hands any direction

Pinching

- Pigeon pecks on surface, 2 fingers 1 thumb

Clinic Preparation

- Consultation forms

GP Address

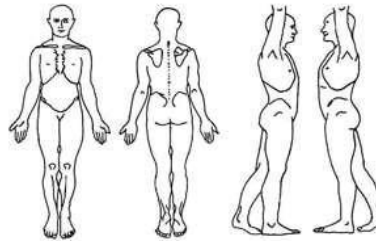
Sport/Position/Event

Contraindications

Acute Trauma (72hours)	Y N	Heart Conditions	Y N
Haematoma	Y N	Heart Surgery	Y N
Sprains/Strains	Y N	Haemophilia	Y N
Ruptures	Y N	Osteoarthritis	Y N
Fractures	Y N	HIV/AIDs	Y N
Open Wounds	Y N	Sensory Deficiency	Y N
Hypertension	Y N	Varicose Veins	Y N
Angina	Y N	Bursitis	Y N
Infections	Y N	Skin Conditions	Y N
Rheumatoid Arthritis	Y N	Diabetes	Y N
Myositis Ossificans	Y N	Epilepsy	Y N
Pregnant	Y N	Allergies	Y N
Gout	Y N	Hypotension	Y N

If yes to any of the above, please give further details:

Reason for Clinic visit:



Assessment Information

I consent to receiving a sports massage. The treatment has been explained to me and I have had the opportunity to ask questions. All the information provided is true to the best of my knowledge and I will not hold the university responsible for any undisclosed medical condition or ailment that may contraindicate me from treatment. I understand that the therapist is still training under the University of Wales Trinity Saint David and that they will be supervised at all times during treatment. I am aware that my treatment records will be kept confidential and secure and that I can request a copy of them (in writing) at any time.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Date:	Treatment Given	Aftercare Advice Given	Feedback	Name of Therapist