



What Would You Do?

Chapter 2

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created to accompany

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What Would You Do?

Chapter 2

[from page 60]

As you spread oil on the feet of a new pregnant client, her eyes suddenly pop open in alarm, and she exclaims, “I heard that having my feet massaged could cause a miscarriage.” How will you respond to her concerns, ease her worry and proceed with an appropriate session?

Below is one possible response:

First, I would pause my work and gently educate her about appropriate concerns in the foot and ankle area. I’d very calmly say, “I understand that you want to only do what’s good for yourself and your baby, but this is a widespread misconception. There are some specific pressure points on the foot and ankle that, if intentionally, repeatedly, and deeply pressed – and I do mean deeply – might prompt the uterus to contract. Regular gliding massage that I plan to do will not do create that effect.” Then I’d show her the difference in those types of touch, probably on her arm.

I’d then ask if she is okay with me continuing. If she is, then I’d ask her to tell me if my touch feels too deep or pointed to her as I work with her foot or ankle. If she still seems unsure or concerned, I would skip working on that part of her and perhaps approach the topic at another session, and before she is on the table. At that time I might also offer to show her exactly where the points are so that she can more specifically monitor my pressure on those points.



[from page 64]

A prospective client calls you for an appointment. She is 33 weeks into her first pregnancy and has been having back pain this past week, primarily in her lumbar and sacral areas. Her prenatal exercise teacher has referred her to you for this and to help her with her very tense thigh muscles, especially her inner thigh muscles. She's also beginning to notice her shoes are very tight and her ankles swell in the afternoon and evenings. What additional information would you need to make knowledgeable decisions about her care? Is it likely that she has any complications? What precautions in techniques should you take in addressing her edema and medial thigh tension?

Below is one possible response:

1. Additional information needed over the phone:

- Does your doctor or midwife know about this back pain? What do they think about it?
- Are there any other symptoms of problems (such as bleeding, cramping, leakage of fluids, pressure in the pelvis or thigh)?
- Does the pain worsen or improve with any particular activities or positions?
- Is there swelling in any other places or at other times of the day?
- Are the latest tests and prenatal visits showing any problematic developments?



- Does your doctor/midwife consider your pregnancy to be at higher risk for any reason?

2. Additional information to get at intake:

- Press on her feet and calves to see if the edema is pitting or non-pitting. Observe and palpate for any other areas of edema to determine if it is localized or systemic.
- Palpate for any unilateral swelling, heat or redness that might indicate significant blood clot restrictions too.
- Ask whether there have there been any changes since you last spoke on the phone?

3. Assessment.

- From the given information, it is unlikely that she has any complications. She is regularly exercising and, at 33 weeks, it is not uncommon to have swelling in the lower extremities after a long day.

4. Adjustments to the session.

- Take all appropriate precautions in the techniques used to address her edema and her medial thigh tension.
- Stroke the proximal areas first, directing toward the heart, and then moving distally.
- Work superficially to promote fluid movement from the legs.
- Use only light, whole-hand massage strokes.
- Instead of direct pressure into the medial thigh, use gentle



stretches, slow and easy joint mobilizations of the hip and knee, passive relaxation, and visualizations to help these tissues to relax.