



Cupping Therapy Client Release Form

What is cupping?

Cupping therapies are an adaptation of an ancient technique and possesses the benefits of traditional use. This therapy utilizes glass or plastic cups and a vacuum machine 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 cups. Occasionally, cups may be parked for a short amount of time to facilitate joint mobilization or soft tissue release. This suction reaches deep into the soft tissue and organs. It also has a sedating effect on the nervous system. Another benefit is to decrease inflammation and toxins from the body tissues so that the skin and lymphatic system can eliminate them.

One of the most amazing aspects of this technique is the separation that the vacuum produces in the tissue layers. This enables water absorption and renewed blood flow to undernourished and dehydrated tissue. It is evident that separation of fused, congested soft tissue and increase in tissue function can be a catalyst for change in many current health conditions.

Potential Reactions:

- Discoloration due to toxins and old blood being brought to the surface.
- Post treatment tenderness – this is common with any bodywork, but is usually less than 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.

Conditions that respond to Massage Cupping Therapy:

Fibromyalgia	Irritable Bowel Syndrome	Asthma and Pneumonia
Migraine and Tension	Stagnant Lymph and Edema	Diabetes
Headaches	Poor Circulation	Parkinson's Disease
Bursitis and Tendonitis	Insomnia and Anxiety	Plantar Fasciitis
Inflammatory Conditions	Athletic Stress and injury	Toxicity
Sluggish Colon	Sciatica & IT Band	Cellulite

Contraindications for Massage Cupping Therapy:

Broken Bones	Cardiopathy	Undergoing Cancer Therapies
Hernias	Psoriasis, Eczema or Rosacea	Ruptured or Inflamed Skin
Organ Failure	Exhausted, Hungry, Emotionally	Convulsion
Sunburned	Upset	Liver or Kidney Illness
Ulcerated Skin	Hives, Herpes, or Shingles	3D Varicosities
Fever	Dislocations	Systemic Cancers
Anemia	Slipped Disc	Surgical Incisions (recent)

Please read over these points carefully and sign below:

I understand that all treatments at this facility are therapeutic in nature. I agree to communicate to the therapist any physical discomfort or draping issues during the session.

Information has been provided to me about Cupping Therapy. If I choose to experience these therapies during treatments, I understand the potential effects and after-care recommendations.

It has been explained to me that there is a possibility of discolorations that can occur from the release and clearing of stagnation and toxins from my body.

I also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors and toxins being drawn to the surface to be cleared away by my circulatory systems.

I further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to after-care activities.

I understand that the first time I experience Cupping, my body's immune system can temporarily react to this release as it might with the flu – producing flu like effects such as nausea, headache, and aches, which will subside in time with rest and water. Water helps to dilute the intensity of release.

I understand the cupping therapy modalities should not be combined with aggressive exfoliation or sunburn, should occur at least four hours after shaving, and should not be done when I am hungry or thirsty.

I understand that I should avoid exposure to cold, wet and/or windy weather conditions, hot showers, baths, saunas, hot tubs and aggressive exercise for 6-8 hours. I understand that exposure to such extremes can produce undesirable effects and I should avoid such situations.

I understand that I should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and I should consume an abundance of clean water.

I _____ agree to allow the Cupping Practitioner to perform cupping. I also agree that I have read, understand and will follow all the information stated above and will not hold the practitioner responsible for any undesirable outcomes.

Signature of Client

Date

Consent to Treatment of Minor:

By my signature below, I hereby authorize Body Kneads Massage Therapists to administer massage/bodywork therapy techniques to my child or dependent as they deem necessary.

Signature of Client or Guardian

Date