

Massage Cupping bodywork therapy is an adaptation of an ancient technique; the purpose of this technique is to promote health and healing by loosening soft tissue and connective tissue, scarring, and adhesions moving stagnation and increasing lymphatic flow and circulation. This therapy utilizes silicone or plastic cups and a vacuum pistol to create suction on the body surface. These cups are moved over the skin using gliding, shaking, popping and rotating techniques while gently pulling up on the cup, or may be parked for a short time to facilitate joint mobilization or soft tissue release. Suction reaches deep into the soft tissue, attachments, and organs. Another benefit is to pull inflammation from the body to the surface of the skin where the lymphatic system may eliminate.

Conditions that respond to Massage Cupping:

Fibromyalgia-Migraine and Tension Headaches-Bursitis/Tendonitis/Other Inflammatory Conditions- High/Low Blood Pressure-Sluggish Colon or Irritable Bowel Syndrome-Asthma and Pneumonia-Stagnant Lymph/ Edema-TMJ Dysfunction-Pre – and post – Operative Conditions-Diabetes-Poor Circulation-Parkinson's Disease

Insomnia and Anxiety- Plantar Fasciitis-Athletic Stress and Injury-Sciatica& IT Band-Cellulite

Potential reactions to Massage Cupping are temporary and may include:

Cup Kiss: discoloration due to toxins and old blood being brought to the surface

Post tenderness: usually less than experienced from deep tissue work

Redness and Itching: increased vaso-dilation and/or inflammation brought to the surface

Decreased Blood Pressure: due to vaso-dilation and/or nervous system sedation

Suggested aftercare recommendations:

- Drink plenty of water, to help eliminate toxins out of the body.
- Avoid showers, steam, sauna, and exercise immediately following bodywork.
- Light stretching and range of motion exercises are beneficial.
- Exercise the next day will help increase circulation to aid in fading of cup kisses.

Contraindications: Please inform your therapist about any of the following:

Circle applicable conditions.

Broken bones/Dislocations (avoid site)-Hernias/Slipped Discs (avoid site)-Organ failure-Undergoing Cancer Therapies-Sunburn/Ruptured Skin-Fever-Easy bleeding-Liver or Kidney Illness-Varicous Veins (avoid site)-Psoriasis, Eczema or Rosacea (avoid site)-Surgical Incisions (Recent)-Hives, Herpes or Shingles-Pregnancy

REDUCE CUPPING TIME- Blood Thinners, Hemophiliacs (High or Low Blood Pressure), and Diabetes

NO MAGNETS – COMPUTER/ELECTRICAL IMPLANTS – PACEMAKERS, INSULIN MONITORS OR TRANSDERMAL DRUG DELIVERY SYSTEM

FERROUS METAL JOINT, BONE REPLACEMENTS OR PLATES, SCREWS OR BOLTS (avoid site)

Deep Vein Thrombosis - Blood Clots

If I choose to experience this therapy in my treatment, I understand the effects and aftercare recommendations. It has been explained to me that there is the possibility of a temporary skin discoloration or "cup kiss", appearing as tissue is released. I am aware that a "cup kiss" is NOT a bruise and that it will dissipate within a few hours, but could take several days/weeks.

I understand that all treatments by the massage therapist at this facility are therapeutic in nature. I agree to notify the therapist of any physical discomfort experienced during the session. I have stated all relevant physical conditions and will inform the therapist of any changes in my health.

Print Name: _____ Signature: _____ Date: _____