



**INTERNATIONAL
MASSAGE
ACADEMY OF
SWITZERLAND**



MAREY EL HAMOULY

MASSAGE MASTERCLASS

Welcome to

Trigger Point Release Protocols

**Muscles Stretching and Release
Technique**

Masterclasses

PART 2

Practitioner's Training Manual

By

Marey El Hamouly



“I advise you to read this training manual before you start practical session”

CONTENTS

PART 2

Introduction of Muscles Stretching

10- Palpation

11- Practice HIT&TIPS

12- Mechanical Techniques

Chapter 4-Levator Scapula (The Mouse Muscle)

Chapter 5-Sternocleidomastoid SCM

Chapter 6-Quadratus Lumborum-QL

Chapter 7-Psoas

Chapter 8-Glutes

Chapter 9- Supinator and Extensor

Chapter 10-Triceps

Chapter 11-Supraspinatus and Infraspinatus.mov

Chapter 12- Piriformis

Chapter 13- Vastus Medialis, Intermed and Lateralis

Chapter 14-Adductors

Chapter 15-Back leg Group of Ligaments

Chapter 16-greetings

13- Contact Details



L.M.T/ M.M.T/A.E.T

Marey El Hamouly

President

International Massage Academy of Switzerland

IMAS

“Health is not everything, but everything is nothing without health”

Once you would like to elevate and develop your Massage skills, This 100% Masterclass of techniques and is made to take you to the next level of skills which you can really help and treat your clients.

A professional and personalised online learning solution for leading Massage Therapists to next level.

I am cordially inviting you to discover the world of Trigger Points TPs, as a fact which we have it all and one of the best treatments, Muscles Stretching Technique.

As a mechanical Massage and manual therapy to let your clients Enjoy the highest level of personalized world-known services and total wellness...

Thank you
Marey El Hamouly



COURSE DETAILS

During this course you will learn techniques that can be used to provide Trigger Points release protocols and muscles stretch release techniques

You will learn how to:

prepare the client for treatment the client prior to and during the treatment carry out muscles Stretch release techniques use mechanical techniques to release Trigger Points as contracted muscles

You will also study:

benefits of the treatment related anatomy and physiology contra-indications aftercare and contra-actions.

Once you have successfully completed your Masterclass, you will receive your Certificate in

Trigger Point Release Protocols

Muscles Stretch and Release Techniques

Approved by

International Massage Academy of Switzerland-IMAS

&

World Massage Council-WMC

Good luck and enjoy!

PART 2



Muscles Stretching and Release Technique Protocol

www.mareyelhamouly.com

Muscles Stretching and Release Technique Protocol

(PART 2 of this Masterclass)

Stretching Guidelines

You will be taught techniques that will reduce pain and prevent it from recurring.

I have illustrated some simple stretching diagrams where appropriate.

Stretching should be performed slowly, and without bouncing.

Care must be taken to isolate the stretch to the specific muscle as far as possible.

As a rule, stretches should be performed three to five times, slightly deepening the stretch with an out-breath each time.



Muscles Stretching

is a type of flexibility exercise.

There are 2 major and common types of stretching:

dynamic and static.

Both are different in nature and should be performed at different times.

Dynamic stretching

Also known as mobility drills should be performed before you begin exercising.

Dynamic stretching involves a gradual transition from one body position to another and involves a progressive increase in reach and range of motion as the movement is repeated several times.

Stretching by moving through your range of motion raises your heart rate and increases blood flow to your muscles which allows them to properly warm up and decreases your muscle stiffness.

This helps prep your muscle so they are ready to perform for your workout. Some examples of dynamic stretching include leg swings, torso twists and arm circles.

Static stretching

Should be performed after exercising or can be performed alone on its own.

Static stretching involves slowly moving a muscle to the end of its range of motion and then holding the position for a period of time.



The American College of Sports Medicine (ACSM) recommends holding each stretch for 10 to 30 seconds.

For older individuals, holding a stretch for 30 to 60 seconds is recommended for the greatest benefits.

You should stretch the muscle enough to feel a light to moderate discomfort, but don't go too far where you start to feel pain.

Some examples of static stretching include calf stretch, sitting hamstring stretch and shoulder stretch.

Stretching/flexibility recommendations

- Incorporate stretching exercises into your workouts 2 to 3 days a week, but daily stretching is most effective.
- Your flexibility exercises should target each of the major muscle-tendon groups:
 - o Shoulder
 - Chest
 - Trunk/back
 - Hips
 - Quads/Hamstrings
- Perform dynamic stretching before working out
- Perform static stretching or dynamic stretching after working out
- Stretch to a point of feeling tightness or light to moderate discomfort, depending on your fitness level
- Do not bounce while stretching, this can cause injuries. It is best to hold the stretch in one position or to slowly move it through its range of motion
- Add in foam rolling at the end of your workout to help improve flexibility

what are the 4 rules of stretching?

To stretch safely, you must adhere to the four main principles of:

- Avoiding pain**
- Stretching slowly**
- Stretching the right muscle**
- Working only the necessary joints and muscles.**

What are the ACSM guidelines for stretching?

The American College of Sports Medicine (ACSM) recommends **holding each stretch for 10 to 30 seconds.**

For older individuals, holding a stretch for 30 to 60 seconds is recommended for the greatest benefits.

Benefits of stretching

Stretching provides many benefits for your body, helps prepare your body for your workout and aids in your body's recovery process after your workout, it also helps improve your joint range of motion, your overall flexibility and can even be used to help reduce your stress.

Reference:

ACSM's Guidelines for Exercising Testing and Prescription, Ninth Edition

Why stretching is important

It's not good to have tight muscles.

This is because they will restrict movement and be more likely to suffer tears and strains, in order to keep our muscles flexible, we need to stretch them to their full length regularly.

For most people, this isn't something that happens in normal everyday activity.

In fact, many people have jobs in which they don't move much at all, or use the same muscles in repetitive movements.

Regular stretching will therefore help to stop muscles getting tight and problems developing.

BENEFITS OF STRETCHING

- Regularly stretching muscles increases the range of movement around the joints. This means that muscle injury is less likely and movements are smoother and easier.
- Stretching reduces tension in muscles.
- Increased range of movement around the joints can improve sports and exercise performance.
- Being flexible allows us to bend, reach and turn easily.
- Tight muscles lead to posture problems – bad posture affects the way you look and can lead to pain and injury.

myfitnessplanner.co.uk

Muscles Stretching and Release

Technique Protocol

Palpation

Palpation is as much an art as it is a science.

Initially you should seek to relax the patient sufficiently to gain access to vulnerable and potentially painful treatment.

A thorough case history with thoughtful and directed questioning is essential, as is an engaging approach with the patient.

It is important to talk to the patient, explaining procedures reduces the patient's anxiety levels, and allows participation in the treatment process.

Involving the patient is a key step, as you rely on feedback to locate the exact center of the trigger point.

How do I know it's a trigger point?

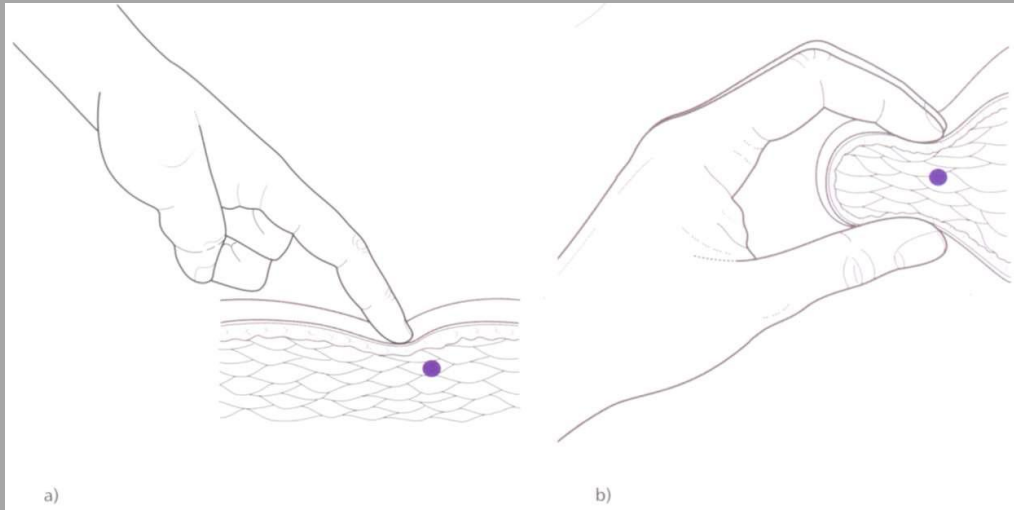
You are looking for:

- Stiffness in the affected/host muscle.
- Spot tenderness (exquisite pain).
- A palpable taut nodule or band.
- Presence of referred pain.
- Reproduction of the patient's symptoms (accurate).
- May be hotter (or colder) than the surrounding tissues.
- May be more moist than the surrounding tissues.
- May feel a little like sand paper.
- May be a loss of skin elasticity in the region of the trigger point.

What applicator should I use for palpation?

- Finger pads palpation: remember to cut your finger nails (shorter is better).
- Flat palpation: use the fingertips to slide around the patient's skin across muscle fibres.

- Pincer palpation: pinch the belly of the muscle between the thumb and the other fingers, rolling muscle fibres back and forth.
- Flat hand palpation: useful in the abdominal region (viscera).
- Elbow: allows stronger leverage which can be an advantage.



a) Flat finger palpation

b) pincer palpation



PS:

- Flat hand palpation: useful in the abdominal region (viscera).
- Elbow: allows stronger leverage which can be an advantage.
- Finger pads palpation: I prefer to use the 2 Middle fingers to palpate the TPs, remember to cut your finger nails (shorter is better)



Hints and Tips

- Locating the central trigger point which causes a precise referred pain pattern is recommended as it gives the patient a rationale to accept treatment
- Make sure the patient has recently eaten, as hypoglycaemia aggravates trigger points.
- Have a warm treatment room.
- Use a blanket to cover the body and areas not being cooled, as muscle warmth is more conducive to muscle relaxation.
- Remember to cover the eyes where appropriate.
- Do NOT aim at a single spot as this can burn or cause urticaria.
- Do NOT force a stretch.
- If the patient is apprehensive, ask them to focus on their breathing.
- Test range of motion before and after stretch technique.
- Make sure that the muscle to be treated is fully relaxed and support it where possible.
- Treatment can be performed sitting, side-lying, prone or supine.
- To get a full stretch, you should anchor one side of the muscle, and move the other (passively).

Hands-on

Stretch and Release Techniques

These methods directly involve the patient, asking them to actively contract the affected/host muscle and then to relax it.

This sequence forms the basis for several extremely effective inhibitory techniques of Contract and relax/hold and relax, Unloading taping technique and Muscle energy techniques/positional release techniques

Utilizing contraction and relaxation whilst fixing through the trigger point may well 'normalize' the sarcomere length, this sets in place a cascade, releasing the affected actin and myosin, and reducing the energy crisis.

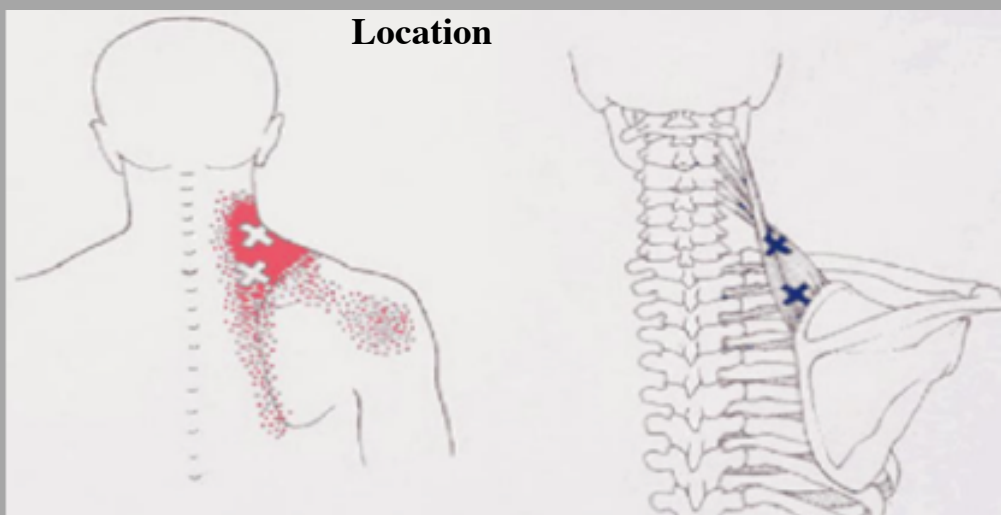
Here, I will explore some of these techniques.

To study online Masterclass, please keep opened the video and PDF file in the same time, read well, look at the images and watch the video chapters, repeat and practice with your clients, explain to them before the treatment and ask them for feedback after it.

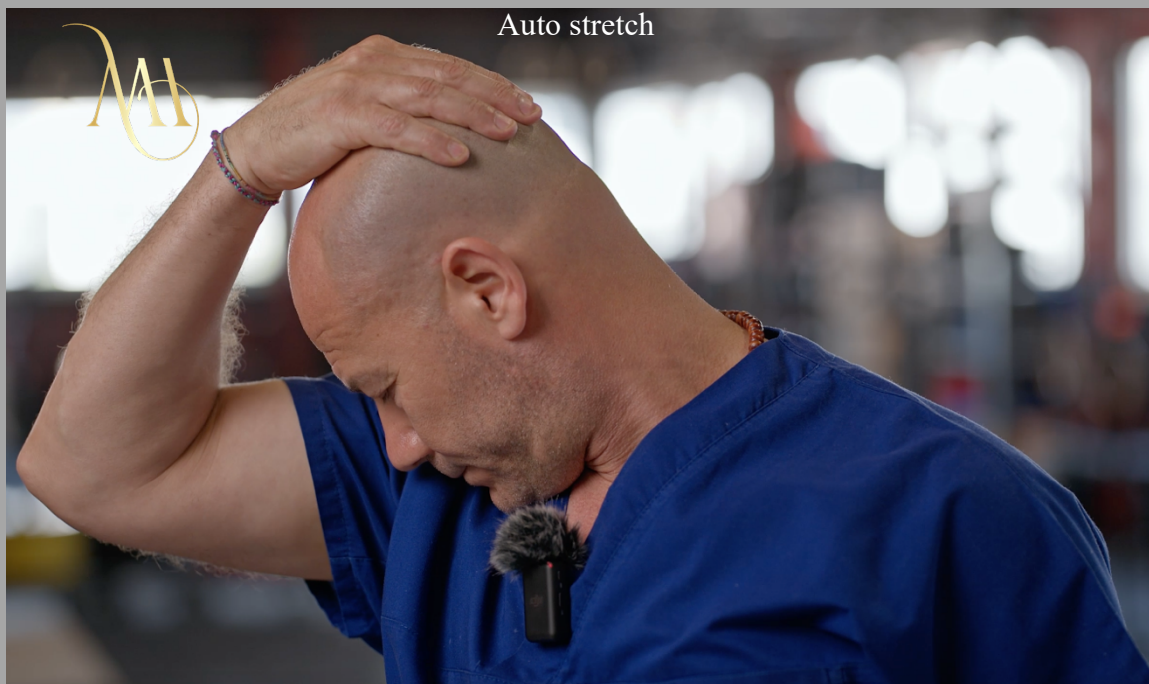
CHAPTER 4

Levator Scapulae (Mouse Muscle)

Levator scapulae connects the upper limb to the vertebral column and lies in the posterior triangle of the neck. The superior aspect of the Levator scapulae is covered by sternocleidomastoid, and its inferior part by trapezius.





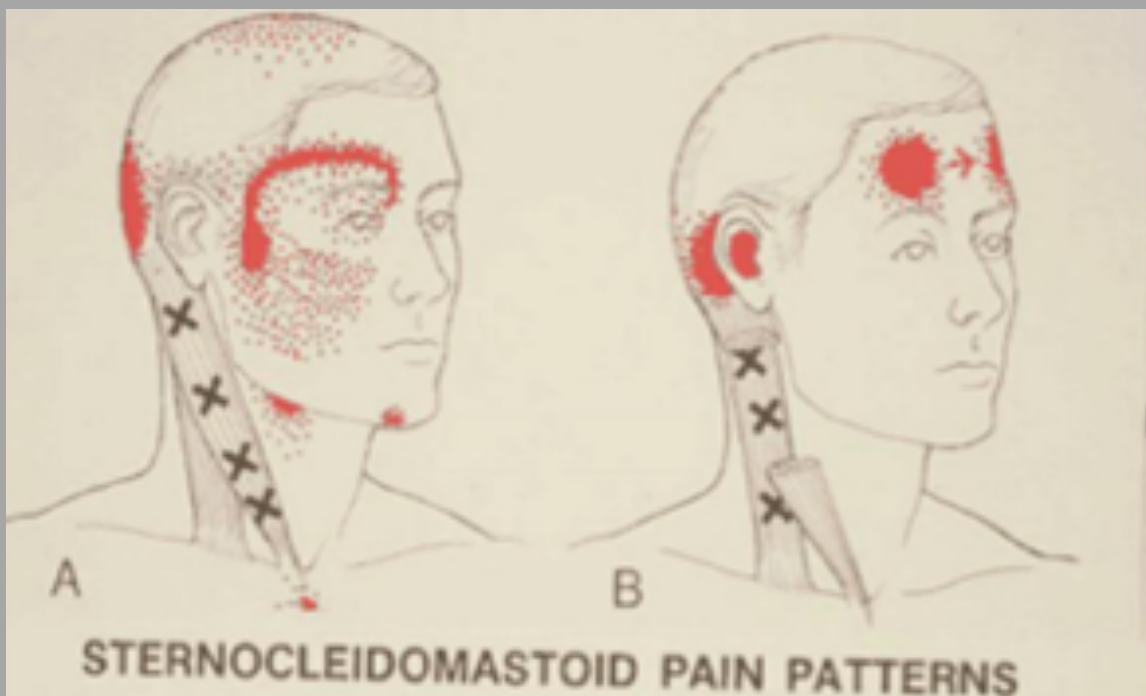


CHAPTER 5

Sternocleidomastoid-SCM

Some causes of sternocleidomastoid pain include: carrying a heavy object, such as a child or backpack, poor posture, for example, when a person spends long days hunched over a computer or straining their neck to reach things in the garden.

Location







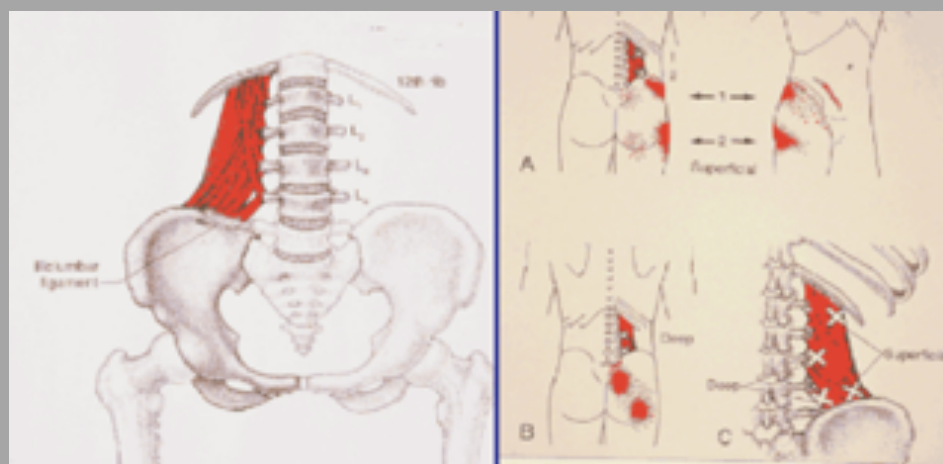


CHAPTER 6

Quadratus Lumborum-QL

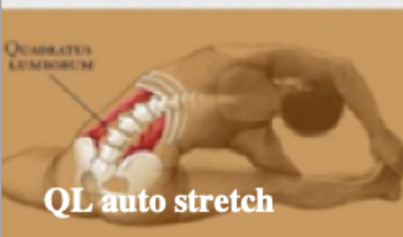
The Quadratus Lumborum (QL) is the deepest back muscle and originates from the iliac crest and inserts on the transverse process of lumbar one through five and the lower part of the twelfth rib. The QL muscle is flattened and has a quadrangular shape.

Location





*Love is the secret
of
Medicine*



Trigger point pressure release





Trigger point pressure release





QL STRETCHES





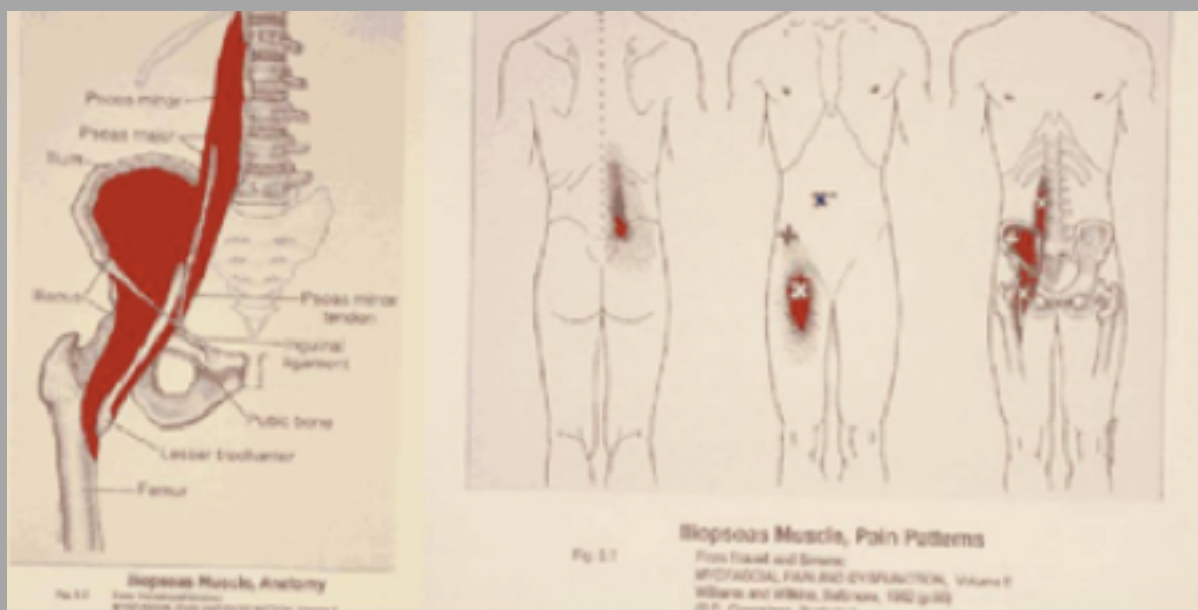
CHAPTER 7

PSOAS

The psoas muscle is located in the lower back area and extends through the pelvis to the femur. This muscle works by flexing the hip joint and lifting the upper leg towards the body, example is walking, the symptoms of a tight psoas muscle?

Tension and pain in the lower back, hips, buttocks, pelvis, lower back spasms, radiating pain down the leg. Sciatica. Lumbar disc problem

Location



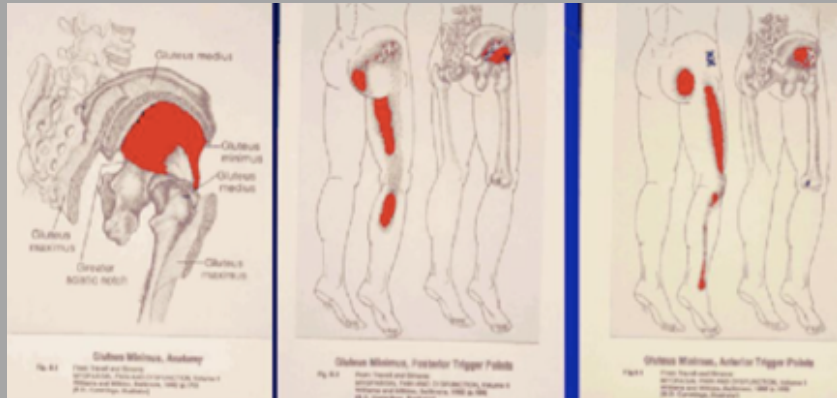
Palpation





CHAPTER 8

Location **GLUTES**

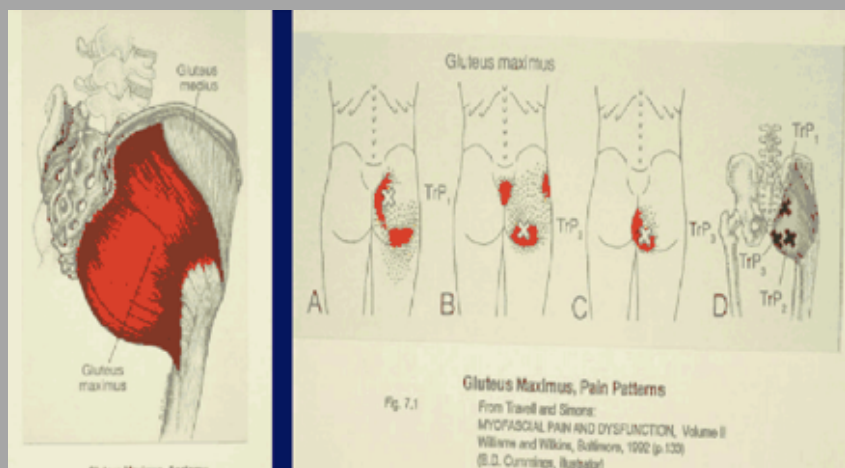


Glute Min

The gluteal muscles are the most superficial group of the posterior hip and thigh muscles. This muscle group consists of the gluteus maximus, gluteus medius, gluteus minimus and tensor fasciae latae, these four muscles fill the gluteal (buttock) region and provide it with shape and form.



Glute Medius



MAXIMUS! "el buttikus"



A



B



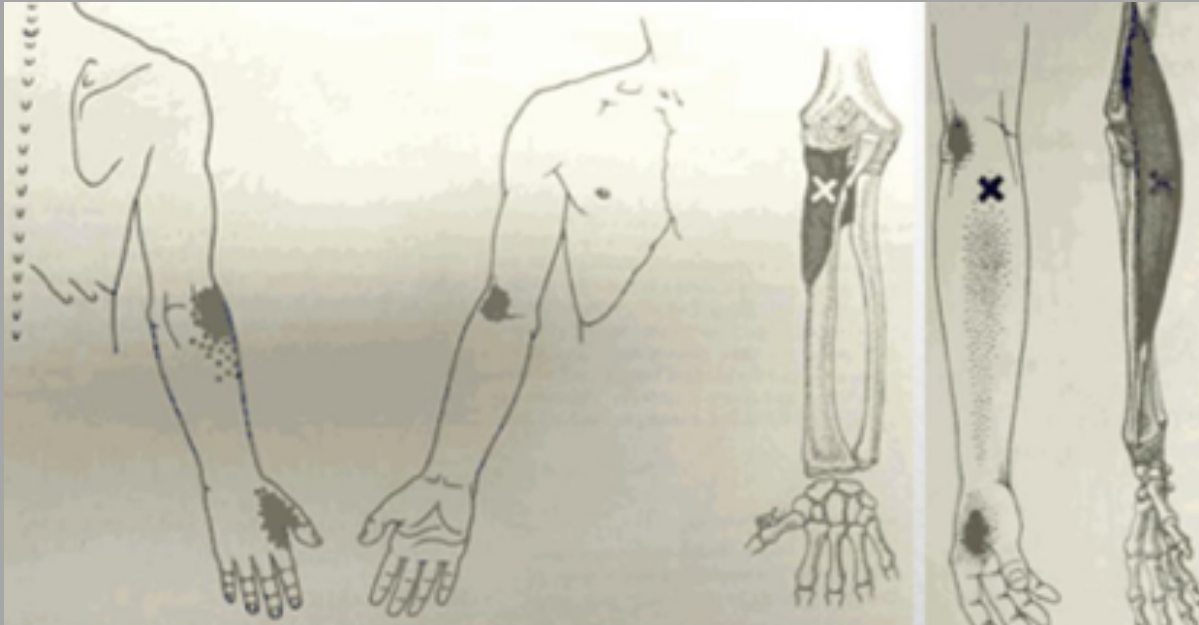


CHAPTER 9

SUPINATOR/ BRACHIORADIALIS

The supinator reflex is testing the reflex motor arc associated with the brachioradialis muscle, the supinator reflex is tested by striking the lower end of the radius just above the wrist with a tendon hammer.

Location



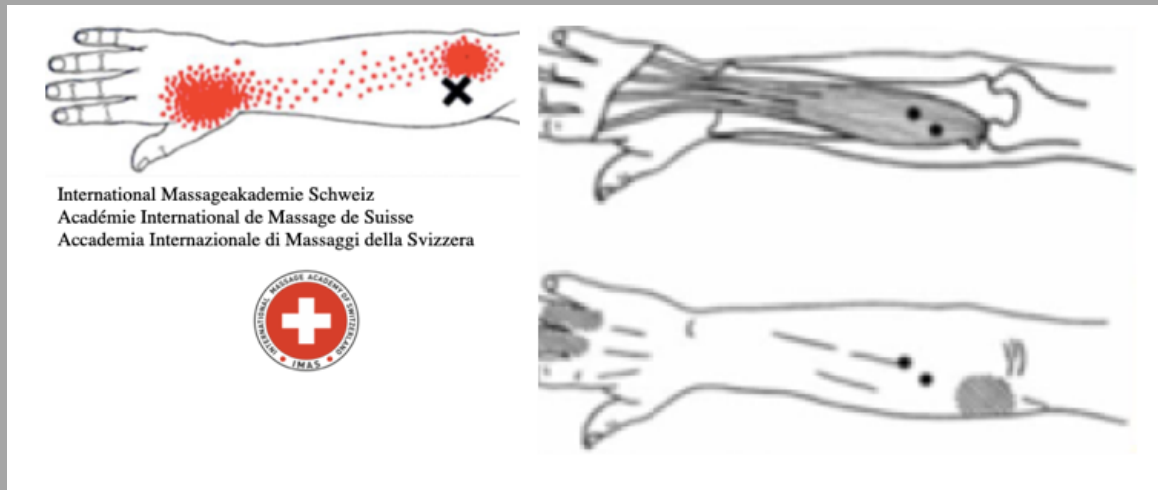
Auto stretch



EXTENSORS

and The extensor spans between the elbow and the base of the little finger, the extensor carpi ulnaris muscle belongs to the superficial group of extensors of the forearm along with brachioradialis.

Location



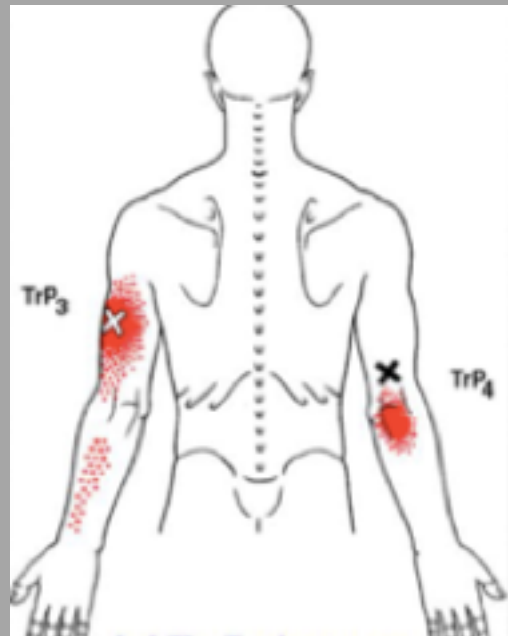
Auto stretch



CHAPTER 10 TRICEPS

The triceps, or triceps brachii (Latin for "three-headed muscle of the arm"), is a large muscle on the back of the upper limb of many vertebrates. It consists of 3 parts: the medial, lateral, and long head.

Location





MAREY EL HAMOULY

MESSAGE MASTERCLASS

Bundles

Deep Tissue Massage Master

Biomechanical for Massage Therapist

Deep Tissue Massage

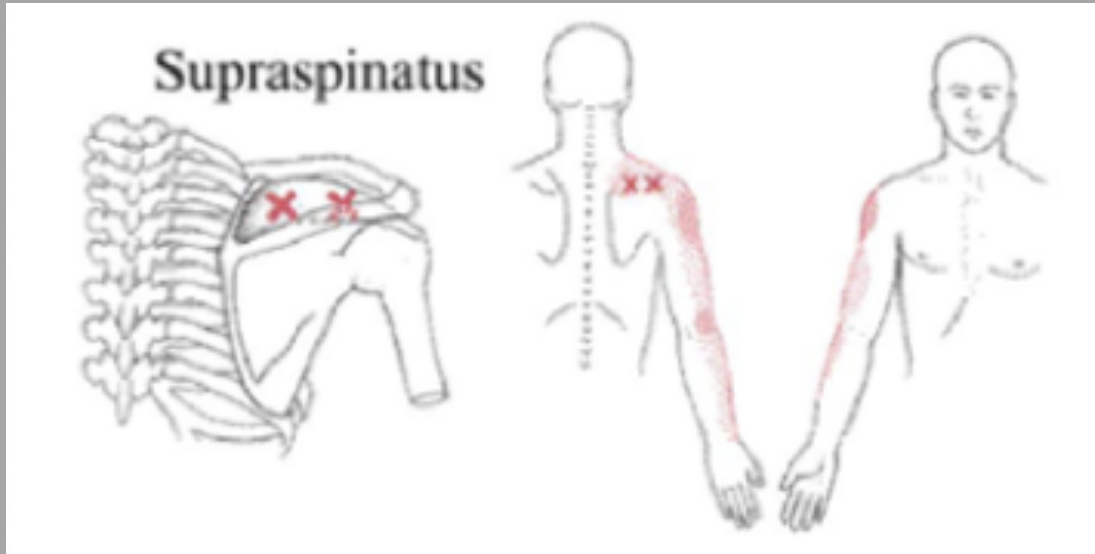
Advanced Deep Tissue Massage-3D

CHAPTER 11

SUPRASPINATUS

Supraspinatus is a small muscle of the upper back that runs from the superior of the scapula (shoulder blade) to the humerus, it is one of the four rotator cuff muscles and also abducts the arm at the shoulder.

Location

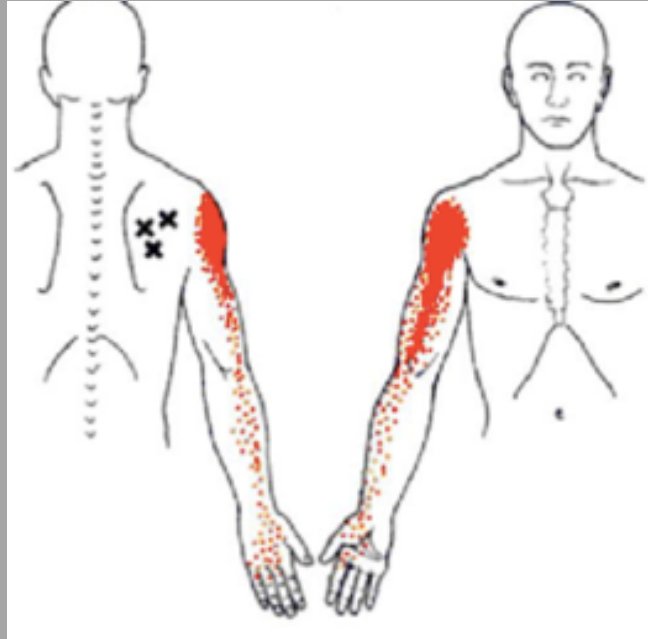


SUPRASPINATUS STREACHES

INFRASPINATUS

Infraspinatus muscle is a thick triangular muscle located at the back of the shoulder, It's attached to the top of the upper arm bone (humerus) and the shoulder blade (scapula).

Location



INFRASPINATUS STRETCHES





CHAPTER 12

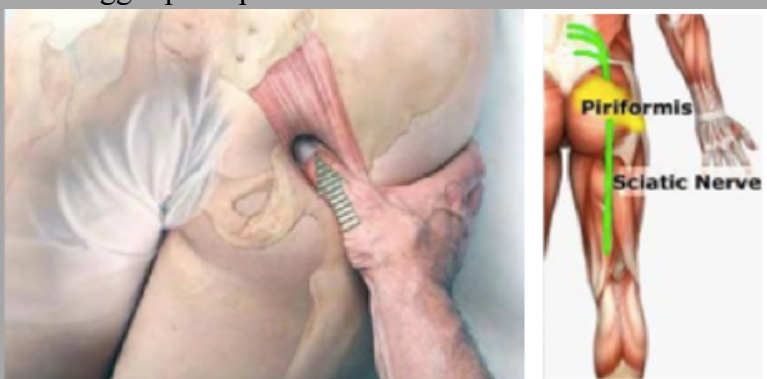
PIRIFORMIS

The *piriformis muscle* is a muscle in the gluteal region of the lower limbs, it is one of the six muscles in the lateral rotator group, progressively stretching the *piriformis muscles*, hamstrings, and hip extensors may help reduce *piriformis syndrome* pain and increase range of motion.

Location



Trigger point pressure release







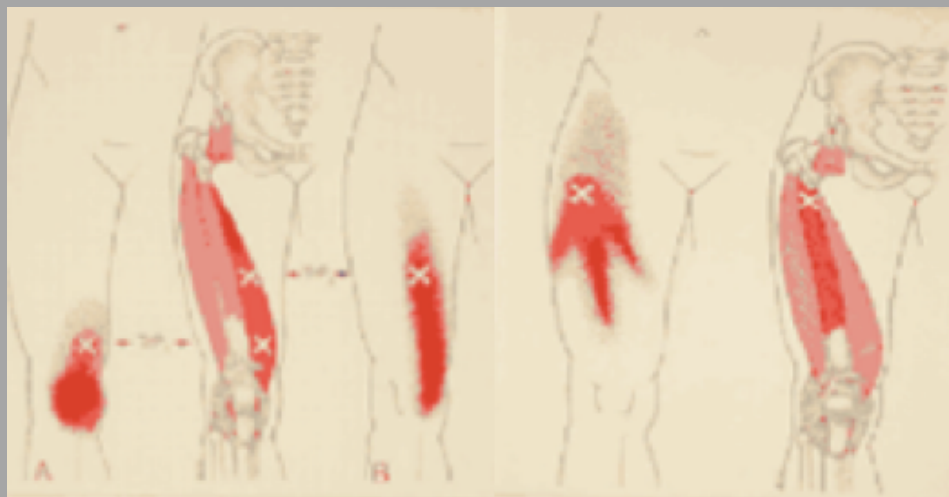


CHAPTER 13

VASTUS MED, INTERMED AND LATERALIS

The vastus lateralis, vastus intermedius, vastus medialis and rectus femoris are together the biggest part of the quadriceps which act on the knee and hip to promote movement as well as strength and stability.

Location









Auto stretch



CHAPTER 14 ADDUCTORS

The muscles in the medial compartment of the thigh are collectively known as the hip adductors, the hip adductor compartments function is to move the thigh/lower extremity closer to the body's central axis.

Location









CHAPTER 15

Back leg ligaments group Stretches & Side Line-Tibial

The three muscles within the superficial posterior compartment include the gastrocnemius, soleus, and plantaris muscles, together these three muscles form the triceps surae and the posterior *tibial tendon* dysfunction is a common problem of the foot and ankle, it occurs when the posterior *tibial tendon* becomes inflamed or torn









Chapter 16

Thank you all for your interest, I hope that I presented some useful Bodywork which it helps you to work better with your clients.

I wish you a big success for your future practice

Precautions

Your therapist should ask you about your medical history before your treatment begins.

It's important to tell them if you are - or think you may be - pregnant.

Health and Safety at Work

This protects your rights either as an employer or employee, the law states that the employer must provide a safe working environment, provide health and safety training for staff, produce a written policy of the company's health and safety policy, and ensure that anyone on their premises is not exposed to any health or safety risks.

Medical Disclaimer

It is advised that you take medical advice if you or any of your clients have a health problem.

Any qualification from Marey El Hamouly will not be enough to qualify you to advise on any medical condition or to diagnose a condition.

PS: Test is an obligation to receive your certificate



Regards

Marey El Hamouly

Director

International Massage Academy of Switzerland

IMAS

Marey El Hamouly-Massage Masterclass

MH

Sugar and Spice Spa

Switzerland

World Massage Council

WMC

Board Chairman

www.mareyelhamouly.com

Direct: marey@marelelhamouly.com

Administration: info@imaswiss.com

FB: Marey El Hamouly

FB: IMAS

Instagram: [imas.mareyelhamouly](https://www.instagram.com/imas.mareyelhamouly)

YouTube channel: Marey El Hamouly



MAREY EL HAMOULY

MESSAGE MASTERCLASS

Sources and Researches

American College of Sports Medicine (ACSM)
(ACSM's Guidelines for Exercising Testing and Prescription, Ninth Edition)

Simeon Niel-Asher-USA

Medi-Academy-Switzerland

Esclarmonde Health Formations-Switzerland

ESSR,Health School-Switzerland

Marey El Hamouly - Marey El Hamouly-Medical Massage Therapy 2020-USA
And clinical cases journal

Bengtsson, A., Henriksson, K., & Larsson, J.: 1986. Reduced High Energy Phosphate Levels in the Painful Muscles Patients With Primary Fibromyalgia. *Arthritis and Rheumatism*, **29**:817-821.

Brostoff, J.: 1992. *Complete Guide to Food Allergy*. Bloomsbury, London.

Burke, D., & Gandeva, S.C.: 1990. Peripheral Motor System. In: Paxinos, G.: *The Human Nervous System*, 1:133, Academic Press, San Diego.

Caillet, R.: 1991. *Shoulder Pain*. F. A. Davis. Chaitow, L.: 1996. *The Acupuncture Treatment of*

Pain. Inner Traditions.

Chaitow, L., & DeLany, J.: 2000. *Clinical*

Applications of Neuromuscular Techniques.

Churchill Livingstone, Edinburgh. Chaitow, L., & Fritz, S.: 2006. *A Massage*

Therapist's Guide to Understanding, Locating and Treating Myofascial Trigger Points. Churchill Livingstone, Edinburgh.

Davies, C: 2004. *The Trigger Point Therapy Workbook, second edition*. New Harbinger,

dejong, R. N.: 1967. *The Neurological Examination, second & third editions*. Harper & Row, New York.

Ferguson, L. W., & Gerwin, R.: 2004. *Clinical Mastery of Treatment of Myofascial Pain*. Lippincott, Williams & Wilkins, Philadelphia.

Ferner, H., & Staubesand, J.: 1984. *Sabotta Atlas of Human Anatomy, vol. 10*. Lippincott, Williams & Wilkins, Baltimore.

Fishbain, D. A., Goldberg, M., & Meagher, B. R., et al.: 1986. Male and Female Chronic Pain Patients Categorized by DSM-III Psychiatric Diagnostic Criteria. *Pain*, **26**:181-197.

Foerster. O., & Bumke, O.: 1936. *Handbuch der Neurologie, vol. V*. Publisher unknown, Breslau.

Friction, J. R., Kroening, R., & Haley, D., et al.: 1985. Myofascial Pain Syndrome of the Head and Neck: a Review of Clinical Characteristics of 164 Patients. *Oral Surg*. **60**:615-623.

Frohlich, D., & Frohlich, R.: 1995. Das Piriformiss Syndrom: Eine Haufige Differential Diagnose des Lumboglutaalen Schmerz (Pirifomis Syndrome: a Frequent Item in the Differential Diagnosis of Lumbogluteal Pain). *Manuelle Medizin*, **33**:7-10.

Garland, W.: 1994. Somatic Changes in Hyperventilating Subject. *Presentation to Respiratory Function Congress*, Paris.

Gerwin, R. D.: 1995. A Study of 96 Subjects Examined Both for Fibromyalgia and Myofascial Pain (abstract). *J. Musculoskeletal Pain*, **3**(1):121.

Liability:

Marey El Hamouly will accept NO liability for any person for any type of loss or damage whatsoever resulting from the use of materials within any course held by Marey El Hamouly.

Copyrights:

all copyrights are reserved to:

International Massage Academy of Switzerland-IMAS and Marey El Hamouly.

All rights reserved, especially the right to copy and distribute, including the translation rights.

No part of this work may be reproduced—including by photocopy, microfilm or any other means - processed, stored electronically, copied or distributed in any form whatsoever without the written permission of Marey El Hamouly.

Copyright for intellectual property rights:

All copyright and other intellectual property rights in these materials are owned by or licensed by Marey El Hamouly. Copyright, adapting or other use of all or part of these materials without written permission of Marey El Hamouly is strictly prohibited.

REGISTRATION
Ref NO: 003356/2013
NO Cant: CH-217-3552054-5
IDE: CHE-479.356.338
Switzerland-2013

AET
Qualification Accreditation
Number: 601/0143/X
UK 2020

Quality in Empirical Medicine
Register No: E963863
Switzerland-2021



www.mareyelhamouly.com
www.imaswiss.com