CHAPTER 6

COMMON COMPLAINTS DURING PREGNANCY

LEARNING OBJECTIVES

After reading this chapter, you should be able to:

● Describe 10 common complaints of pregnancy and their common causes.
● Identify simple massage techniques to address common complaints of pregnancy.
● Describe the use of facilitated stretching to help address specific musculoskeletal discomforts.
● Identify the benefits, concerns, and contraindications of breast massage during pregnancy.
● Identify the need for self-care client education to help prevent or alleviate discomforts.
● Understand the limitations of massage to address common pregnancy complaints.

Many women sail through their pregnant months feeling healthier and happier than ever before. Others are plagued with one to a number of discomforts. Doctors and friends may minimize these complaints with common comments such as, “You’re pregnant, what do you expect?” or “Don’t worry, it will go away after you have the baby.” Because of this, women often find themselves suffering needlessly through a pregnancy with annoying or sometimes painful conditions which bodywork techniques may relieve.

This chapter addresses common complaints and describes massage techniques along with self-care tips for your client that may aid in alleviating her discomforts.

CAUTION: Before you address any of the following complaints, be certain to study the precautions and contraindications for pregnancy massage in Chapter 4.

Note: For simplicity of instruction only, all of the following techniques start with the client lying on her right side, unless otherwise described. All sidelying techniques can, and usually should, be done on both sides. I use the term “superior” to refer to the client’s side that is up and accessible. The side on the table I refer to as the “inferior” side.

BACK PAIN: LOW

By the end of pregnancy, a woman is making many adjustments to compensate for the increased weight of the pregnant uterus, baby, amniotic fluid, placenta, and breasts. It has been estimated that two thirds or more of pregnant women experience back pain, most frequently in the low back. It most commonly begins by the sixth month of pregnancy and can last for up to 6 months after delivery. The pregnant woman who is particularly at risk for musculoskeletal low back pain (LBP) is one who:

● has history of chronic back pain or back injury prior to this pregnancy
• is now pregnant with her second or subsequent child
• has had back pain in previous pregnancies
• works in a job that involves physical exertion or strain.

Cause

There are a variety of causes of LBP in pregnancy, some of which can be addressed with massage. The most common causes include poor posture, hormonally induced ligament laxity, and diastasis recti. Other causes of aching or pain in the low back may include constipation, uterine contractions, and occasionally, with more severe pain, kidney infection. Each of these are addressed briefly below:

• **Posture**: Postural changes are a very common cause of LBP in pregnancy due to the extra anterior weight of the breasts and enlarged uterus, the anterior rotation of the pelvis, increased lumbar lordosis, and contraction of the lateral hip rotators, quadratus lumborum (QL), and iliopsoas muscle.

• **Hormones**: The hormone relaxin causes the ligaments in the hip, symphysis pubis, and sacroiliac joints to become more flexible. Sometimes these hypermobile joints can become misaligned, causing discomfort that may be felt in the low back or across the buttock, or which may manifest as sciatica.

• **Diastasis recti**: Weak and untoned abdominal muscles can cause the abdominal contents and uterus to fall forward, putting undue strain on the lumbar vertebrae, spinal muscles, and abdominal wall. If the abdominal muscles separate, in a diastasis of the recti, the lack of abdominal support will increase back pain further (see Chapter 3).

• **Constipation**: A dull, low ache in the back may be due to the displacement of the intestines and resultant constipation.

• **Contractions**: For some women, uterine contractions may be felt as LBP rather than as tightening in the abdomen.

**CAUTION**: If your client is in her 37th week of gestation or less and has recently begun to experience intermittent aching in her low back, be sure to ask if she has seen her prenatal care provider to ensure that preterm contractions are not the cause of the back discomfort.

• **Kidney infection**: Sharp back pain on one side below the ribs could indicate a kidney infection, which is not an uncommon occurrence in pregnancy. Once an infection develops, it is often accompanied with fever and nausea or vomiting. A client who complains of increasing, constant or sudden sharp pain in the kidney area should be referred to her prenatal care provider.

General Treatment

Stretches and general massage are effective as general treatment for musculoskeletal LBP.

• Stretch: For LBP related to postural and structural stress, encourage your client to practice self-care with muscular strengthening and stretches to help adjust her posture and enable her to relieve her own discomforts. Pelvic tilts, abdominal strengthening, hip rotator and QL stretches are a few that can ease LBP.

• General massage: Perform massage on the QL, spinal muscles, multifidi, gluteals, and quadriceps. Include effleurage and petrissage to the erector spinae, and apply deep warming strokes toward the sacrum and radiating out across the waist and lumbar area.

Specific Bodywork Techniques

Below are a few bodywork techniques that address low back pain caused by a tight QL and psoas, or by sacral tension. Before beginning this deeper focused work, warm up the back with effleurage and petrissage.

**Quadratus Lumborum Compression Points**

**Benefits**: Helps release a tight QL that has become shortened and strained due to attempts to stabilize the pelvis and support the ever-increasing abdominal weight.

**Position**: Sidelying.

**Technique**

1. Stand at your client’s back facing her head.
2. Warm up the QL area by using your palm or forearm for effleurage, sliding from the iliac crest to the lower border of the ribs.
3. After the QL has been warmed, wrap the hand closest to your client’s hips around her iliac crest and traction the hip caudally. With the thumb or fingers of the opposite hand, slowly apply static, ischemic pressure onto the lateral edge of the QL, just lateral to the erector spinae (Figure 6.1). Move up from the
iliac crest incrementally, holding each point for at least 2 to 4 of the client’s breaths as the tissues release. When you feel a particularly tight spot or trigger point, press carefully into that point, using a pain-rating scale with your client. Ask her to rate discomfort on a scale of 0 to 10 (0 is painless, 10 is excruciating, and 6 is the maximum tolerable discomfort while still being able to relax with focused breathing). Hold at a level of 6, if that is comfortable for her, for at least 15 to 20 seconds or 4 to 5 client breaths.

4. Encourage the client to inhale into the area, envisioning a softening and stretching as she breathes. Maintain pressure, feeling the tension release under your thumb. When the client says the pressure feels like a 3 or 4 or less, increase the pressure until it is again at a

**FIGURE 6.1 Quadratus lumborum compression points.**
Tractioning the hip caudally from the iliac crest while slowly applying static pressure onto the lateral edge of the QL.
6 and repeat if necessary, or move to the next tight spot.

**CAUTION:** The QL can be very sensitive. Work slowly and ask for feedback to ensure an appropriate level of pressure.

**Quadratus Lumborum Release**

**Benefits:** Same as for the Quadratus Lumborum Compression Points above.

**Position:** Sidelying, with the client’s upper arm extended over her head. To increase this stretch, if necessary, ask the client to extend and drop her top leg behind her bottom leg. She may need to bend her bottom leg to stabilize balance. For greater QL stretch, place a rolled pillow or foam wedge beneath her waist on the table to arch her superior side more laterally as demonstrated later in Figure 6.2A.

**Technique**

1. Stand on the client’s posterior side, facing her back. Cross your hands and place one palm on your client’s posterior iliac crest and the other on the superior lateral edge of the QL, on or just inferior to the lowest ribs. Ask her to inhale as you press in opposite directions with both hands, lengthening the QL between the hip and ribcage. Hold for several relaxing breaths as the fascia unwinds. Slowly release pressure as the client exhalas and relaxes (Figure 6.2A).

2. Move the leg pillows out of the way. Ask the client to flex her bottom knee slightly to support her body. Have her drop her top leg behind her bottom leg, and even off the side of the table if comfortable. From here, as she exhales, press on the lateral calf of the dropped leg and have her push vertically up against the resistance of your hand with 1/4 of her effort, activating the QL from a slightly stretched position (Figure 6.2B). Hold for 8 seconds. Have the client inhale and relax, and then repeat 1 to 2 times.

**Quadratus Lumborum Extension**

**Benefits:** Activates and stretches the QL; lengthens the compressed space in the waist.

**Position:** Sidelying, with the client’s top arm extended over her head.

**Technique**

1. Stand at the client’s feet. Have her extend her top leg. Hold this leg above her ankle with two hands and lean back gently to apply traction to her hip, lengthening her side and the QL. Hold for 10 seconds, then ask her to dorsiflex her foot, pressing her heel down while hoisting her hip up toward her head, activating the QL from a slightly stretched position (Figure 6.3).

**Full Body Stretch**

**Benefits:** Creates length and space in the compressed waist area.

**Position:** Sidelying.

**Technique**

1. Stand at the client’s head and bring her left arm up over her head into full extension, with her arm hooked over yours at her elbow.
2. Place your left hand on her iliac crest and push caudally, maintaining traction of her arm as in Figure 6.4. Instruct the client to breathe deeply to extend the stretch.

Sacral Rub

Benefits: Increases circulation and brings warmth to the sacrum and pelvis; relieves sacral and low back discomfort.

Position: Sidelying.

Technique
1. In the late second or third trimester, stimulate the sacral fascia, sacral multifidi, and attachments of the gluteus maximus with brisk fingertip friction, cross-fiber friction, and skin rolling for up to 1 to 2 minutes or more, bringing heat to the area.

2. Press into the sacral foramen gently.

Assisted Psoas Stretch

Benefits: Releases tight psoas; helps alleviate low back pain.

Position: For this stretch, the client lies supine with the ischial tuberosities near the table edge. The leg with the tight psoas is extended and hanging relaxed. The other leg is flexed and held toward the belly. The low back is flat on the table. Do this with the client dressed, after the massage.

Technique
1. Before assuming the above position, first assess psoas tightness and the need for this stretch, by having the client start several inches further up on the table than described above, so that her hamstrings are on the table. Assess whether the hamstrings of the extended leg touch the table or are held in the air. With a tight psoas, the extended leg will not lie flat on the table. If one or both sides are tight, do the following stretch on the tight side(s) after repositioning as described in “Position” above.
2. Ask the client to push the heel of the extended leg toward the floor, to lengthen the psoas.
3. Place your hand on the extended leg, just superior to the knee and ask the client to push her knee up isometrically against the resistance of your hand with one quarter of her effort as she exhales (Figure 6.5). Maintain clear communication and remind her to stop immediately if she feels discomfort.
5. Repeat on the other side if necessary.
6. To get up from this position, help the client to either roll to her side and stand from the end of the table, or have her pull both heels in close to her buttocks, to rest on the table edge and push herself with her heels further up on the table. She can then roll to the side to push up with her hands.

CAUTION: Do not do psoas stretch with pubic diastasis.

BACK PAIN: MID AND UPPER

While LBP is quite common during pregnancy, midback and upper back pain can also cause complaints.
This discomfort can often be managed with a properly fitted, supportive bra; postural awareness; supported positioning when sidelying in bed or on the massage table, as well as with stretches and massage to alleviate tension and trigger points.

**Cause**

Upper back pain is often caused by improper posture while adjusting to changes in balance. The weight of the enlarged breasts pulls the upper torso forward, causing the muscles that internally rotate the shoulder to become shortened. Pain then develops in the upper midback, in the chronically stretched rhomboids, and in the posterior neck musculature.

**General Treatment**

You can work on the area where the client may feel discomfort, such as the rhomboids. However, to help relieve the cause of the discomfort, you will generally need to perform stretches and petrissage, compression, friction, and cross-fiber friction on the anterior-pulling, internally rotating muscles, such as teres major, subscapularis, latissimus dorsi, and pectoralis major.

**Specific Bodywork Techniques**

Below are bodywork techniques to address midback and upper back pain in specific muscles or regions.
Remind your client of the following suggestions to help relieve low back pain (LBP):

- Sleep on the side, with knees bent and the top leg supported on a pillow.
- When standing, have a stepstool or block to rest one foot higher than the other.
- Keep the knees flexed and higher than the hips when seated for long periods.
- Learn and practice postural awareness.
- A pregnancy abdominal binder helps support the weight of the pregnant belly, reducing LBP.
- Low heeled, comfortable shoes prevent LBP that occurs with higher heels.
- All practices that strengthen the abdominals, stretch the psoas, lengthen the low back, and stretch the hip rotators can be helpful.

The following stretches and strengtheners can be taught beginning in early pregnancy to relieve LBP and continued after delivery to help regain appropriate non-pregnancy posture.

**Quadratus Lumborum Stretch**

Stand with the left side next to a wall, one arm width away. Extend the right arm to the side and place the hand on the wall. Cross the left leg close behind the right leg. Raise the left arm over the head, pushing the left hip laterally away from the wall and arching toward the wall with the head and left arm. Hold and breathe, feeling the stretch in the left QL area (Figure 6.6). Repeat with the right leg crossed behind the left leg, stretching different fibers on the QL. Turn around and repeat on the opposite side. This can also be done from a kneeling position if there is concern for losing balance (Figure 6.6).

**Psoas Stretch**

A weakened, short psoas is common in pregnancy and can be a direct cause of LBP. From the hands and knees position, bring the right knee forward and place the foot flat on the floor, directly below the knee. Extend the left leg further back, sinking into the extended left hip and stretching the groin and psoas. Bring the torso upright to increase the stretch. Repeat on the other side.

During the third trimester, you may lunge while sitting in a chair. Sit with the right hip in the chair, right leg forward. Stretch the left leg behind, for a modified lunge. Sink into the left hip, extending the leg back to extend the stretch.

**Pelvic Tilt**

Pelvic tilts help to lengthen the low back. Some tilts can strengthen the abdominal muscles, lengthen the psoas, and soften the QL. There are several positions in which to practice pelvic tilts, depending on how far along the pregnancy is.

Lie supine, with both knees flexed, feet flat on the floor. Adjust the low back by lifting the buttocks slightly and curling the tailbone between the legs, then lying down flat again—this lengthens and flattens the back before beginning. Contract the abdominal muscles, as if pulling the navel down through the belly toward the floor and flatten the low back against the floor. Hold for 3 to 10 seconds, breathing steadily and relaxing the body. Do not lift the buttocks off the floor, and as much as possible, attempt to use the abdominal muscles and the iliopsoas, rather than the leg or gluteal muscles, to flatten the back.

This can be practiced standing by pressing the low back against a wall. Once familiar with the action, it can also be done when standing freely, sitting, sidelying, or on hands and knees. A larger pelvic tilt can be done by intentionally lifting the buttocks off the floor into the air and arching the back.

**FIGURE 6.6 Kneeling Quadratus lumborum stretch.**
Chest Opening

Benefits: Helps the client expand the chest against the gravitational pull of heavy breasts and poor posture; stretches the pectoralis.

Position: Sidelying with the client’s arm extended with the palm out, behind the hip.

Technique
1. Stand on the client’s posterior side, facing her head. Place your left hand on her anterior shoulder over the head of the humerus and the acromion process. Place the other hand on her scapula.
2. On the client’s exhalation, have her envision her chest opening and expanding as she allows her shoulder to drop backward toward table with the gentle encouragement of your hands.
3. Apply slight pressure to the shoulder with the left hand to assist expansion as she widens her upper ribs with her breath.
4. Stroke laterally from the sternum toward the head of the humerus with firm fingertip pressure along the subclavius and the superior border of the pectoralis to encourage release and opening, still supporting behind or under the scapula.

**CAUTION:** Avoid rotating her shoulder to such a degree that her low back begins to twist or strain.

Pectoralis Stretch and Resistance

Benefits: Stretches the muscle that internally rotates the humerus.

Position: Sidelying.

Technique
1. Stand behind the client. Grasp the humerus just proximal to the elbow, bring her arm straight up toward the ceiling. While supporting it, allow it to drop posteriorly with the elbow slightly bent. Allow the chest to roll slightly posterior also. To avoid positioning in a way that overstretches or strains, ask the client herself to place her arm in a position that stretches the upper fibers of the pectoralis muscle (Figure 6.7).
2. Place your left hand on the hip/gluteals at the same time to stabilize the back and to increase expansion and rotation.
3. Do resistance stretches, asking the client to push forward isometrically against the resistance of your arm with one quarter of her effort.

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<th>MASSAGE THERAPIST TIP</th>
<th>Postural Awareness</th>
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<td>If your client is complaining of midback to upper back pain, encourage her to practice postural awareness. In the third trimester, remind her of the benefits of wearing a properly fitting, supportive bra and an abdominal support wrap; encourage wearing low-heeled shoes if she wears shoes with high heels. Simple measures such as these can dramatically improve her comfort.</td>
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for 8 seconds during exhalation (Figure 6.8). Repeat, increasing the stretch slightly. Relax.

Subscapularis Stretch

Benefits: Stretches the muscle that medially rotates the shoulder.

Position: Sidelying with the upper arm extended straight down on her side.

Technique

1. With her arm extended down to her side, have the client flex her elbow to 90 degrees, palm facing anteriorly.
2. Stabilize her elbow and bring it slightly anterior with one hand, and with the other hand bring her forearm posteriorly, pushing carefully at her wrist.
3. Holding the elbow anteriorly, ask her to slowly push her hand and forearm anteriorly against your upper hand isometrically, using one quarter of her effort and holding pressure for 8 seconds.
4. Relax the resistance, and increase the stretch. Repeat the resistance as above. Relax.

BREAST TENDERNESS

As soon as a woman conceives, her breasts, nurtured by an increase in production of estrogen and progesterone, begin to enlarge and prepare for mothering. Estrogen enlarges the ducts that transport milk, and progesterone stimulates the development of the glandular tissues. Breast massage can help reduce discomfort associated with the development of lactating breasts, and can help women feel more at ease with the new sensations.

Cause

Breasts are often tender early in pregnancy due to hormonal influences and swelling glands, along with a 30% to 40% increase in blood supply. A woman may feel tenderness and sore nipples in the first trimester and initially become aware of her new pregnancy based on breast changes. Later, a woman may experience aching or discomfort as the breasts enlarge.

General Treatment

In the first trimester, avoid prone positioning if your client complains of breast tenderness or place a pillow under her ribs just below her breasts, to avoid compression of the tender tissue. In the sidelying position, be sure to place a pillow between her superior arm and breasts to prevent arm compression on the breast tissue.

Specific Bodywork Techniques

Below are bodywork techniques to address specific muscles or regions related to breast tenderness.

Breast Massage

Benefits: Breast massage can mobilize lymph, help a mother connect more fully with her changing body, and relieve breast aching.

Contraindications

There are several contraindications for breast massage. These are explained below.

1. State law: Whereas in Europe breast massage is considered a normal and expected part of a therapist’s training and practice, in the United States, each state massage board has particular legislation regarding the practice and legality of breast massage. Research the laws governing massage in your own place of practice. If it is illegal in your state, or if your client is uncomfortable with receiving breast massage, you can teach her the benefits and
methods of massaging the breasts herself, if she is interested.

2. Infection: If a woman has a breast infection, direct massage to the affected area is contraindicated.

3. Other physical reasons: If there is any undiagnosed lump(s) or abscess or problems with implants, breast massage is contraindicated.

4. Lack of good rapport or consent: If you do not have good communication or rapport with your client, or if she does not wish to receive breast massage, it is contraindicated.

5. Nipple contact: Touch to the nipples is contraindicated during a professional massage. In addition to being inappropriate and prohibited by state massage legislation, it is important to realize that nipple stimulation during pregnancy causes the release of oxytocin, the hormone that causes uterine contractions. This hormonal release is triggered specifically by nipple stimulation, such as when a baby is nursing. However, if a client has a particular risk for preterm labor or miscarriage, all breast massage will be contraindicated due to the slight chance that a hormonal increase could occur due to general breast stimulation.

6. Deep tissue, heavy pressure, or kneading: Small Cooper’s ligaments that support the breast can be damaged by deep pressure. Breast tissue is not muscle; the breasts lie on top of muscles, which can be accessed around and under the breast tissue. Breast massage is primarily concerned with lymphatic drainage, increased circulation, and for a nursing mother, promoting lactation.

**Position:** Sidelying, at times with her superior arm extended over her head. This can also be adapted for semi-reclining position.

**Technique**

1. Stand behind the client’s back. Use a breast drape if desired. Undrape one breast at a time. With unscented lotion or oil, place your flat fingertips at the lateral superior edge of the sternum just under the clavicle, and slide laterally above the breast tissue, toward the axilla. Repeat several times.

2. Make small circles medially back to the sternum and then down the sternum.

3. Place the heel of one hand inferior to the breast, and the other low and lateral to the breast. Use a scooping motion with the heels of the hands toward the breast. Work your way, hand-over-hand toward the sternum, scooping toward the center of the breast. You may need to cup the breast tissue at the sternum in one hand as you slide with the other (Figure 6.9).

4. Place flat fingertips at the lateral edge of the sternum, just inferior to the clavicle. Scoop or press with very light pressure, as if stroking a baby’s lips or eyelid, moving all strokes toward the client’s head. Incrementally move the hand lower into the breast tissue. Gradually move laterally toward the axilla as well, and then repeat down the lateral edges of the breast stroking toward the axilla (Figure 6.10).

5. Place one palm above the breast, just lateral to the sternum. Place the other palm inferior to the breast. Slide the sternum hand toward the axilla and the inferior hand toward the lower sternum. The hands will cross each other above and below the breast. Repeat several times.

**Lymph Pump**

**Benefits:** Mobilizing the lymph can help relieve some of the tenderness due to general swelling and restriction of circulation.

**Position:** Sidelying

**Technique**

Standing behind the client, hold her humerus just proximal to the elbow and lift the arm straight toward
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the ceiling. Raise the arm up and down, as if pumping water with a hand pump (Figure 6.11).

**BREECH BABY**

The most common and optimum position for a baby to be in for birth, is with its head down in the mother’s pelvis. This is known as a **vertex** presentation. When the baby is positioned with the head up and the feet or buttocks down in the mother’s pelvis, it is considered a **breech** presentation. This is shown in Figure 9.1C. This occurs in 3% to 4% of full-term pregnancies in the United States.\(^5\) Frequently babies are breech earlier in pregnancy, but most turn to vertex before labor begins. If the baby is still breech at the time of labor, it can sometimes pose a more difficult or dangerous delivery. Many doctors choose to deliver breech babies by cesarean section because of this concern.

**Cause**

There is no known specific **cause** for a baby to position breech. Possibly breech and posterior positions (when the baby’s face is toward the mother’s abdomen) are more comfortable for babies whose mothers sit frequently in chairs, such as in office jobs. There seems to be a lower incidence of breech births in cultures where women frequently squat, rather than sit in chairs. However, in many of these cultures, midwives also massage the pregnant woman’s abdomen throughout pregnancy to ensure a vertex positioning.

**General Treatment**

Massage therapists are likely to encounter clients whose babies are breech. Abdominal massage, when used in conjunction with other practices, can encourage the baby to move. However, abdominal massage toward this outcome should only be done with the support and guidance of a client’s prenatal care provider. Several traditional birth practices are also commonly used to help move a baby.
Edema is the accumulation of fluids in the interstitial spaces, and often develops in the hands and feet during late pregnancy.

Cause

Some swelling of the hands and feet is normal during pregnancy due to the rise of estrogen and progesterone, the relaxation and dilation of the blood vessels, and the general increase in blood volume. Pelvic pressure from the weight of the uterus also compresses major blood vessels as they pass through the groin, decreasing circulation in the lower extremities and forcing the slowed blood to release fluids into the tissues faster than they can be removed.

Mild nonpitting edema increases as pregnancy advances and is most prevalent in the third trimester and in hot weather, especially for women who stand for many hours. Massage can help stimulate resorption of excess fluids.

CAUTION: Any edema that persists for more than 1 day or is pitting (i.e., after pressing a finger firmly into the swelling for 5 seconds, an indentation remains) (see Figure 4.6), should be reported to the client’s PCP. A recent development of pitting edema, unrelated to hot weather or to restriction in the inguinal region, is one symptom associated with preeclampsia. Listen for reports of other preeclamptic symptoms as well: gaining more than 2 pounds per week, edema unrelieved after having legs elevated for 45 minutes, headaches, epigastric pain, blurring vision, or spots before the eyes. If your client reports any of these symptoms, be certain she has been evaluated by her PCP.

General Treatment

Lymphatic drainage, mobilization of the pelvis and hips, and abdominal binders that lift the weight of the uterus off the groin are helpful treatments for edema. Cool hydrotherapy to the areas of swelling can also ease discomfort. Women who exercise regularly generally have fewer problems with edema.

The left sidelying position helps relieve pressure, aids the body in resorption of fluids, and can be used exclusively if edema is excessive or annoying.

According to Traditional Chinese Medicine, edema during pregnancy can be caused by dietary factors, overwork, and worry, which all can lead to stagnation of the vital life force or qi.7 This is not uncommon during the latter part of pregnancy when the body is becoming exhausted from supplying energy for two people and coping with daily stresses. Women who are pregnant in their late 30s or in their 40s may have a greater tendency toward edema and general qi depletion.

Specific Bodywork Techniques

Below are specific bodywork techniques to address edema.
**Edema Reduction**

**Benefits:** Massage can help improve circulation, thereby supporting the body’s ability to process excess fluids and wastes.

**CAUTION:** When working with edema, all massage techniques should move toward the heart. Do not use any techniques deeper than lymphatic massage on pitting edema, as tissue may be damaged with deep pressure.

**Position:** Semi-Reclining or Sidelying Position

**Technique**

For legs, begin at the proximal thigh; for arms, in the deltoid region. This description is for legs, but can be applied to arms and hands as well.

1. Beginning at the proximal end of the thigh, do light and medium pressure effleurage and petrissage toward the trochanter, working your way toward the knee using upward moving strokes.
2. Make long sliding compression strokes with the palms all the way from the knee toward the groin, trochanter, and ischial tuberosity. This helps improve circulation in distal areas before working closer to edematous areas.
3. Open the lower leg: Effleurage and petrissage the lower leg. Begin just inferior to the knee, with strokes working toward the heart, gradually moving toward the feet, so that the proximal areas are opened first. Use light effleurage strokes on the ankles and feet, still stroking toward the knee. Alternate thumbs crossing over thumbs to help move excess fluid.
4. Apply light effleurage to edematous areas at the ankles.
5. Facing the feet, use the flats of the fingers to make light, scooping, alternating strokes from the proximal area of edema up toward the knee (Figure 6.12). Advance toward the ankles and feet, always stroking up. Imagine that you are moving the fluid up the leg and back into the primary circulation a little at a time. You have to move the proximal fluid before you can move the distal!
6. When you have worked one small area with numerous short, light strokes, complete and connect the strokes by making a C-clamp with your hand around the lower leg and compressing and sliding up toward the knee, and even into the thigh.
7. Rotate the ankles and feet in slow circles.
8. Repeat all the above techniques on the arms and hands if necessary, always pushing fluid up and out of the extremity and into the main circulation.

**Myofascial Hip Opening**

**Benefits:** A gentle fascial release that helps create space for improved blood circulation.

**Position:** Sidelying. Stand at the client’s back, by her hip. The top leg may be extended for extra opening, but the therapist should lean into the client’s body to prevent her from rolling backward with the therapist’s hand pressure. This technique may also be done in a low semi-reclining position.

**Technique**

1. Standing behind the client, cross your arms, place your left hand on the client’s hip bone or anterior superior iliac spine (ASIS). Place your right hand firmly on the rectus femoris and vastus lateralis just distal to their origins.
2. Press securely onto the ASIS while applying a gradual melting traction to the quadriceps, slowly opening the inguinal area for increased blood flow (Figure 6.13).

**Groin Pain and Round Ligament Pain**

The round ligament is a primary uterine ligament that supports the uterus anteriorly, attaching into the pubic and vaginal areas (see Chapter 3). Pain from round ligament spasm is often experienced as sharp, sudden pain in the groin area and most commonly occurs in the last months of pregnancy.
The discomfort can persist for moments or days. Many women are surprised by the intensity of the discomfort and often are not certain of its origin, until assessed by their PCP.

**Cause**

Groin pain is often caused by spasms of the uterine round ligament as it stretches. Sometimes spasms occur due to improper body mechanics when lifting and carrying, or commonly by “jackknifing” up to a sitting position from horizontal. Labor contractions, as well as vaso-congestion in the pelvic area, can also create aching in the groin. Rather than assuming it is ligament pain, a client should have any undiagnosed pain evaluated first by her PCP.

**Self Care Tips FOR MOTHERS:**

**Improving Circulation and Reducing Edema**

- Walk at least 1 mile every day.
- Elevate legs regularly through the day.
- Lie in left sidelying position for at least 30 minutes twice a day to improve circulation.
- Wear loose fitting clothing, without restriction in the groin, legs, abdomen, or arms.
- Rotate the ankles in circles to the left and right. Extend the legs and dorsiflex the feet. Use varying hamstrings stretches to increase circulation in the feet.
- Resting on the hands and knees, with forearms to the floor and buttocks up in the air, helps relieve pressure from sitting on the buttocks and decreases pooling of blood in the pelvis.

**General Treatment**

Proper support for the laterally positioned client is an important element in preventing ligament stress. When positioned in sidelying, be sure to put a small pillow or foam wedge under a large belly to prevent the belly from sagging over to one side and pulling on the ligaments. Most importantly, teach your client proper ways of sitting up from lying down, encourage good body mechanics when moving and lifting, and demonstrate ways to relieve the discomfort when it occurs, as instructed in Chapter 3. Applying moist warm compresses to the affected area can also bring some relief.

**Specific Bodywork Techniques**

Below are specific bodywork techniques to address groin and round ligament pain. See the myofascial hip opening technique under “Edema” above for an additional treatment for this complaint.

**Lifting Effleurage**

**Benefits:** Helps alleviate tension and discomfort related to groin pressure and ligament pain.

**Position:** Semi-Reclining or Sidelying.

**Technique**

1. Use hand-over-hand strokes to gently lift up and away from the groin toward the belly. Imagine lifting the pain away (Figure 5.17).
2. Make light, slow, small circles along the groin.

**Compression and Cross-Fiber Friction**

**Benefits:** It is possible to help release a pulling or spasmed ligament by working on muscular attachments on and near the pubic bone.
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Position: Semi-Reclining. This work can be done through the sheet, or clothing, to help maintain a sense of privacy and diminish ticklish feelings experienced by some women.

Technique
1. Communicate with the client first to ensure she is comfortable with touch in the area of the pubic bone and inguinal area. Ask the client to place her fingers on her pubic bone to indicate its location, and then place your own there. Press onto the superior edge of the pubic bone, holding fingertip or thumb pressure on the abdominal and pyramidalis attachments.
2. Move across the bone laterally, with firm static fingertip pressure and cross-fiber friction until you feel a release of tissue. Continue laterally until just before entering the inguinal area of veins, arteries, and nerves. Encourage feedback from the client regarding your pressure in this area, as it can be very sensitive and vulnerable (Figure 6.14).
3. Use light circling effleurage to soothe the area after focused work.

CAUTION: Avoid pressure on the external iliac and femoral veins in the groin where you feel strong pulsing.

LEG CRAMPS

Many pregnant women get cramps in the gastrocnemius and soleus of the calf, often in the middle of the night. Women quickly learn methods to cope with them, as they are very painful and disturbing to the sleep.

Cause
Cramping may be the body’s way of saying it has had a long day of poor circulation or overzealous exertion, with fatigue to the calf muscle, compression of the nerves, and a build-up of lactic acid in the muscle tissue. It may also be related to an imbalance of

CAUTION: Some people have skin sensitivities to citrus. Test the diluted oil on a patch of skin and wait 24 hours, watching for rash, before applying to the whole body.
phosphorus, calcium, or magnesium. Unsupportive shoes, high heels, or poor posture can also become a cause of calf cramping during pregnancy.

**General Treatment**

Preventative massage treatment should include general effleurage and petrissage to the calves, improving circulation through the groin area, instruction in proper posture, and stretch-resistance work on the gastrocnemius, soleus, pronators, and supinators.

The most common treatment if a cramp occurs during a massage, is to slowly push or pull client’s foot of the affected leg into a dorsiflexed position, pulling the toes and sole of the foot up toward the head. Hold this position, until the cramp releases. It is more effective to do this to the client as a passive stretch, rather than having her activate her own leg muscles to move the foot. When the cramp has passed, gently shake or rock the calf muscles.

**CAUTION:** Do not plantarflex the foot during massage, as this can activate cramping. Support the feet well on the massage table to prevent dangling, which can also lead to leg cramps. Do not petrissage a calf that is currently or just recently spasmed, as this may worsen or restimulate the cramping.

**Self Care Tips** FOR MOTHERS:

**Relieving Groin Spasm**

For immediate relief of groin spasm, instruct your client and/or help her to do the following:

1. Bring the affected leg up toward the abdomen and hold, breathing slowly into the abdomen.
2. Bend at the waist toward the affected side.
3. Apply slow, direct pressure with the fingertips onto the painful area, usually in the inguinal area or on the pubic bone.
4. Use slow, focused breathing during a spasm.

Other practices can help prevent or reduce the occurrence of spasms. Remind the client to do the following stretches or practices:

- Psoas stretch (see Self-Care Tips for Mothers: Decreasing Low Back Pain)
- Pelvic tilt (see Self-Care Tips for Mothers: Decreasing Low Back Pain)
- Use care when getting up from lying down: roll to the side and push up with the arms and hands
- Change positions slowly to allow ligaments time to stretch
- Avoid long periods of standing or sitting
- Wear an abdominal support wrap

**Specific Bodywork Techniques**

Below are specific bodywork techniques to address leg cramps.

**Circulatory Massage**

**Benefits:** Circulatory massage to the legs will increase blood flow, reducing lactic acid and interstitial fluid buildup in the lower legs, and work out muscle tension developed from poor posture or unsupportive shoes.

**Position:** Sidelying

**Technique**

1. Any effleurage, petrissage, compression, stripping, or friction at muscular attachments, trigger point erasure, or myofascial and lymphatic work to the legs as performed in any standard massage will be helpful.

**Inversion, Eversion, and Dorsiflexion Stretch-Resistance**

**Benefits:** Stretches muscles of the lower leg.

**Position:** Semi-Reclining or Sidelying

**Technique**

1. Dorsiflex the client’s foot.
2. Ask her to plantarflex her foot against your hand with about one quarter of her effort.
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Self Care Tips FOR MOTHERS: Preventing Leg Cramps

A mother can explore the following options for helping to reduce tension in the gastrocnemius/soleus muscles and decreasing the occurrence of leg cramps related to muscular stress.

- Do foot rotations and dorsiflexions on a daily basis, especially when standing or sitting for long periods. Stretch the toes up toward the head, spreading them apart. Stand up on the toes. Shift weight regularly.
- Do a runner’s stretch of the calf by standing and leaning forward against a wall with one leg stretched back. Attempt to bring that heel toward the floor.
- Walk 1 mile every day.
- Improve posture to help increase lower extremity circulation.
- Elevate legs frequently through the day above the heart.
- Wear low-heeled shoes.

3. Hold 8 seconds, then ask her to relax her pushing, while maintaining the flexion. Then repeat step #2, dorsiflexing further.
4. Repeat on the other foot.
5. Invert the client’s foot, turning the sole of her foot medially. Press against the lateral side of her foot and ask her to evert her foot, pushing it outward against your hand. Resist her effort initially for 8 seconds, allowing for a stretched isometric contraction. Then allow her effort to move your hand away, in an isotonic contraction.
6. Repeat with the client’s foot everted, and ask her to invert her foot against your pressure on the medial edge of her foot.
7. Relax. Repeat two more times. She can do this herself holding a towel or strap over her foot as she explores different stretching, movement, and resistance with her feet.

SCIATICA AND SACROILIAC PAIN

The sciatic nerve, the largest nerve in the body, is a combination of nerves from the lumbar region and the sacral spine that connect to become one nerve in the buttocks and then travel down the back of each leg, dividing into two nerves in the lower leg. Sciatia is pain caused by compression of this nerve. Sciatic-like pain can also be caused by broad ligament spasms, or by misalignment of the sacroiliac (SI) joints. This may be accompanied with other discomforts such as sharp pain in the SI joint area, aching in the hip or low back, pain in the pubic symphysis area, or a general sense of being “out of alignment” in the hip. These discomforts are fairly common during pregnancy.

Cause

Sciatica may occur as the lateral hip rotators tighten with advancing pregnancy. The piriformis muscle can sometimes compress the sciatic nerve if the nerve passes between its fibers. The majority of “sciatica” during pregnancy is rarely true nerve compression, but more often a referred pain from psoas tightness and uterine ligament pain. However, the sensations of sharp shooting pain, vague numbness, or dull aching discomfort down the back, front, or sides of the leg or in the buttocks feel similar to sciatica.

The SI joints are held together by ligaments that soften under the influence of the pregnancy hormone relaxin. Because of this laxity, combined with the increased pressure of the baby’s head against the pelvis and poor posture, the SI joint is at high risk for becoming misaligned. Sometimes one ilium may rotate forward or back, causing sharp pain in one joint. In addition, the sacrum itself can twist, causing dysfunction and pain in the SI joint. The associated pain may radiate down to the knee or calf, like sciatica.

General Treatment

Stretching the hamstrings, low back, gluteals, lateral hip rotators, and psoas, as well as strengthening the psoas, abdominals, and hip adductors can help relieve or prevent sciatica. For acute pain, applying ice to the lateral hip rotators can help numb nerve transmissions. Specific stretches are useful to
encourage the SI joint to find its natural alignment. Chiropractic attention from one specialized in working with pregnant women can also be useful.

CAUTION: If any exercise or massage increases pain, stop at once. Do not do deep compression, vibration, or tapotement to the hip adductors where potential clots may be located.

Specific Bodywork Techniques

The following five techniques are also helpful for low back pain, and descriptions can be found in the low back pain section.

- sacral rub
- QL compression points
- QL release
- assisted psoas stretch
- QL extension

Hamstring and Lateral Hip Rotator Releases

Benefits: Stretching the hamstrings and lateral hip rotators helps re-align the sacrum and pelvis and relieve sciatic nerve compression.

Position: Supine or low semi-reclining position, with the knee of the non-painful side flexed toward the chest.

Technique

CAUTION: This technique requires the client to lie supine for 5 to 8 minutes. Maintain good communication throughout the technique to ensure she is comfortable. Discontinue if the client complains of dizziness, uneasy feeling, nausea, or general discomfort Do not do the following techniques with known separation of the symphysis pubis or if the client complains of pain in that area when doing the resistance.

1. Flex the knee and hip of the nonpainful side up toward the same side of her belly to a comfortable flexion. Hold for 10 seconds. This will be considered the active leg.
2. Place your superior hand on her shoulder of the same side as the flexed leg, stabilizing the upper body. Place your inferior hand on the lateral aspect of her raised knee. Push her knee across her torso, above or below her belly (depending on the size of the belly and on her comfort), but try to keep the hip flexed at least 90 degrees, as opposed to more extended. Ask the client to push laterally very slightly with her knee against the resistance of your hand. Hold for 8 seconds while she exhales slowly, then increase the stretch slightly across her body and hold again. If the client complains of groin discomfort, reposition the knee higher or lower being certain to stabilize her shoulder on the side of the leg being stretched, or discontinue the stretch.
3. With the knee midway across her body, place one hand on the lateral ankle of the flexed leg and one hand on the lateral knee. Externally rotate the hip, bringing the knee caudally. Slowly push the foot toward her head. Ask her to tell you when she feels a stretch in her hip rotators, and hold there as she respirates for relaxation. You may need to bring the knee more to midline of the torso for her to feel the stretch.
4. Extend the active leg and shake it loose.
5. Flex the hip of the active leg to at least 90 degrees with the knee flexed as well. Rest the lower leg on your shoulder.
6. Wrap one hand around the quadriceps of the active leg. Holding there, have the client extend the knee of the active leg as much as possible while contracting the quadriceps and iliopsoas. Place your other hand just proximal to her active ankle, to support the leg and assist with the stretch. Ask her to dorsiflex her foot, extending into her heel to stretch the hamstrings. Hold the stretch for 10 seconds.
7. Ask the client to exhale as she pushes against your ankle-hand with the active leg just slightly as if flexing the knee, activating the hamstrings.
8. Rest the leg on your shoulder again. With your fists, push into her biceps femoris, and semitendinosus (avoiding pressure on the semimembranosus closer to the medial thigh). Ask her to push into your pressure with her leg, while extending her knee and into her heel to increase the hamstring stretch. Work with your fists from just proximal of the back of the knee toward the muscle attachments at the ischial tuberosity.
9. Repeat the whole sequence on the painful side.
10. Apply ice to the lateral hip rotators after the work, and encourage the client to ice the affected area for 20 minutes every hour, if the pain is acute.
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Self Care Tips FOR MOTHERS: Reducing Sacroiliac Joint Pain

When a client experiences SI joint pain, suggest the following self-care tips:

1. If she is able, she can lie down immediately in supine position, with knees bent and feet flat on the floor. As she breathes slowly for 5 minutes and envisions her whole body relaxing, her ilium may more easily realign. Sometimes the support of a hard surface can help the hip to rotate back to alignment.
2. Do lateral hip rotator stretches.
3. Perform a psoas stretch (see Self-Care Tips for Mothers: Decreasing Low Back Pain).

Lateral Hip Rotator Attachments

Benefits: Helps release spasms and constriction of the sciatic nerve.

Position: Sidelying

Technique

1. Standing at her back, press firmly to support under the ischial tuberosity with the inferior hand, ensuring that you do not pull the gluteals apart or uncomfortably spread the client’s gluteal cleft. Simultaneously, use melting compression and slide inferiorly and laterally with the superior hand from the iliac crest to the hip rotator attachments at the trochanter.
2. Slide around the trochanter in circles with the heel of the hand to touch on all the muscular insertions on the trochanter.
3. Perform cross-fiber friction on the attachments of the hip rotator muscles.
4. Perform effleurage and petrissage on the QL, gluteal muscles, hip rotators, hamstrings, and quadriceps.

Trochanter and SI Joint Traction

Benefits: Helps realign the SI juncture and release compression in the SI joint.

Position: Sidelying

Technique

1. Stand on the client’s posterior side and place the palm of your right hand against the lateral aspect of the trochanter. (You can feel this if you slide the heel of your hand across her buttocks from the sacrum toward her trochanter. You will feel a lump or rise when you come across the trochanter.)
2. Place the other hand on the sacrum, and slide laterally with fingertips or thumb to press into the superior end of the SI joint, medial to the posterior superior iliac spine.
3. Gently push away with slow traction on the trochanter as you push into the SI joint, subtly tractioning the hip away from the SI joint (Figure 6.15). Focus on the SI joint and imagine the space opening, as you apply the traction to the trochanter. Hold for at least 30 seconds. This is a subtle movement, which should not push the client anteriorly.
4. Release slowly and reposition your SI joint thumb, moving slightly inferiorly in the joint and repeat the traction.
5. Repeat, sequentially moving distally along the SI joint.

Sacroiliac and Pelvic Rebalancing

Benefits: Provides potential immediate relief of SI joint pain; helps to realign hip bones, stretch and relax hip abductors/adductors, and realign the pelvis. If one hip has rotated slightly forward or back, resistance exercises can help it to realign.

Position: Supine with both knees bent and feet flat on the table spaced 2 to 4 inches apart. If the client cannot lie on her back at all, these techniques can be done one leg at a time in the sidelying position. In the semi-reclining position, the hips may not realign as easily, but the adductors will relax with this exercise.

Technique

This is a three-step process, involving isometric contractions in flexion, abduction, and adduction of the hip.

CAUTION: Do not do the following techniques with known separation of the symphysis pubis.
or if the client complains of pain in that area when doing the resistance. All of these techniques should be done cautiously, slowly, and carefully to avoid any risk of contributing to a diastasis of the symphysis pubis.

Step 1:

1. From the initial position above, instruct the client to bring one knee up to the chest, wrapping her hands around it. You can do this for her also, bringing her knee up and pushing it toward her chest or to the side of her belly.

2. Ask her to hold the flexion, breathing, and allowing the sacrum to relax. Note: If this movement causes more pain, try flexing the opposite knee to the chest, flexing less, or stopping altogether.

3. After she has relaxed a moment in this position, ask her to push her knee up slightly against your hands or against her own, isometrically attempting to lengthen the leg.

4. Repeat on the other side. One side normally will feel better than the other. Do not continue on a side if it increases pain. Do the isometrics three times on the least painful side.

Step 2:

1. Still in the initial position, place a hand on the lateral side of each knee. On the client’s exhale, ask her to abduct isometrically—push out with her knees—against the resistance of your hands. Start slow to ensure there is no pubic pain that might indicate a separation of

FIGURE 6.15  Trochanter/sacroiliac joint traction.  
With one hand on the client’s trochanter and the other on the sacrum, the therapist slowly fractions the hip away from the SI joint.
the symphysis pubis. Increase the pushing to her full strength for 10 seconds if there is no pain. If it hurts, stop (Figure 6.16A).

2. Place your forearm between the client’s knees, with one hand against the medial aspect of the knee and your elbow region against the other knee. On the client’s exhale, have her *adduct* isometrically against your resistance with the same care as above, gradually increasing in strength if it is comfortable for the client (Figure 6.16 B).

3. Rub firmly down the outside and tops of the thighs to help relax and soothe after this exercise. Extend the legs.

**Femur Traction and Mobility**

**Benefit:** Helps mobilize the hip joint, flattens the sacrum, and can relieve SI joint compression.

**Position:** Semi-reclining or supine with knees bent and feet flat on the floor. You need to be above the client to lift her upper leg easily. Use a stepstool.

**Technique**

1. Place your forearm, not your hand, under the client’s knee and lift the leg without squeezing with your fingers into the thigh.
2. Use the femur like a lever, lifting up and out from the hip joint with traction (Figure 6.17).
3. Hold the traction as the client breathes and relaxes.
4. Push down into the hip joint, flattening the sacrum.
5. Work into the acetabulum, mobilizing the hip joint in small circles, and repeating traction.

**SHORTNESS OF BREATH**

Many women in late pregnancy experience the difficulty of getting a full, satisfying breath. If a woman has not been physically active before now and has a large belly and significant extra weight in pregnancy, she is likely to experience even more shortness of breath due to the extra workload.

**Cause**

Sensations of shortness of breath can arise from common pregnancy-related nasal and sinus congestion, anemia, as well as from the growing uterus and baby pressing up into the diaphragm and ribs. When the baby drops into the pelvis at the end of the
pregnancy (called “lightening”), the mother is usually able to breathe more freely.

**General Treatment**

If shortness of breath is associated with the position of the baby, educate the client about correct posture and offer stretches that can help increase thoracic space, such as expanding the arms out, extending the upper spine, and stretching the internal shoulder rotators. Position the client in a semi-reclining position if it is uncomfortable for her to lie on her side. Often, having the head higher than the torso makes breathing easier. General massage to the scalenes, pectoralis minor, and the intercostals, and anything to help create opening, lengthening, and space in a woman’s body will help to improve respiratory capacity.

**Specific Bodywork Techniques**

Below are specific bodywork techniques to address shortness of breath. Three more techniques, listed here, are presented in detail above, in the low back pain and midback and upper back pain sections.

- full body stretch
- chest opening
- pectoralis stretch and resistance

**Shoulder Mobilization**

**Benefits:** Opens chest, expands breathing.

**Position:** Sidelying

**Technique**

1. Stand at the client’s back. Grasp the humerus firmly just proximal to the elbow. Encourage her to keep her arm heavy and to continue relaxation breathing.
2. Gently traction the arm straight up. Lift with your whole body and belly rather than just with your arms.
3. Holding the arm in gentle traction, rotate it in a circular motion, seeking the full range of motion.
4. Repeat in the opposite direction.

**Rib Raking and Trigger Point Release**

**Benefits:** Relieves shortness of breath, heartburn, and tension in the intercostals.

**Position:** Sidelying

**Technique**

1. Standing at the client’s back, slide your fingers across the client’s superior lateral side to place your fingertips in the intercostal spaces of ribs 8, 9, and 10 (Figure 6.18). Apply firm pressure into the intercostal space and drag your fingers laterally, from anterior to posterior, following the ribs to the vertebrae. Shift your fingers superiorly into the next intercostal space on the anterior side and repeat. Continue moving up the ribcage. When nearing the breast tissue, stay lateral or work on the posterior side only. You can work into the intercostal spaces from the sternum toward the breast tissue if that is comfortable for your client. You may need to hold her breast tissue out of the way as you do that work in the sidelying position.
2. Areas that feel tight can be worked more specifically, one rib at a time. Apply pressure to trigger points and allow the tissue to relax under your fingers.
3. Reaching over the sheet, feel for the inferior edge of the costal margin just lateral to the xyphoid process. Sink the fingertips in against the cartilage and diaphragm attachments with gentle compression, releasing abdominal and diaphragmatic tension while...
moving laterally (Figure 6.19). Ask for clear feedback regarding pressure when working in this tender and vulnerable area.

Note: Rather than work over the sheet, you may choose to use a breast drape and expose the belly for work on the costal margin.

CHAPTER SUMMARY

Massage therapists commonly encounter particular physical complaints from their pregnant clients. General full-body massage can be used to enhance relaxation, which will help diminish some discomfort, but specific techniques are more useful for addressing specific concerns. The techniques discussed in this chapter are simple and can be incorpo-

Self Care Tips FOR MOTHERS:

Encourage the client to do stretches that help expand the chest and lengthen the body. The following stretches may be helpful to her:

- **Arm Raise**: Sit against a wall, with legs extended. Raise the arms out to the side, palms against the wall, and walk them up the wall over your head while inhaling. Turn your palms out when necessary and relax.

- **Yoga Chest Opener**: This pose opens the chest, relieves pressure under the ribs, and increases lung capacity. From sitting or kneeling erect, raise one arm over your head, and with your elbow straight in air and close to your ear, reach your hand down the middle of the back. Place the other hand behind the back, bending the elbow, and reach up with it toward the top hand. Clasp your hands if you are able. Hold a scarf between your hands to help them connect, if necessary. Hold and breathe, filling the lungs and expanding the ribs (Figure 6.20).

- **Standing Arm Raise**: Stand and raise your arms up and out to the side with inhalation and the over your head until the hands are palm to palm. Exhale, bringing the arms down, curling your head down, tensing your hands into fists, and bringing them in toward the chest. On the inhale, extend your arms out, extend the fingers, and bring your arms over your head again. Repeat several times.

FIGURE 6.19 Trigger points along costal margin.
The therapist applies careful firm fingertip pressure along the inferior edge of the costal margin, starting medial and moving laterally.

FIGURE 6.20 Yoga chest opener.
The mother can use a scarf between the hands if she cannot reach to grasp her hands behind her back.
Case Study 6.1

ADDRESSING A COMPLAINT OF SHORTNESS OF BREATH

Suzanne had seen her client several times during her pregnancy. Now Beth was in her 37th week and came for a massage complaining that the baby was kicking her in the ribs and pushing up into her diaphragm, making it difficult to get a full breath. She also stated that she was having sinus congestion and occasional nose bleeds.

Suzanne observed Beth’s posture before positioning her on her left side on the massage table. She noted that Beth’s breasts were quite large and that she was internally rotating her shoulders, collapsing somewhat in her chest. She spent some time helping Beth become aware of how she could expand her breathing capacity with some simple postural adjustments—lengthening her spine and lifting in her chest to externally rotate her shoulders. They also discussed the benefits of supportive bras during pregnancy, to help alleviate some of the anterior pull of the breasts.

Suzanne first ensured that Beth was positioned comfortably and had the fan blowing lightly toward her face. She then warmed Beth’s back with effleurage and petrissage, and subsequently spent a significant amount of time working intercostally, releasing trigger points and encouraging Beth to breathe deeply to expand her ribs against Suzanne’s finger pressure. She applied friction to and stripped along the attachments on the inferior edge of the clavicle and across the superior edges of the pectoralis. She worked briefly with compression on subscapularis. Suzanne then extended Beth’s superior arm and did a full body stretch, encouraging Beth to breathe deeply. Suzanne worked similarly on the right side and then suggested repositioning to the semi-reclining position.

Before she changed position again, Beth wanted to use the restroom. As she shifted to sitting from lateral lying, and attempted to stand up, she suddenly felt lightheaded. She sat again on the edge of the table, and Suzanne stood by her, to ensure stability. Suzanne guessed it was a momentary episode of orthostatic hypotension, and apologized for forgetting to suggest that Beth wait a moment in a sitting position before attempting to stand. The lightheadedness passed quickly and Beth was fine after that.

Once back on the table and in the semi-reclining position, Suzanne reached around Beth’s belly, and pressed into the multifidus and other spinae erectors on either side of the lumbar spine, pulling forward with enough pressure to arch Beth’s back just slightly. She slid her hands anteriorly around the belly and repeated several times, adjusting the position at different areas of the lumbar spine region.

She then had Beth cross her arms over her chest and applied pressure anteriorly on both her arms while Beth pushed her arms out against the resistance during an inhalation. Suzanne had Beth raise both her arms up, flexed at the elbows. Standing behind her, Suzanne placed her hands on the anterior sides of Beth’s elbows and inner arms, pulling slowly posteriorly until Beth felt some stretching in her chest. Beth then pushed anteriorly for 8 seconds against Suzanne’s resistance, stretching fibers of the pectoralis. After a moment of relaxing the resistance, they increased the stretch and repeated the steps above.

At the end of the session, Suzanne remembered to instruct Beth to change positions slowly, but since she had already been in semi-reclining position, as opposed to lateral, she did not have an orthostatic hypotensive episode. Suzanne then taught Beth some stretches to open her ribcage and chest.

rated into a standard relaxation massage. Alternatively, an entire massage can be focused on a particular complaint. For instance, to help increase thoracic space and improve sensations related to respiratory capacity, a full massage session may be focused on warming up the upper chest and back adequately, releasing the pectoralis and subscapularis, extinguishing trigger points in the intercostal spaces, and utilizing the shoulder mobilizations and chest opening techniques. The choice of focus is dependent on the type of work you offer, and the client’s preferences and needs.

Specific techniques that you like to incorporate in your work with nonpregnant clients can usually be adapted for work in the sidelying position for application with your pregnant clients as well.
CHAPTER REVIEW QUESTIONS

1. Name two reasons why low back pain is so prevalent during pregnancy. Describe four maternal self-care tips and two bodywork techniques for decreasing low back pain during pregnancy.

2. Explain what might be a possible cause of mid-back pain developing as pregnancy progresses into the third trimester.

3. Determine whether breast massage is legal in your state and explain the social issues surrounding breast massage. Why should it be avoided with a client with a high risk of preterm labor?

4. Describe techniques you might use with a client who is 39 weeks pregnant and has a history of preterm labor and two previous consecutive miscarriages. She is now complaining of upper back pain and breast tension.

5. Name three conditions for which use of an abdominal binder might be appropriate.

6. Discuss what problems may be avoided by having a client learn proper mechanics for sitting up from lying down.

7. Discuss whether the massage therapist has a responsibility to educate a client on body mechanics, postural awareness, and self-care. How could this benefit both massage therapist and client?

8. If a client experiences sharp pain in her groin, what might you suspect as a possible cause?

9. Name two tips you could teach her as a method of addressing that cause.

10. Discuss your perception of stretch marks. What might you suggest to a client who has concerns about their development and asks for massage to reduce them?

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