

Massage Cupping™ Informed Consent

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 toxins and inflammation from the body to the surface of the skin where the lymphatic system can more readily eliminate them.

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 after care 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:

People who are on **blood thinners should not** experience Massage Cupping™. If you start taking such medication please inform the therapist so your treatment plan can be adjusted. If you are under the care of an acupuncturist, massage cupping could potentially interfere with acupuncture treatments, and should be avoided.

The therapist, Susan Hart, LMT, CMCP has provided me with information on the Massage Cupping™ bodywork technique. If I choose to experience this therapy in my treatment, I understand the effects and after-care 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 to a few days.

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: _____