

Take good care of your opponent!

Massage techniques according to Ling's method (Swedish gymnastics)



WORKSHOP DESCRIPTION

Massage techniques and relaxing exercises in order to take good care of your sparring partner(s). Pehr Henrik Ling (1776-1839) is a pioneer of physical culture in Sweden, which later will become global as “Swedish gymnastic”. He is also credited as the father of Swedish massage. You’ll enjoy a good mix of exercises and simple massage techniques to relax and take care of your body after intense physical exercise.



Pehr Henrik Ling (1776-1839) is the father of Swedish Gymnastics, which was one of the best export of Sweden.



Pehr Henrik Ling travelled and studied abroad (7 years). He composed poems inspired by Romanticism and mythology and learned fencing. Upon his return, he was appointed fencing master at the University of Upsalla (1805).



He founded the Royal Central Gymnastics Institute (Kungliga Gymnastiska Centralinstitutet, GCI) in 1813. From 1864 onwards, women were allowed in.



Key concepts

Arvedson (Den svenska sjukgymnastikens och massagens teknik, verkningar och användning, 1913) defined massage as:

“a handling of the soft tissues by movable pressure in the form of stroking, rubbing, pinching or kneading, as well as striking and beating performed with a therapeutic aim.”

Meanwhile, medical gymnastics were:

“the treatment of a patient while exercising musculoskeletal organs”

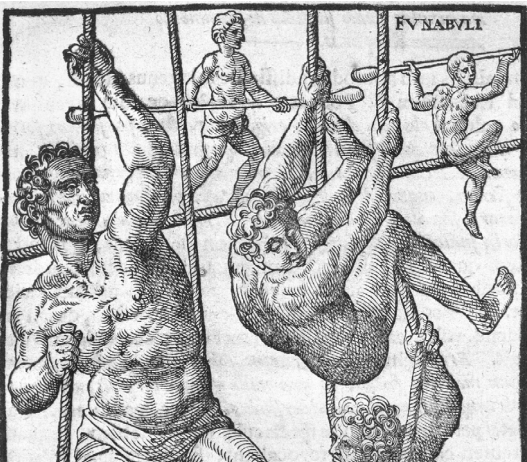
Active / passive movements

1. ACTIVE MOVEMENTS.— If a movement is made through the direction of the will and by one's own efforts, it is called *active*.

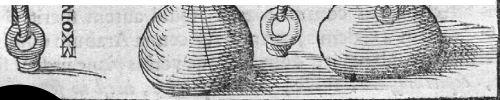
2. PASSIVE MOVEMENTS.— A movement performed with one of the organs of motion, or some part of the patient's body, by a force outside of the patient, is called *passive*.



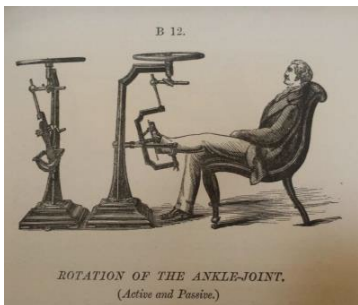
Before Ling: Gymnastics as medical treatment



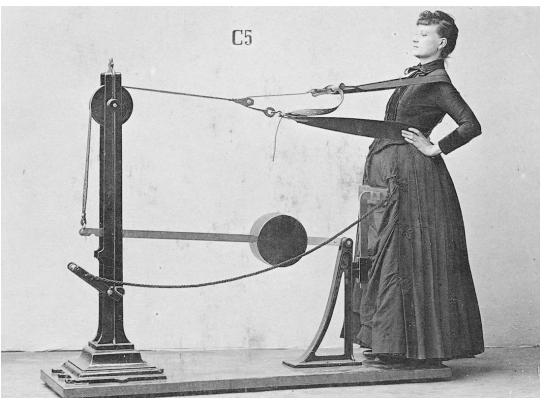
Girolamo Mercuriale was a professor of medicine in Bologna. He published the famous *De arte gymnastica* (1569), arguing for exercises as alternative (and better) prophylactic medical treatment to the pharmacological treatment and “new medicine”, based on a humanistic reception of authoritative antique texts on medicine theory.



After Ling: Machines



Jones Gustav Wilhelm Zander (1835-1920) was a Swedish physician who invented a therapeutic method of exercise using his custom made machines.



Compound initial position with the lying position

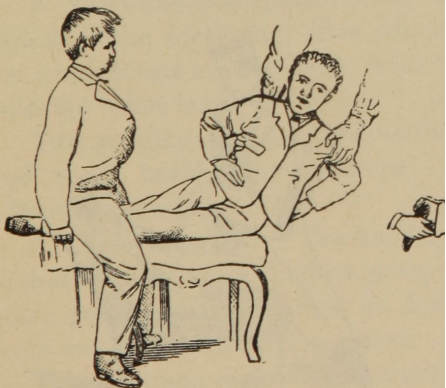


Fig. 55.

13. *Bow-side-leg-lying.* — The sides of the legs (opposite) rest upon the cot, the trunk taking the side-bow-position, as Fig. 55 illustrates. It is an important position for partial curvature of the spine, as it operates upon the muscles of one side, and can thus stretch the spinal column by contracting the muscles of the concave side.

Bending and stretching

Bending and stretching are described together, since they are often given, one immediately after the other, making, as it were, one movement.

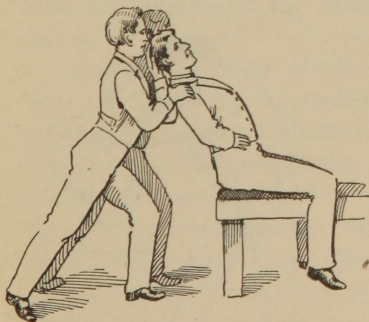


Fig. 65.

4. *High-ride-bow-sitting, back-backward-bending.*—Two gymnasts each place one hand upon the patient's neck, one above, the other below, the forearm resting between the shoulders; the other hand is placed loosely upon the shoulder, and otherwise as suitable a position as possible is taken. The patient bends the trunk backward against resistance of the attendants, and the trunk is pressed upward by the latter, under resistance of the patient. The movement can be modified according to the strength of the patient, and hence is proper treatment for the muscles of the back in almost every case in which those muscles have become weak and flabby. It has an expanding effect upon the chest and an invigorating effect upon respiration and circulation. Fig 65.

The movement may also be taken with stretched arms, when the attendants grasp the patient's hands. In this position the movement is more straining than in the preceding.

Twisting

Twisting has its proper use in connection with the trunk, and is sometimes given to the extremities.



Fig. 78.

27. *Half-stretch-high-ride-fall-twist-sitting, forward-twisting.*
— The attendant with one hand grasps the wrist of the patient's stretched arm, and places his other arm and hand obliquely under the patient's back so as to render proper resistance during twisting. Fig. 78.

Dragging

The name *dragging*, for movements, has arisen because of the manner in which they are given. Movements of this class are more frequently used as trunk movements than for the extremities.

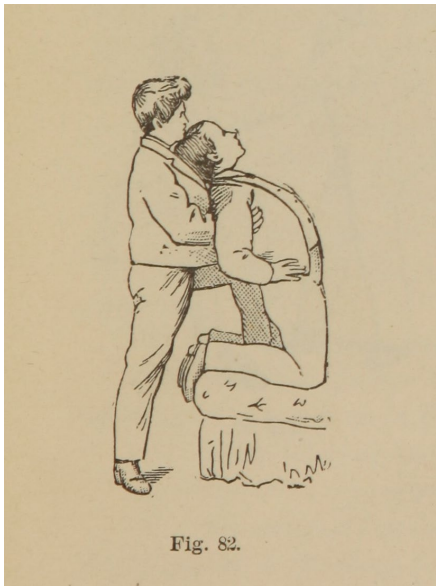


Fig. 82.

8. *Wing-high-stride-knee-standing, backward-dragging with knee-support to the loins.*— As the name of the movement indicates, the attendant places one knee so as to support the loins, and adapts his pressure to the degree of the dragging of the shoulders. Fig. 82.

During the backward-dragging the patient makes a slight resistance.

Raising

Rising is the name of movements by which the body or certain parts of it are transferred from a more or less horizontal position to a perpendicular one.

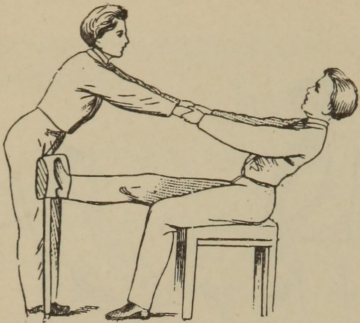


Fig. 84.

3. *Reach-support-weight-leaning, back-raising*.—One attendant, standing or sitting in front of the patient, grasps the hands of the latter, and makes resistance while he rises to the perpendicular position. Fig. 84.

Rolling

Rolling, as the name signifies, is a circular movement and can be taken either actively or passively, but is most often given passively. As a passive movement rolling should be given from twelve to thirty times.

A passive finger-rolling of the joints between the fingers and the metacarpal bones is used for stiffness of the joints named. Of course it can be taken in the standing as well as the sitting position. The attendant grasps with one hand the finger and gives the movement, while the other hand holds the hand of the patient in place.

Rolling of the wrist is executed either in the standing or sitting position. With one hand the attendant grasps the patient's hand, and with the other holds his forearm; the forearm may rest on some other support. Rolling of the wrist is applied interchangeably to both sides, and the circumference should be as large as the mobility of the joint will permit.

The movement is used in connection with bending and stretching for stiffness of the joints and for cold hands. It is derivative from the chest and head. When the rolling occurs in the shoulder joint, it is called *arm-rolling*.

Parting and closing

These terms are employed for simultaneous movements of the legs to and from each other. The movement should be repeated from eight to sixteen times.

1. *Half-lying, legs-parting and closing*. — One attendant stands on each side of the patient's legs. Each attendant grasps the leg near the ankle and supports it with the anterior part of his thigh. The legs are separated from each other under resistance by the patient; afterward the latter closes them together under resistance of the attendants. After repetition a suitable number of times, the movement is changed so that the patient moves the stretched legs simultaneously to the sides, under resistance of the attendants, who close them again under resistance of the patient.



Holding

As the name indicates, the patient halts a few seconds in the position taken.

* *Holding* is the name of a movement which is interrupted by a delay of a few seconds of the trunk in the bow-position.

1. *Wing-bow-leg-forward-lying (forward-lying, holding)*. — The patient rests with the anterior part of the legs upon a high cot; the remainder of the body is outside the cot in the bow position; the legs are held in place by the apparatus. An attendant stands in front of the patient and assists in taking the position. One delays a few seconds in the position, after which a bend forward (downward) is made with the head and trunk. The holding and bending are repeated interchangeably several times.

Swinging

1. *Reach-standing, arms-swinging upward*. — The arms, immovable at the elbows, are quickly swung upward to the stretch position.

2. *Fan-standing, arms-swinging upward*. — The arms are quickly swung upward to the stretch position. Both these movements have a powerful effect upon the shoulders and chest, and may also be taken from the primary position of the arms.

Flying

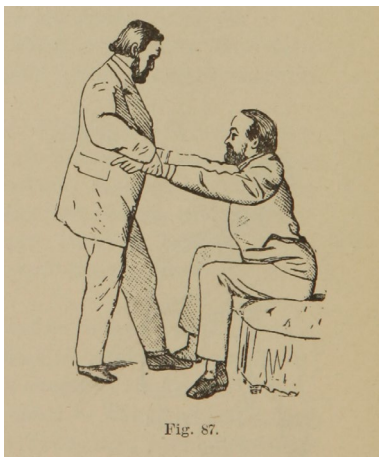
This movement really consists in arm-rolling with bent arms.

Heave-sitting, arm-flying. — The attendant, standing behind the patient, grasps his hands and with one knee supports the patient's back, after which he rapidly describes a circle with the patient's elbows, forward, downward, backward, and upward. The movement is repeated sixteen to thirty times. The movement affects the elbow and shoulder joints, and also respiration and circulation.



Extending

This term is used when the arm or leg in a perpendicular position executes a movement in any direction, as outward or forward. (Thus the elbow and knee-joints are well extended in this movement.)



6. *Fan-stoop-stride-sitting, arms-extending forward.* — The attendant, standing in front of the patient, grasps his wrists and pulls his arms forward to the reach position, while the patient makes resistance. They are drawn back by the patient under resistance by the attendant. Fig. 87.

7. *Fan-weight-leaning, arms-extending forward.*

8. *Fan-forward-bow-leg-lying, arms-extending forward.*

9. *Fan-fall-out-standing, arms-extending forward.*

10. *Fan-watch-ankle - support - standing, arms - extending forward.*

These movements, repeated six to ten times, operate upon the muscles which draw the shoulders backward, and also upon respiration and circulation. The last is a fatiguing movement, and can only be taken after practice with less severe movements.

The term *horizontal-plane-arms-bending* has also arisen.



Pressing

Under this term both active and passive movements are included.

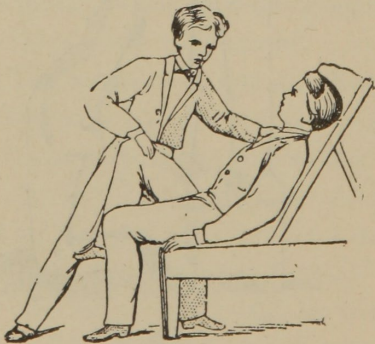


Fig. 88.

10. *Half-crook-half-lying, knee-downward-pressing.*— The attendant places one hand forward of the patient's shoulder and the other upon the knee of the bent leg, and presses the leg downward, under resistance of the patient, to the same position as the other leg. The patient bends the leg again under gentle resistance by the attendant. Fig. 88.

Lifting / expanding

This movement only arises in connection with the trunk.
The term *expanding* is used only for chest expanding.



Fig. 90.

1. *Stride-sitting, chest-lifting*.—The attendant stands back of the patient on a suitable elevation, and with his hands grasps forward and under the patient's shoulders, and lifts him upward and backward, while one knee makes a gentle pressure on the loins. Fig. 90.

3. *Stretch-sitting, chest-expanding*.—The attendant takes a place behind the patient and grasps his hands, placing his knee between the shoulders as a support. The patient's arms are carried forward, outward, and backward in a large circle under gentle resistance by the patient. By carrying the arms backward, and pressing with the knee between the shoulders the chest is expanded. This chest expanding is repeated a proper number of times (six to twelve). It is suitable for closing a treatment.

Hacking

Hacking can be given with the finger ends, when the fingers as well as the thumbs are in a half stretched position, by striking with a motion of the wrist that part to which the hacking is to be given. The use of the finger ends has given occasion for calling this movement *punching*. It is suitable for only those parts of the body where thin layers of soft tissue cover the bone, as the head and face.

Hacking may also be given with the ulnar edge of the hand, or, more properly, with the little finger. In this case the fingers are separated, and by means of a hasty movement of the wrist, the hacking becomes powerful.

Sitting, head-hacking.—Hacking may be given to the forehead, crown, temples, and neck, and is generally given in the following manner: With the ulnar edge of the hands hacking is made over the median and transverse blood vessels, then hacking with the finger ends is given to the forehead, crown, temples, and neck. This hacking is generally followed by shaking, which is given by the attendant, who places one hand on the patient's forehead, the other upon his neck, and pulls toward the sides in opposite directions. This is done at the same time that the trunk and head are raised from forward leaning to a perpendicular position. Afterward, stroking is given to the head and down the arms.

These combined head movements are employed for headache, whether it has its seat in the scalp or within the skull, also for congestion of the brain.

Stroking

Stroking is given with the palms of the hands, either directly on the skin or over the clothing. In the latter case the stroking must be considerably more powerful. Stroking affects the nerves and blood vessels.

2. *Stretch-sitting, arm-bending with knee-back-stroking.*—The attendant, standing behind the patient, grasps his hands, and as usual makes resistance during arm-bending, but simultaneously strokes with his knee along the spinal column from above downward. It is used for hyperæmia of the spinal column and for night-sweats.

Beating

Beating takes place with loosely closed hand.

Beating has a wide and effective use for muscular inflammation and neuralgia. The initial position must be adapted to the situation and character of the disease.

1. *Reach-support-bow-stride-standing, sacrum-beating.*—

The attendant places one hand on the stomach as support, and beats the sacrum from above downward repeatedly, and also at the sides to the greater trochanters.

2. *Swim-hanging, sacrum-beating.*—The movements act upon the sacral nerves and are used for disorders of the bladder and sexual organs, and also for laxity of the rectum. The latter has a more powerful and general effect.

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We're not doing that one ;)

Clapping

Clapping is executed with the palms of the hands, by which it is distinguished from hacking.

1. *Half-lying, leg-clapping.*—The patient's leg lies in a stretched position, supported by the heel placed on a rest. The attendant stands at the side, and gives the clapping with both hands around the leg from the upper part downward, four to six times. It is employed for rheumatism and numb sensations.

2. *Half-lying, foot-clapping (with stick).*—The attendant places the patient's foot upon his knee, and with a suitable stick strikes the soles of the foot smartly.

It is used for sweating and coldness of the feet.



Shaking

Shaking is a passive movement. When the object of shaking is to act upon small portions of the body, it can be given by the finger ends, and is called *point-shaking*. When the extremities are shaken, one or both hands may be used; and in shaking the trunk, the palms of the hands are placed where the shaking is to be given. Often the shaking is supported by apparatus, as ropes or a trapeze; or the shaking is given with specially constructed apparatus.

Shaking affects the nerves particularly, and has an enlivening and strengthening effect upon them.

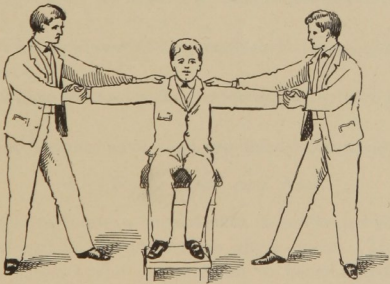


Fig. 91.

Yard-sitting, arm-shaking.—The shaking may be given to either one arm at a time, or both simultaneously. The attendant grasps the patient's hand and shakes the arm. The shaking is repeated after short pauses. If both arms are shaken simultaneously, support between the shoulders is necessary. Fig. 91.

It is used for weakness and feebleness of the arm. Arm-shaking also has an exciting effect upon respiration.

Fulling

Fulling is given differently to various parts of the body.

2. *Half-lying, knee-joint-fulling.*—Here the fulling takes place around the knee. It is used for swelling and enlargement about the knee-joint. In the same way and for the same purpose, fulling is given about the ankle-joint.

Skin-fulling

The attendant grasps a small fold of the skin between his fingers and fulls the surfaces against each other. This skin-fulling is used for cutaneous pain and hardness of the skin of small extent. The movement can be given in either the standing, sitting, or lying positions.

Kneading

Is employed over the abdomen and the muscles, which by their position are more accessible. Kneading is given by the fingers and also with the hands, and resembles fulling to a certain degree.

Half-yard-support-sitting, arm-kneading.—The attendant kneads with both hands the muscles and tendons against each other, from the hand upward, three to four times.

It is used for muscular inflammation, weakness and lameness of the muscles. For inflammation it is important to notice which muscles are inflamed. The manipulations must be vigorously given to the part named, stripped of all clothing. The most suitable position for the patient as well as the attendant, should be taken.



Sawing

This movement is given by the ulnar edge of the hand, and is used upon the extremities with the same initial positions as are used for hacking and fulling, and like these, is used for muscular rheumatism and relaxation of the skin. Sawing may also be given to the head, back, and sides, for rheumatic pains.

Neck-sawing is often employed, generally in the sitting position. The attendant places one hand on the patient's forehead, and gives the movement with the other. The edge of the hand is moved from one side to the other, by which the skin, from the pressure, is moved from side to side over the underlying parts. It is used for rheumatic pains and neuralgia of the neck.

Ringing

Ringing is given by a hasty swinging of the trunk either from side to side or forward and backward.

2. *Wing-whole-sitting, ringing (forward and backward).*—The movement is executed by two attendants, one standing on each side of the patient. The right hand of one attendant and the left of the other are placed between the patient's arms and his trunk, and grasp each other over the patient's back, while the other hands support the neck of the patient; or the right hand of one attendant is placed within the left arm of the patient and over his back, where it grasps the left hand of the other attendant correspondingly placed. The other hands of the attendants support the patient's neck. In this way they have, as it were, the patient entirely under their control, and can give his trunk a rapid ringing forward and backward. After several ringings the movement is discontinued, but is renewed from three to four times after short pauses. The patient should in this movement, as in the preceding, be passive.

Both of these movements are used for insomnia. The former is easier to take than the latter, but does not have such a vigorous effect.



Want to know more?



The source used for this workshop

- [Swedish movements; or, Medical gymnastics, by Dr. T. J. Hartelius \(Battle Creek: Modern Medicine Publ, 1896\)](#)

About the Royal Central Gymnastics Central Institute

- [Essay by Jan Lindroth \(2006\)](#)

About Pehr Henrik Ling

- [Entry of the Svenskt biografiskt lexikon \(Lindroth, 2023\)](#)

A selection of secondary literature putting Swedish Medical Gymnastics in context

- [Wanneberg, 'Gymnastics as a Remedy: A Study of Nineteenth-Century Swedish Medical Gymnastics', Athens Journal of Sports 5/1 \(2017\)](#)
- [Quin, 'The Rise of Massage and Medical Gymnastic in London and Paris before the First World War', Canadian Bulletin for Medical History 34/1 \(2017\)](#)

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