

Massage Cupping Informed Consent

What is cupping?

Cupping is a technique that utilizes suction and negative pressure to release stagnant/stuck blood and fluid from tissue and bring it to the surface to be carried out through the circulation and lymphatic systems. This allows new oxygenated blood to flow into the area and bring nutrients to the area to promote healing.

What are the benefits of cupping?

- ✓ Helps reduce pain in the muscles without medication
- ✓ Promotes relaxations
- ✓ Boosts skin health
- ✓ Helps treat respiratory issues and colds

Contraindications (include but not limited to)

- Taking blood thinners
- Fever
- Convulsions
- Heart Disease
- Renal Failure
- Liver Cirrhosis
- Bleeding Disorders
- 1st trimester pregnancy (no abdomen or low back)
- Fractures
- Disc herniation
- Excessive Body Hair
- Cancer
- Skin conditions/ulcers/sores/sunburn
- Slipped disks
- Thin layer of skin

Client After-Care Instructions

- Drink plenty of water, to help eliminate toxins out the body. Water helps dilute the intensity of the release.
- Avoid showers, hot tubs, sauna and exercise for 4-6 hours.
- Light stretching and range of motion exercises are beneficial
- Do not receive other body work for 48 hours as this could overload your system or it could negate the work that has been done.

***MARKING-** The cupping mark is not a bruise, it is called ecchymosis. It is a discoloration due to the toxins and blood being brought to the surface. The mark can last a few hours to a few weeks and are not tender to touch.

I understand that all the treatment by the massage therapist at this facility is 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 to avoid complications.

I _____ agree to allow the cupping therapy practitioner, Jessica Berg, CMT to perform Cupping. I also agree that I have read, understand and will follow all of the information stated above and will not hold the practitioner responsible.

Name(print) _____

Sign _____ Date _____