

MESSAGE CUPPING INFORMED CONSENT AND DISCLOSURE

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 and connective tissue, loosening scarring and adhesions, moving stagnation by stimulating lymphatic flow and blood circulation. This therapy utilizes silicone or plastic cups to create a vacuum and suction on the body's surface. These cups are moved over the skin using gliding, shaking, popping and rotating techniques while gently pulling up on the cup. Keeping the cups stationary for a short time can facilitate in joint mobilization or soft tissue release allowing the suction to reach deep into the soft tissue, attachments and organs. These techniques allow for the pulling of toxins and inflammation from the body to the surface 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: Due to increased vasodilation and/or inflammation brought to the surface
- Decreased blood pressure: Due to vasodilation 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.
- Exercising the next day will help increase circulation to aid in the fading of cup kisses.

Contraindications:

- ***People who are on blood thinners SHOULD NOT experience Massage Cupping.*** If you start taking such medications please inform your therapist so your treatment plan can be adjusted.
- If you are under the care of an Acupuncturist Massage Cupping could potentially interfere with the acupuncture treatments and should be avoided.

GRE Massage Therapy has provided me with information on the Massage Cupping bodywork technique. By choosing 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 discoloration or "Cup Kiss" appearing as tissues are 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 current relevant physical conditions and will inform the therapist of any relevant changes to my health prior to any future treatments.

Printed Name

Signature

Date

Therapist

Therapist Signature

Date