

9 Massage Techniques

The Nature of the Massage

The technique of manual lymph drainage (MLD) developed by Dr. Vodder is a large-surface massage technique that cannot be classified among any of the other existing, well-known massage techniques. A study of manual lymph drainage will show that the technique is complex and the movements involved require special training. They cannot be learned from a book.

All massage techniques have one thing in common: skin contact is used to stimulate receptors, leading to a particular reaction. Which receptors are stimulated and what effect is achieved is determined by the nature of the skin contact.

To achieve the intended effects with Dr. Vodder's Manual Lymph Drainage, it must be carried out exactly as taught in its original form at the Dr. Vodder Schools in Austria and North America.

Manual lymph drainage consists of four stroke techniques as described below. They can be applied in any combination during treatment. As the descriptions make clear, Dr. Vodder's Manual Lymph Drainage is made up of a combination of round or oval, small or large, large-area circular motions that move the skin without sliding over it.

Stationary Circle

"Stationary circles" are primarily applied to the neck and the face.

- Phalangeal and metacarpophalangeal (MCP) joints are extended; the wrist is rigid and does not move. The circular movement is created through motion of the elbow and shoulder.
- Stationary circles are performed with both hands and in the same direction.
- In the starting position (SP), the fingers or whole hands are placed on the skin in the zero phase. Zero phase means that there is enough tension in the therapist's hands to extend the phalangeal and MCP joints but the touch remains very light. We call the touch on the skin: "... as light as a fly ... a wasp would be too heavy!"
- After the initial contact (SP) with the flat fingers or hand, the skin is moved with a push-pressure motion toward the tips of the fingers and the circle is finished in the direction of lymph flow. The push-pressure movement increases until it reaches the maximum push-pressure force.
- While finishing the circle, the skin leads the fingers back to the SP, and the push-pressure decreases until the SP is reached (zero phase).

Scoop Technique

The scoop technique is used on the extremities. This movement is performed with one hand, or with two hands alternating. The scoop technique is learned on the forearm.

- The therapist's hand is placed flat on the palmar side, phalangeal and MCP joints extended, and the thumb is juxtaposed in opposition to the fingers, similar to a lumbrical grip.
- In this SP, the therapist does not apply pressure, because while in this position the hand is in the zero phase with maximal skin contact.
- The ideal push-pressure phase is initiated, *still without pressure*, by ulnar abduction of the therapist's wrist, "wrist forward."
- The palm is partially lifted off the forearm; only the ulnar side of the hand remains in contact. We say: "Bring the wrist forward, perhaps ever so slightly the elbow as well ..."
- During the following increasing push-pressure phase, with a movement that resembles palmar flexion, we stretch the skin transversely (transverse push) until the majority of the palm is in contact with the skin again.
- Once the palm is in contact with the forearm again, it spirals in the direction of the index finger, performing dorsal extension and longitudinal push. In this phase the therapist swings his/her extended fingers from distal to proximal, not sliding over the skin. The stretch (push) is released without lifting the wrist and the skin allowed to return under the hand. At this point, the movement is repeated.

Pump Technique

The pump technique is used on the extremities. The movement is performed with one hand or two hands, alternating or together.

- The therapist's hand is placed flat in dorsal extension on the front of the thigh. The thumb is again in opposition to the fingers. Contact is made without pressure (zero phase) but with the entire hand surface. During the SP, the muscles of the hand are not engaged and no pressure is exerted onto the skin.
- The ideal push-pressure phase is initiated, *still without pressure*, by palmar flexion of the therapist's wrist. This palmar flexion continues so that the ulnar side of the palm remains in contact with the leg. *Tip:* Make sure that the radius moves forward, not the ulna. In this position, the increasing transverse push takes place with the MCP joint of the thumb on one side and the MCP joints of the fingers on the other until the greatest pos-

sible area of contact between the palm and the thigh is reached. The direction of the push is toward the table.

- Maintaining the transverse push, the wrist is lowered until the thenar and hypothenar eminences touch the thigh and with a push-pressure movement the skin of the front of the thigh is moved proximally (longitudinal push).
- The transverse and longitudinal push phases are performed in one smooth motion.
- This is followed by the phase of decreasing push-pressure down to zero, the hand remaining in the greatest possible contact with the skin. During this movement the skin of the patient returns beneath the hand of the therapist.

Rotary Technique

The rotary technique is used on flat body surfaces such as the back. The rotary technique is always performed with two hands together or alternating.

- The therapist places both hands flat on the back, parallel to the spine. The finger joints and MCP joints are extended. The thumb is abducted in a 90° angle to the index finger. The hand lies flat and relaxed on the skin in the zero phase.
- From this SP the hand moves the skin forward (toward the fingertips) with increasing push-pressure motion and outward (toward the little fingers) in a slightly oval circle. The oval circle is the “rotation” of the rotary technique. This rotation is achieved through slight ulnar abduction and decreases until the zero phase is reached.
- During the zero phase, the hand lies on the skin without exerting pressure and the thumb moves in across the skin toward the index finger.
- Now the palm of the hand is lifted off the skin of the back, but the thumb and tips of the extended fingers maintain contact with the skin of the back. The fingertips slide cranially along the spine without exerting pressure. The thumb remains a fixed point and remains where it was when the wrist was raised. The span of the hand (distance between index finger and thumb) is increasing. Thus the hand moves cranially.
- Once the angle between index finger and thumb has reached approximately 90° the hand is placed flat on the back again, the thumb moving slightly medially without exerting pressure.
- The hand has now returned to the SP as described above and the push phase starts again.

The fingers are always an extension of the palm of the hand. The work is done not with the palmar aspect of the fingers but with the palm of the hand. This rule applies to the pump technique, scoop technique, and rotary technique.

Thumb Circles

Thumb circles can be used on all parts of the body except the face and neck. Thumb circles are usually applied with two hands together or alternating. For practice purposes, thumb circles are done on the back of the hand.

- The thumb lies on the back of the hand in the direction of drainage. It is in the zero phase (SP). One thumb is moved 90° laterally.
- With increasing transverse push the skin of the back of the hand is moved and at the same time spiraled inward proximally. This proximal inward spiraling is the longitudinal push of the thumb circle. The thumb circle is a 90° movement performed by the wrist alone.
- During the zero phase, the skin of the back of the hand slides very slightly distally under the thumb.
- Now the wrist moves the thumb back to the SP without exerting pressure, and the movement starts again, this time using the other hand and thumb.

Duration and Intensity of the Massage

There is no general rule for the **length of treatment**. In many cases it is stipulated by the patient's health insurance or prescribed by official guidelines (Germany).

The **intensity of treatment** is determined on the basis of the clinical features of the individual case. This requires experience, sensitivity, and intuition on the part of the therapist.

Experience has taught us that the more precisely the strokes are performed, the better the desired effects. The application of pressure can vary greatly and depends on the condition of the tissue. As a general rule it may be said that the softer the tissue, the lighter the massage pressure should be.

■ *Lymphedemas are usually treated with greater pressure.*

Creating the Environment for Optimal Treatment

For the best possible treatment, certain requirements are made of the therapist and the environment:

- Avoid conversations during treatment. The patient is intended to experience your hands. This allows the effects of manual lymph drainage on the autonomic nervous system to become more noticeable.
- Avoid interruptions during treatment if possible.
- The decision whether to accompany the treatment with music should be left to the patient.
- The room should be well insulated against, or located away from, external noise (telephone, street noise, etc.).