Basic Seifukujutsu Class Notes

The following is adapted from the Seifukujutsu notes of George Arrington and were taken from classes held by Prof. Sig Kufferath and Prof. Tony Janovich.

For information about receiving authoritative instruction in Seifukujutsu with Professor Janovich, Click <u>HERE</u>.

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General

Background of Seifukujutsu

The name "Seifukujutsu" means "adjustment and restoration techniques". This method came from Prof. Henry Seishiro Okazaki (1890-1951) of Hawaii and the founder of Danzan-Ryū Jūjutsu. Okazaki studied several methods of Japanese therapy and massage. He also studied western systems of massage. His restoration practice was in Honolulu, T.H. at the Nikko Restoration Sanitorium. (He originally planned to have both in- and out-patient service.) His Jūjutsu dojo was in the back and called "Kodenkan", "ancient tradition school". His clinic is now run by his son and grandson, Hachiro and Keith Okazaki in Honolulu, HI. Advertisements in the Hawaiian phone book listed this clinic as H.S. Okazaki's famous "Elbow System".

General Seifukujutsu Principles

- 1. Balance the Body The therapy hits most of the major energy flow lines used in other methods such as acupuncture, shiatsu, etc.
- 2. Break Down/Build Up The therapy is a deep tissue massage and therefore actually breaks down muscle tissue and releasing lacto-carbonic acid. The body then rebuilds its tissue to a stronger state over time.

Seifukujutsu vs. Massage

- Seifukujutsu is not massage. It is better termed "restoration massage therapy".
- The concept of massage often has negative connotations due to the use of massage as a front for prostitution. For this reason, therapists are looked upon by the law as potential criminals.
- The technique of Seifukujutsu is to primarily use the crux of the elbow rather than the hands. This is done with an ironing and rocking motion and not rubbing.
- The term "Anma" is a Japanese word that means "massage". The restoration therapy developed by Prof. Okazaki is not Anma although this term is sometimes used as a substitute for the initial Seifukujutsu treatment.

Requirements for Certification

The diploma for this course certifies that the student has completed 120 accumulated hours of practice.

Sanitary Measures

Therapist considerations

- Before and after each treatment, the therapist should wash their hands up to the elbows with a disinfectant soap. Hot water should be used.
- Hands should be dried with fresh towels. Paper towels make this easy.
- Therapists should present themselves to patients as clean as possible. This includes body, hair and breath.
- Therapist should wear clean clothes.
- If the therapist has long hair, it should be tied back and up so as not to fall on the patient.

Treatment room considerations

- The treatment table should be covered with fresh sheets for each new patient.
- Brown, rolled craft paper may be substituted for sheets.
- If a face rest is used, it should be covered with a fresh paper towel for each patient. An alternative for this is a nurse's cap. In either case, the center of the cover should be cut out to allow the patient to see and breathe.
- Make sure the table is clean. A disinfectant spray or 10% bleach solution may be used.

Bathroom considerations

- A toilet, wash sink and changing room should be available for the patient.
- A pump-bottle of disinfectant soap should be used at the wash sink.
- Paper towels should be provided at the wash sink instead of cloth towels.

Business Practices

State requirements

- Each state has its own requirements for massage therapists.
- While Seifukujutsu is not massage, the state usually covers it under massage therapy.
- California has no licensing for Seifukujutsu, but covers this under an administrative code. This
 code gives guidelines for education and experience. A training course qualifies for part of the
 education requirement.
- Business licensing is usually done through the local (city or county) government.

Professional organizations

There are several national massage organizations. One good organization is the Associated Bodywork & Massage Professionals (ABMP), 28677 Buffalo Park Road, Evergreen, CO 80439-7347, (303) 674-8478.

This organization will provide liability insurance for its members.

Getting patients

- The best way to build a patient clientele is through references.
- The best way to start getting references is to prove your skills to a doctor or chiropractor. This can be accomplished by giving a treatment to the doctor and then to his patients.

Patient referrals are best done through word of mouth.

Record keeping

- It is important to keep accurate records of all the patients you treat.
- The name, contact phone number and treatment date for each patient should be kept.
- A patient record card (similar to that used by Okazaki) may be helpful.
- Careful record keeping can aid in proving state requirements for experience as well as tracking patient history.

Fees

Depending upon the current market, the fee for a treatment can range from \$40-\$70.

Liniment

Ingredients and proportions

The liniment used by Prof. Okazaki consists of 7 ingredients. Their names and amounts are given below:

- 1. Oil of Eucalyptus
- 2. Oil of Wintergreen
- 3. Oil of Camphor
- 4. Rectified Oil of Turpentine
- 5. Tincture of Green Soap
- 6. Isopropyl Alcohol
- 7. Extra Light Virgin Olive Oil

(Proportions should be obtained by a qualified instructor.)

Ingredients 1-6 above mixed together are called the base.

The "heat" of the liniment can be increased by adding more Wintergreen and decreased by adding more Olive Oil to the base.

This is the basic liniment used by Prof. Okazaki. Other formulae are also good.

Storage of liniment

- One good way to store the liniment is to use a 2 gallon water jug (normally used for camping) with a spigot at the bottom.
- Label the jug, "BUG JUICE" to keep people from using it for drinking. (Note: You may also want to add the words, "Do Not Drink!" or something similar. Some people may relate "bug juice" to the kool-aid they had in summer camp. Thanks to David Bridgham for that hint.)
- The mixture will last for several months, but should kept out of sunlight.

Application of liniment

- A small plastic bottle with a top dispenser can be used to apply the liniment. Another type of dispenser may have a pump on the top. A spray bottle is not useful, because it is difficult to "atomize" the oil in the liniments.
- To apply the oil to the patient, squirt the liniment in a line on their skin and immediately spread it with your finger.
- Don't rub the liniment in to the skin before working the area with your elbow.Don't use too much oil on the patient. This is wasteful.

Human Anatomy

Muscles - The student should know the location and function of:

- 1. Sternocleidomastoid
- 2. Trapezoid
- 3. Deltoid
- 4. Pectoralis Major
- 5. Lattisimus Dorsi
- 6. Biceps
- 7. Triceps
- 8. Rectus Abdominus
- 9. Flexor Digitalis
- 10. Extensor Digitalis
- 11. External Oblique
- 12. Gluteus Maximus
- 13. Sartorius
- 14. Quadracep
- 15. Hamstring
- 16. Tibialus Anterior
- 17. Gastrocnemius
- 18. Achilles Tendon

Bones - The student should know the location and function of:

- 1. Skull
- 2. Frontal Bone
- 3. Parietal Bone
- 4. Temporal Bone
- 5. Zygomatic Bone
- 6. Orbit
- 7. Maxilla
- 8. Mandible
- 9. Occipital Bone
- 10. Cervical Vertebrae (7)
- 11. Clavicle
- 12. Scapula
- 13. Ribs
- 14. Xiphoid Process
- 15. Humerus

- 16. Thoracic Vertebrae (12)
- 17. Lumbar Vertebrae (5)
- 18. Ulna
- 19. Radius
- 20. Ilium
- 21. Sacrum
- 22. Carpals
- 23. Metacarpals
- 24. Phalanges (fingers)
- 25. Greater Trochanter
- 26. Coccyx
- 27. Ischium
- 28. Femur
- 29. Pubis
- 30. Patella
- 31. Tibia
- 32. Fibula
- 33. Tarsals
- 34. Metatarsals
- 35. Phalanges (toes)

Treatment Method

General Guidelines

Pay attention to small details. Watch and emulate the instructor carefully.

Treatment lasts between 35-40 minutes. Do not over treat.

Most of the treatment is done with the crux of the elbow. The point is only used on the sciatic nerve and the sub-occipital.

In doing the treatment, the patients body may be divided either right/left or top/bottom. The preferred is to do the treatment in the following sequence:

- back left top
- back left bottom
- back right top
- back right bottom
- slap small of back (turn over)
- front left top
- front left bottom
- front right top
- front right bottom
- abdomen
- neck and head
- (Optional) trapezoids from a seated position

Patient Preparation

- Patient should undress to shorts (for men) or shorts and a top (for women).
- For a woman to remove her top discretely, place a towel over her back and let her remove her top over her head. The towel is then placed over her buttocks.
- When turning a woman over who is not wearing a top, hold the towel while she turns over beneath it. Adjust the towel over her chest so that it is even and comfortable.
- When the patient gets on the table, they should lie on their stomach.
- Before beginning the treatment, turn the patient's head to their left and align their left ear with the spine. The ear-spine alignment should not be done if this is uncomfortable to the patient.

Techniques for Working the Body

- In general, the areas on the body are manipulated away from the heart.
- The majority of the treatment is done by using the crux of the elbow. This is the area about 3-4 inches away from the tip of the elbow along the ulna on the forearm.
- The tip of the elbow may be used on certain areas such as the sciatic nerve and the sub-occipital region.
- When working an area of the body with the elbow, the following guidelines should be followed:
- Stay off of the bones, especially the spine. Only work the soft tissue.
- When beginning a particular area, take out the slack in the muscle by applying pressure in the beginning area.
- Stretch the muscle with an "ironing" motion. This is done by taking the slack out of the muscle and moving your forearm sideways.
- Combine the ironing with a "rocking" motion to increase the penetration and movement of the therapist's elbow. The rocking motion is done by moving the wrist up and down as the crux of the elbow presses down.
- On certain areas (such as the scapula and sciatic region) a "fanning" motion may be used. This is where the elbow remains in approximately the same place, while the hand traverses an arc. The rocking motion is done during fanning.
- When there is not enough oil in a particular spot to easily do and ironing motion, the therapist can
 opt to stay on a spot and do the rocking motion. In order to move to another spot, the forearm is
 lifted and moved slightly sideways.
- Penetration is usually measured on a scale from 'A' to 'E'. A' is the lightest pressure and 'E' is the deepest penetration.
- New patients should be worked with light pressure and built up to deeper penetration. A patient history record will assist the therapist in determining this.
- Each of the following techniques should be repeated 4-8 times on a particular area.

Back of body

1. Left Upper Trapezoid

Right elbow crux works patient's left upper trapezoid from medial to lateral.

Therapist is above patient's head.

2. Left Scapula

Right elbow crux fans the scapula near the shoulder from the head toward the left arm.

Therapist is near patient's left shoulder.

3. Left Side of Neck

Left elbow crux to left sternocleidomastoid.

Left elbow point to left sub-occipital

Left elbow crux to left sternocleidomastoid.

Therapist is near patient's left shoulder.

4. Left Rhomboid

Left arm rotates so that left hand is toward patient's feet.

Left elbow crux works down the left rhomboid muscle between the spine and left scapula until just

below the medial tip of the left scapula.

At the bottom of the stroke, do not curve the elbow to the outside of the body.

Therapist is on the patient's left side.

5. Left Lattisimus

After several strokes on the rhomboid, the right arm takes over on the left lattisimus dorsi.

The arm is perpendicular to the spine with the right hand toward the patient's right side.

The stoke is done with an ironing motion from top to bottom.

Therapist is on the patient's left side.

6. Left Lower Back

Left arm is placed on the lower back at a 45° angle down toward the patient's lower right side.

This area is just above the inner crest of the left illium.

Work this area with a rocking motion.

Therapist is on the patient's left side.

7. Left Sciatic

Right elbow tip is placed on the side of the buttocks at the sciatic nerve indentation.

This area is worked with a fanning motion.

Therapist is on the patient's left side.

8. Left Buttocks

The left buttocks are worked with the right elbow crux.

All areas except the crease should be worked.

Therapist is on the patient's left side.

9. Left Inner Shoulder & Triceps

Move patient's left arm so that his forearm is perpendicular to his body and his hand is hanging over the edge of the table.

Hold under his left bicep with your left hand and work his medial shoulder and triceps with your right elbow crux.

Therapist is on patient's left side.

10. Left Outer Shoulder & Triceps

Step around patient's left arm and reverse your hand positions.

The therapist's right hand is now under the patient's left bicep and the patient's left lateral shoulder and triceps is worked by the therapist's left elbow crux.

Therapist is slightly above of the patient's left shoulder.

11. Left Outer Shoulder & Triceps (arm against body)

Place the patient's left arm against his body so that his elbow is to the outside.

The therapist holds the patient's arm against his body by placing his right fist on the table near the patient's elbow.

The patient's left lateral shoulder and triceps are worked by the therapist's left elbow crux.

On this area, the therapist should keep his forearm vertical to allow him access to the side of the arm.

Therapist is to the patient's left side.

12. Left Flexor

Patient's left arm is placed with his elbow near the edge of the table and his forearm parallel to the edge of the table.

The finger extensor muscles are ironed with the right elbow crux from the patient's elbow to wrist. When this is done, the patient's fingers will curl.

Therapist is at the patient's side, with his elbow in toward the patient. Therapist's left fingers should rest on the patient's left palm.

13. Left Hand and Fingers

The therapist's right elbow crux irons from the center of the patient's left palm to beyond the tips of the patient's fingers.

Therapist is at patient's left side.

14. Left Palm

Therapist rocks his left elbow crux on the center of the patient's left palm.

Therapist is at the patient's left side with his right elbow in toward the patient.

15. Left Pericardium Point

The therapist raises his hand so that the point of his right elbow is on the Pericardium 8 point (center of the palm).

This point is worked with a rocking motion.

Therapist is at patient's left side.

16. Left Buttocks Crease

Therapist moves to below the patient's left buttock.

This area is worked by rocking the right elbow crux upwards and into the patient's left buttock crease.

Therapist is at the patient's side next to the left thigh.

17. Left Medial Thigh

Right elbow crux irons and rocks on the left medial thigh from the top to the knee.

Therapist is at patient's left side near the left knee.

18. Left Lateral Thigh

Left elbow crux irons and rocks on the left lateral thigh from below the greater trochanter to the knee.

Therapist is at patient's left side near the left knee.

19. Back of Left Knee

Therapist uses both thumbs to massage the back of the left knee.

This is done in a downward and outward motion

Therapist is at patient's left side next to the left calf.

20. Left Medial Calf

Right elbow crux irons and rocks on the left medial calf from below the knee to the ankle.

The spot at the bifurcation of the calf (laughing spot) should be avoided.

Therapist is at patient's left side near the left ankle.

21. Left Lateral Calf

Left elbow crux irons and rocks on the left lateral calf from below the knee to the ankle.

The spot at the bifurcation of the calf (laughing spot) should be avoided.

Therapist is at patient's left side near the left ankle.

22. Bottom of Left Foot

Therapist holds under patient's left instep with his left hand and irons bottom of patient's left sole and toes.

Therapist is below patient's left foot.

23. Bend Left Leg

Therapist moves to the left side of the patient's left calf.

Therapist's left hand presses the back of patient's knee, while the right hand bends the patient's left leg up to the thigh or until tension is felt.

Hold the leg in this position for a count of 1-2.

24. Back and Front of Left Foot

Patient's left calf and foot are brought back to vertical.

Therapist uses his fingers to massage the sole of the patient's left foot and his thumbs to work the instep.

25. Left Achilles Tendon

Therapist switches his grip so that he is holding under the patient's left instep with his right hand. Therapist works the patient's left Achilles tendon up and down between his thumb and forefinger. Patient's left foot is set back onto the table.

Repeat steps 1-25 on the patient's right side mirroring all the arm movements done on the left side.

• (Optional) Run both thumbs along both sides of the spine from head to hips.

Therapist moves to the top of the table above the patient's head.

Therapist presses both of his thumbs on either side of the top of the patient's spine and runs them down to the lower back.

Massage lower back and slap

To conclude the back, the therapist massages down the patient's back with his right hand. After doing this several times, the therapist delivers a cupped palm slap to the patient's lower back.

The slap has the function of enervating the patient's body. It is also a signal for the patient to turn over. Verbal instruction to turn over is also given to the patient.

The therapist is on the patient's right side and may assist the patient in turning over. This is especially helpful if the patient is a woman who is not wearing a top.

Front of body

1. Left Pectoral Point

This point corresponds to the acupuncture point, Lung 2.

The right elbow crux works this area with the therapist's right hand toward the patient's right hip. The therapist's right hand turns counter-clockwise toward the patient's left elbow and repeats the same procedure as described in the previous step).

Turn the patient's face to the right.

The therapist switches arms and applies the Lung 2 treatment with the left elbow crux and the hand toward the patient's head.

The therapist is near the patient's left shoulder.

2. Left Medial Bicep

The therapist moves to patient's left side.

Therapist takes patient's left wrist in his right hand and lifts it so that left upper arm is perpendicular to the patient's body.

Therapist's left elbow crux works the patient's left shoulder and bicep.

The patient's left wrist should be held toward the therapist's chest so as to keep the patient's left bicep above his arm.

3. Left Lateral Bicep

Patient's left arm is placed against his body and held in place by the therapist's left hand.

The therapist's right elbow crux works the shoulder and side of the patient's left bicep.

The therapist should keep his forearm vertical in order to access the patient's lower side of the left bicep.

The therapist is at the patient's left side.

4. Left Extensor (with elbow)

The patient's left arm is placed onto the table with his palm down and his forearm parallel to the table edge.

The therapist's left elbow crux works the top of the patient's left forearm. The therapist's left elbow is toward the patient's body.

The therapist is at the patient's side and is facing toward patient's head.

5. Left Elbow Points (thumb pressure)

Therapist raises patient's left wrist and works the points around the patient's left elbow with his right thumb.

The therapist is at the patient's left side near the waist.

6. Left Extensor (with thumb)

The therapist then works the space between the patient's left ulna and radius with his right thumb. This is done from the elbow to the wrist.

The therapist is at the patient's left side near the waist.

7. Left Metacarpals

The therapist works the gaps between the patient's carpals with his left thumb.

The therapist is at the patient's left side near the waist.

8. Left Fingers

The therapist uses his left thumb and forefinger to knead the sides and top the patient's left fingers and thumb.

Using his left first and middle fingers, the therapist seals the Ki of the fingers on the patient's left

hand. This is done by snapping the tips of the patient's fingers.

The therapist is at the patient's left side near the waist.

9. Left Shuko Point

The therapist grabs the web of the patient's left hand with the thumb (outside) and first finger (palm). Pressure is held for a count of ten.

The therapist is at the patient's left side near the waist.

10. Left Medial Quadracep

Left elbow crux irons and rocks on the left medial thigh from the top to the knee.

Therapist is at patient's left side near the left knee.

11. Left Lateral Quadracep

Right elbow crux irons and rocks on the left lateral thigh from the top to the knee.

Therapist is at patient's left side near the left knee.

12. Left Knee

Therapist lightly moves the patient's left knee in a circle to observe the freedom of motion of the patella.

Therapist is at patient's left side near the left knee.

13. (Optional) Points on Side of Left Knee

Therapist massages the points above and below the sides of the knee with his thumb and fingers. Therapist may also use his thumb to press on the "three-mile" point which is lateral and below the head of the tibia.

Therapist is at patient's left side near the left knee.

14. Left Medial Calf

Right elbow crux irons and rocks on the left medial calf from below the knee to the ankle.

Therapist is at patient's left side near the left ankle.

15. Left Lateral Calf

Right elbow crux irons and rocks on the left medial calf from below the knee to the ankle.

Therapist is at patient's left side near the left ankle.

16. Left Tarsals

Therapist bends patient's left foot so that the toes are toward the patient's head and his left Achilles tendon is stretched.

Therapist uses his right thumb to press into the notch between the left tarsals and metatarsals.

Therapist is at the patient's left foot.

17. Left Foot Nishi and Slap

Therapist lifts patient's left foot to about a 30° angle.

Therapist cradles the patient's left heel in his left hand and shakes it rapidly for about 30 seconds to 2 minutes. This is called "Nishi".

Therapist then supports the patient's left leg at the Achilles tendon with the back of his right wrist.

He then delivers a left handed slap to the bottom the patient's left foot.

Patient's left foot is then gently placed back onto the table.

Therapist is at the side of patient's left foot.

Repeat steps 1-17 on the patient's right side.

Abdomen

Therapist massages the patient's abdomen in a clockwise circle three times.

This is done using the left hand over the right hand. The hands push forward with the heel of the hands and pull back with the fingers.

If the patient is constipated, the circles should be counter-clockwise.

Therapist is next to the patient's right abdomen.

Back of the Neck

Therapist moves to the top of the patient's head.

Therapist reaches under the patient's back and massages with his fingers on either side of the patient's spine.

This massage starts at the middle of the scapula and continues up to the patient's neck.

• Upper Sides of Neck

Therapist turns the patient's head to the left and uses the tips of his right fingers in a circular motion to massage the upper sternocleidomastoid.

Therapist then turns the patient's head to the right and repeats the above procedure with his left hand.

Therapist is at the top of the patient's head.

• Stretch Neck Muscles

Therapist reaches under the patient's neck with his right arm and places his hand on the patient's left shoulder.

The patient's head is gently turned to the left. The neck is stretched to left by slightly lifting the right arm and pushing his chin to the left with the left hand.

This process is repeated on the right side except that the therapist reaches under with his left arm.

After the right side has been done, the therapist reaches under his left arm with his right arm and places his palm on the patient's left shoulder.

Patient's head and neck are stretched forward as the therapist extends his arms and stands up straight.

Care must be taken when doing these maneuvers so as not to over stretch the patient's neck. Therapist is at the top of the patient's head.

Sinuses

Therapist massages the forehead sinuses with his thumbs by starting at point between the eyebrows, drawing both thumbs up to the hairline and tracing the hairline to the sides.

Both thumbs are then placed on either side of the nostrils and the thumbs trace under the orbital bone on either side of the face.

Therapist is at the top of the patient's head.

• (Optional) Upper Trapezoids

After sitting the patient up, the therapist may get up on the table and position himself behind the patient.

Using the right elbow crux, the therapist works the right upper trapezoids in a rocking motion. This procedure is repeated on the left side with the left elbow crux.

Conclusion of Treatment

- To sit up, have the patient roll onto their side and swing their legs over the edge of the table. Help the patient sit up by lifting at his head and shoulders.
- Apply optional treatment to top of trapezoids described above.
- Have the patient get dressed.
- Therapist washes hands.
- Write down patient information. Make follow-up appointment, if necessary.

This page maintained by George Arrington.

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