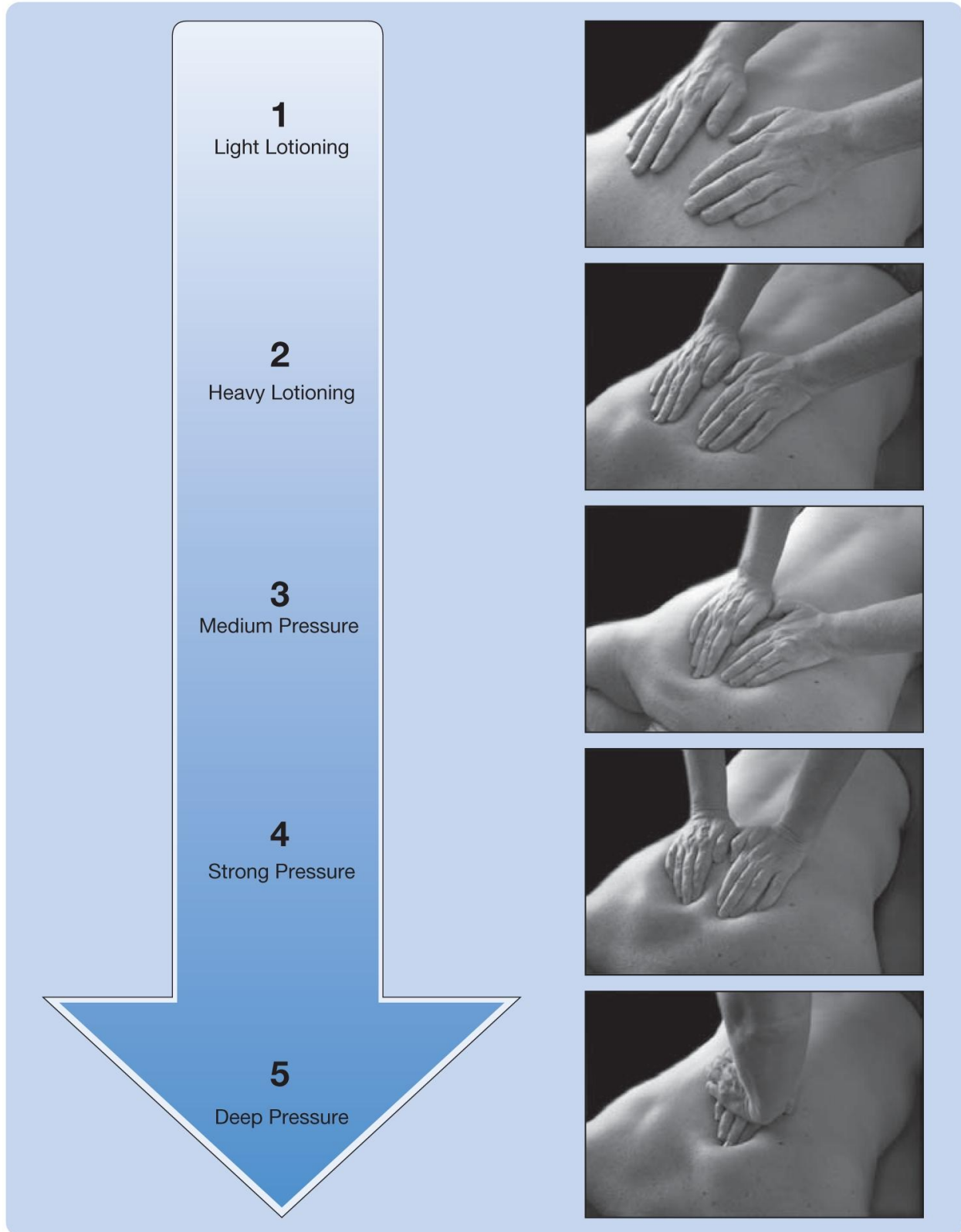


Massage Therapy Pressure Scale
from *Medical Conditions and Massage Therapy: A Decision Tree Approach*
by Tracy Walton

Figure 2-1. The Massage Therapy Pressure Scale.



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From Walton, T. *Medical Conditions and Massage Therapy: A Decision Tree Approach*. Philadelphia: Lippincott Williams & Wilkins, 2011. Visit www.thepoint.lww.com/walton for more info and to order an examination copy.

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TABLE 2-1. FEATURES OF THE FIVE MASSAGE PRESSURE LEVELS

Pressure Level 1: Light Lotioning	
Tissues displaced	<ul style="list-style-type: none"> • Slight skin movement only
Therapist body use	<ul style="list-style-type: none"> • Little hand strength needed, just for contouring • Use of arms and hands; little upper extremity strength required; no leaning body mechanics required
Common uses	<ul style="list-style-type: none"> • Applying and spreading massage lubricant • Maximum pressure for clients who are severely medically frail, with highly unstable tissues
Notes	<ul style="list-style-type: none"> • Slow speed is required to monitor this pressure level • Tendency to go too lightly at this level can result in incomplete hand contact; full, firm contact is important to maintain, taking the shape of the client's tissues
Pressure Level 2: Heavy Lotioning	
Tissues displaced	<ul style="list-style-type: none"> • Slight movement of superficial adipose tissue and muscle
Therapist body use	<ul style="list-style-type: none"> • Little hand strength needed, just for contouring • Use of arms and hands; little upper extremity strength required; no leaning body mechanics required
Common uses	<ul style="list-style-type: none"> • Distributing massage lubricant evenly; rubbing in excess • Introducing the therapist's hands to the body at beginning of session • Maximum pressure for most medically frail clients
Notes	<ul style="list-style-type: none"> • Everyday use of this pressure: rubbing in lotion or sunscreen • Tendency to go too lightly at this level can result in incomplete hand contact; full, firm contact is important to maintain, taking the shape of the client's tissues
Pressure Level 3: Medium Pressure	
Tissues displaced	<ul style="list-style-type: none"> • Some movement of medium layers of adipose tissue, muscle, and blood vessels • Slight movement of adjacent joints may occur with this pressure; for example, neck may rotate a few degrees when pressure is applied in strokes along shoulder
Therapist body use	<ul style="list-style-type: none"> • Upper body and upper extremity strength or good body mechanics (transfer of therapist's body weight into tissues) necessary to achieve this pressure • Some hand strength is necessary for kneading at this pressure
Common uses	<ul style="list-style-type: none"> • In healthy populations, used to warm up the tissues and prepare them for deeper pressures or more focused work • Maximum pressure for some clients who are experiencing illness, but are mobile and can participate in some activities of daily living
Notes	<ul style="list-style-type: none"> • Often used as an "everyday" pressure by practitioners of many modalities, especially in effleurage and petrissage • Effleurage and petrissage at this pressure (and higher) have traditionally been believed and intended to increase circulation
Pressure Level 4: Strong Pressure	
Tissues displaced	<ul style="list-style-type: none"> • Movement of deep layers of adipose tissue, muscle, blood vessels, fascia • Movement of adjacent joints is noticeable with this pressure; for example, hips rotate and thighs roll during hip massage, and significant depression (1-2in.) of the scapula occurs when upper trapezius is pressed inferiorly at this pressure
Therapist body use	<ul style="list-style-type: none"> • Substantial upper body strength and good body mechanics (transfer of therapist's body weight into tissues) necessary to deliver this pressure with full hand • Substantial hand strength is necessary for kneading • Therapists commonly switch to fingertips, knuckles, forearms, or elbows to apply pressure with less effort
Common uses	<ul style="list-style-type: none"> • Frequently used in practice with healthy clients to relax tension in medium and deep layers of muscle • Used to release restrictions in connective tissue
Notes	<ul style="list-style-type: none"> • Often used by therapists describing their work as deep tissue or deep muscle therapy • Along with levels 3 and 5, effleurage and petrissage at level 4 have traditionally been believed and intended to increase circulation

(continued)

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TABLE 2-1. FEATURES OF THE FIVE MASSAGE PRESSURE LEVELS (Continued)	
Pressure Level 5: Deep Pressure	
Tissues displaced	<ul style="list-style-type: none"> • Movement of deepest layers of adipose tissue, muscle, blood vessels, fascia • Through compressed soft tissue, therapist engages the bones of the massage site with the bones of therapist's hand (or elbow, forearm, or other massage surface), and the two move as a unit
Therapist body use	<ul style="list-style-type: none"> • Significant upper body strength and excellent body mechanics (transfer of therapist's body weight into tissues) necessary to deliver this pressure with full hand • Often one hand must be braced with the other hand to deliver this pressure • Therapists commonly switch to knuckles, forearms, or elbows to apply pressure with less effort
Common uses	<ul style="list-style-type: none"> • Used with healthy, robust clients preferring the deepest pressure • Used to address deep restrictions in soft tissue
Notes	<ul style="list-style-type: none"> • Often used by therapists describing their work as deep tissue or deep muscle therapy, structural work, deep transverse friction, or mobilization of soft tissue • Along with levels 3 and 4, effleurage and petrissage at this pressure have traditionally been believed and intended to increase circulation

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Where does the pressure scale come from?

From the textbook, *Medical Conditions and Massage Therapy: A Decision Tree Approach*, by Tracy Walton. The author created the pressure scale back in 2002 for use in massage research, charting, hospital-based massage programs, settings with multiple massage therapists, and the massage therapy classroom. Instructors have embraced the pressure scale in teaching technique. It is particularly helpful in communicating massage pressure to physicians, nurses, and other health care providers. The first 2 pressure levels are borrowed from the work of Gayle MacDonald and Dawn Nelson, well-known educators in massage therapy. The pressure scale is used in hospital massage programs and massage clinics around the US.

About the textbook:

Tracy Walton wrote *Medical Conditions and Massage Therapy: A Decision Tree Approach (MCMT)* with the goal of supporting massage teachers, schools, students, and practitioners. The book is designed for courses in pathology, technique, special populations, and medical massage.

MCMT is a comprehensive guide of specific, immediately usable massage contraindications that go beyond a one-size-fits-all approach for each medical condition. Instead, massage guidelines are provided for each client presentation of each medical condition. MTs can then adapt to conditions and settings as they encounter them in actual practice.