CONSIDER THE

PALM

Strong, Comfortable, and Underutilized

By Dr. Joe Muscolino

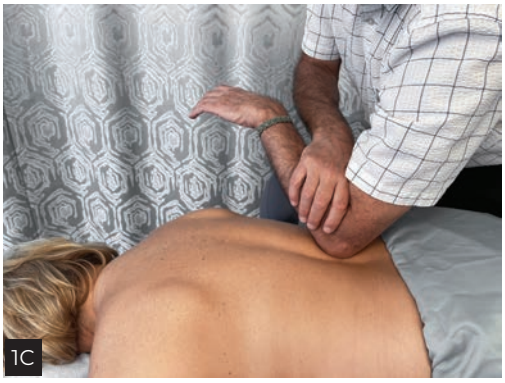
There are many contacts to use when performing massage therapy. These range from thumb pad and finger pads as the smaller contacts, to elbow and forearm as the usual larger contacts (Images 1A-1D). The advantage of smaller contacts is they are the most sensitive and best at assessing tissue texture and tone; they are also better at reaching deeper into tissue. The disadvantage of using smaller contacts is the joints are smaller and therefore more vulnerable to injury with repeated use. They also cover less area of the client's body and tend to feel a bit pokey to the client. The advantage of larger contacts is the joints are larger and therefore stronger and less vulnerable to injury; also, being larger, they cover more surface area of the client's body. However, they are not as sensitive as the smaller contacts. Also, the olecranon process of the elbow and the medial shaft of the ulna are hard and bony and can be uncomfortable for the client, especially when used on bony areas of the client's body (where bone is close or immediately deep to the skin). So, I would like us to consider the palm as a contact when doing massage therapy.

KEY POINTS

- The palm is a contact that is strong and stable, yet soft and comfortable.
- When we angle the palm by supinating or pronating the forearm, we can diminish the size of the palm contact, making it much more specific without being pokey the way thumb and finger pads can be.
- The palm's strength and stability are matched by its comfort because of the surrounding myofascial tissue.

Motor Out and Sensory In

There is an old adage in the world of massage that no massage stroke should ever end the way it was originally intended when it began. This means we need to be constantly assessing the response of the client's tissues as we work so that we can modify the depth and direction of our stroke. This requires not just motor output to create the stroke, but also reception of sensory input as we work; motor out and sensory in. The ability to integrate and balance these two aspects of a massage stroke is greatly dependent on the contact we choose to employ.



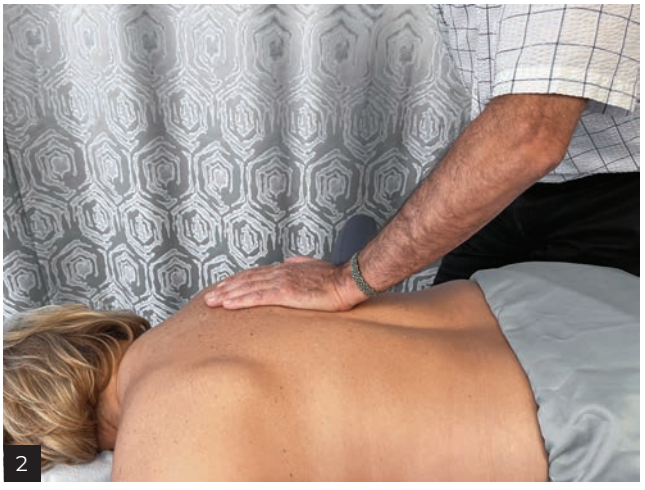
Small and large contacts for massage therapy
1A: Thumb pad.
1B: Finger pads.
1C: Olecranon process of elbow.
1D: Ulna of flat forearm.

VARIATIONS OF USING THE PALM

Many therapists already use the palm, but I believe there are variations with its use that are not always fully appreciated. And these variations render the palm, in my opinion, as perhaps the best contact in massage, and the contact that I use the most when working on patients. Why is the palm such a good contact? It is broad and strong, somewhat like the elbow or forearm, but much softer and comfortable for the client because of the cushioning of the myofascial tissue of the thenar and hypothenar eminences. And when we angle the palm by supinating or pronating the forearm, we can diminish the size of the palm contact, making it much more specific without being pokey the way thumb and finger pads can be.

Full-Flat Palm

When the palm is used in massage, most therapists use the full-flat palm (Image 2). The full-flat palm is a wonderful contact because, as stated, it is broad, strong, and stable, and covers a large amount of surface area of the client's body; but it is not hard or pokey. And it can be easily braced/supported. Bracing a contact is extremely valuable toward having good body mechanics that allow for career longevity. By bracing a contact, we support the structure of the joint, which preserves the fascial tissue of the ligamentous/joint capsule complex, preventing overstretching and injury of the joint. We also decrease compression forces through the contact joint because bracing allows for the physical stress of the stroke to be spread across both upper extremities. In other words, the brace-side upper extremity does not just protect the contact, it also contributes to the force of the stroke.



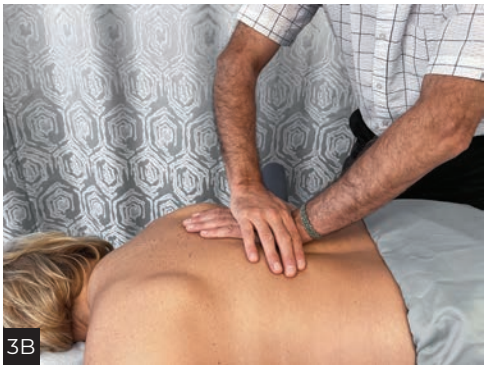
Full-flat palm contact (with no brace).

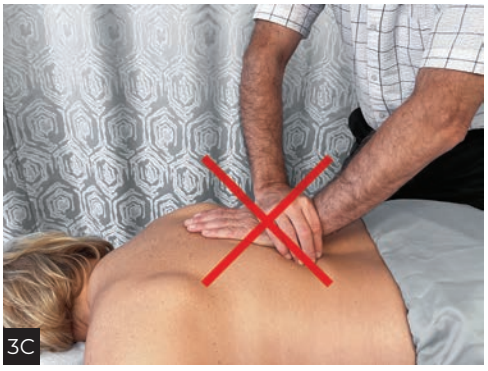
Bracing/Supporting the Palm

There are two easy ways to brace a full-flat palm. Image 3A shows what is likely the most common brace used: that is, to use the palm of the other hand. This brace works very well when the palm is fully flat. However, it is not as versatile a brace for when we want to orient away from the full-flat palm and angle it to use more of the hypothenar eminence or the thenar eminence.

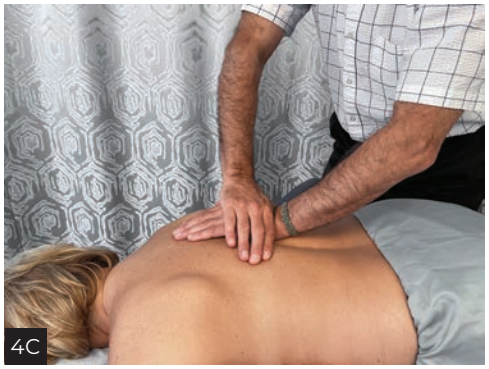
For full versatility of the palm, I recommend using the thumb-web brace shown in Image 3B. For the thumb-web brace to be used effectively, the actual web of the thumb needs to be placed directly over the carpal region at the base of the palm where the pressure of the contact hand is contacting the client. Often, therapists will err and instead brace the contact hand/forearm as seen in Image 3C, with the ulnar side of the support hand on the dorsum of the contact hand, and the thumb web up high on the distal forearm. This leaves no support to the actual contact region at the base of the palm that meets the client's body.

One way to learn how to effectively employ the thumb-web brace for the full-flat palm is to first place the palm as a contact on the client but exaggerate the ability to see the contact by extending the hand at the wrist joint (Image 4A). Then place the thumb-web support directly over the base-of-the-palm contact but exaggerate the position of the support upper extremity by pronating the forearm (Image 4B) so that we can better visualize where the thumb web supports the contact hand. This positioning shown in Images 4A and 4B is not comfortable or relaxed for the therapist; it is just done to help us better understand the positioning of our hands. So, now let both hands relax as seen in Image 4C. Comparing this thumb-web brace with the opposite-side palm brace (Image 3A), you can see that the disadvantage of the thumb-web brace is that the elbow of the brace-side upper extremity is out a bit, which means the brace-side glenohumeral joint is slightly in medial/internal rotation, which is not the ideal posture for the shoulder joint. However, where the thumb-web brace really shines is how it allows for the versatility of the orientation of the palm as a contact.





Full-flat palm contact with brace
3A: Palm brace.
3B: Thumb-web brace.
3C: Thumb-web brace incorrectly placed.



4A: Exaggeration of base-of-the-palm contact for full-flat palm.
4B: Exaggeration of thumb-web support of base-of-the-palm contact for full-flat palm.
4C: Relaxed posture of hands with thumb-web brace for full-flat palm.

5A: Full-flat palm.
5B: Hypothenar contact.
5C: Hypothenar contact with focus on the pisiform as the contact.
5D: Ulnar-side knife-edge contact.

Angling the Palm Contact

One of the major advantages of the full-flat palm is that it is broad (Image 5A). However, this can also be a disadvantage because the contact may be too broad to allow work in certain areas and/or contours of the client's body—for example, when performing a long deep stroke up the client's back along the paraspinal musculature. In the low back, there is plenty of room for the palm to be fully flat. But as we reach the interscapular region (between the scapulae) in the thoracic spine, there is often not enough room between the medial border of the scapula and the spine. Instead of switching to another contact, we can simply supinate the forearm to orient the palm so that we are pressing more on the hypothenar side of the palm instead of the full-flat palm (Image 5B). This narrows the contact, allowing seamless passage of this stroke through this area to continue to the

the force of our stroke through the pisiform of the hypothenar eminence (Image 5C).

There is an art to learning to use the pisiform, and it can take time to master, but it is well worth it. The pisiform is a small bone, so it is very specific in its contact, but it is a round bone, so it is not pokey for the client. Further, because it is surrounded by the myofascial tissue of the hypothenar eminence, it is padded and even more comfortable for the client and the therapist. We can even transition our contact to be fully on the ulnar side of our hand (Image

Pisiform for Joint Mobilization

Learning to use the pisiform (or trapezium/scaphoid tubercles) as a contact can be especially valuable when performing joint mobilization. It allows for a very specific contact on the bone of the client's body, but also is a strong and stable contact. And it is a comfortable contact because of the cushioning of the surrounding myofascial tissue.

Author's note: In the world of massage therapy, Grade IV, slow-oscillation joint mobilization is legal and ethical in most states of the US. No fast thrust should be added to the mobilization. Fast-thrust Grade V joint mobilization is not legal or ethical for massage therapists.