Cupping Massage
MASTERY

Cupping for Massage Therapists
Using Silicone Cups

Morgan Sutherland, L.M.T.
Cupping Massage Mastery
Cupping for Massage Therapists Using Silicone Cups

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Chapter 1: Introduction

Welcome to *Cupping Massage Mastery*, where you will learn how to integrate the modern adaptation of cupping therapy using silicone cups into a massage session.

Performing advanced bodywork techniques, such as myofascial release and trigger point therapy, has never been simpler, thanks to cupping massage.

My name is Morgan Sutherland, and I've been a certified massage therapist since the year 2000. For the past 13 years, I've been successfully combining deep tissue massage and cupping to treat chronic pain and sports injuries.

My clients rave about how much cupping has enhanced the effectiveness of my massages, so much so that they're rebooking appointments and writing five-star reviews.

Currently I have over 450 reviews, so you can feel confident you'll be learning from a seasoned cupping massage therapist.

I designed this cupping course for massage therapists, bodyworkers, and other health professionals seeking to learn a versatile healing modality. This knowledge will allow them to expand their current practices and work much deeper without causing their clients pain or straining their own bodies.
By the end of this book, you will be able to integrate silicone cupping therapy into a massage session, work with a greater range of clients and wider variety of conditions, explain cupping marks to clients, and apply safety precautions by knowing about contraindications.

I'll be teaching over a dozen cupping massage techniques (such as paraspinal release and reverse pin and stretch) that have allowed me to go deeper and get even faster results with less pain than just deep tissue massage alone.

Follow along as you'll learn step-by-step cupping treatments for a variety of chronic pain conditions, such as rotator cuff strain, tennis elbow, low back pain, sciatica, in addition to a number of sports injury protocols for the lower extremities that keep my athletic clients performing better and injury free.

The ideal student for this course is a massage therapist, bodyworker, or other health professional who wants to learn a versatile healing modality, which will allow them to do deeper work; get excellent results without causing discomfort to their clients; and save their hands from strain, injury, and fatigue while still having fun and growing their practices.
Cupping Massage Mastery (Video Course)

Take your cupping skills to the next level with the Cupping Massage Mastery video training.

Go to CuppingMassageMastery.com to learn more.

I look forward to seeing you inside the course.

In good health,

Morgan Sutherland, L.M.T.

Instructor, Cupping Massage Mastery

CuppingMassageMastery.com
Chapter 2: A Brief History of Cupping

Cupping therapy, commonly referred to as cupping, has been around for thousands of years. It developed over time from the original use of hollowed-out animal horns (the horn method) to treat boils and suck the toxins out of snakebites and skin lesions.
Horns slowly evolved into bamboo cups, which were eventually replaced by glass.

Therapeutic applications evolved with the refinement of the cup itself and with the cultures that employed cupping as a healthcare technique.
The true origin of cupping still remains uncertain to this day. Some consider the Chinese to be responsible for cupping, however, the earliest pictorial records date back to the ancient Egyptians about 1500 BC.

Translations of hieroglyphics in the Ebers Papyrus, the oldest medical textbook, detail the use of cupping for treating fever, pain, vertigo, menstrual imbalances, weakened appetite, and helping to accelerate the healing crisis.
From the Egyptians, cupping was introduced to the ancient Greeks, where Hippocrates, the father of modern medicine and cupping advocate, viewed cupping as a remedy for almost every type of disease.
In fact, other Greek physicians used the strong suction of cupping to restore spinal alignment by reducing dislocated vertebrae from protruding inward.

The earliest recorded use of cupping came from the famous alchemist and herbalist Ge Hong (281–341 BCE), who popularized the saying, “Acupuncture and cupping, more than half of the ills cured.”

The Chinese expanded the utilization of cupping to include its use in surgery to divert blood flow from the surgery site.

In the 1950s, after much extensive research, a collaborative effort between the former Soviet Union and China confirmed the clinical efficacy of cupping therapy.
Since then, cupping has become a mainstay of government-sponsored hospitals of traditional Chinese medicine.

Eventually, cupping spread to ancient cultures in many countries of Europe and even the Americas.

Throughout the 18th century, European and American doctors widely used cupping in their practices to treat common colds and chest infections, often in the form of wet cupping.

Wet cupping, also known as artificial leeching and hijamah in Muslim societies, is where the practitioner makes tiny incisions in the skin to dredge the blood or poisons out of the body.
By the late 1800s, cupping lessened in popularity and was severely criticized and discredited by the newly established scientific model of medicine.

The new model defined medicine by making the body transparent, focusing on and treating the inside, in preference to the outside. Because cupping was a surface treatment, it was inconsistent with this new medical paradigm, which had shifted away from hands-on manipulative therapies.
Decades flew by as cupping therapy gradually became reduced to a mere curiosity of the past, collecting dust on practitioners’ shelves.

In 2004, cupping re-emerged as a hot new celebrity trend in the limelight of a New York film festival, where actress Gwyneth Paltrow’s back revealed her fresh cupping marks.

Countless celebrities, such as Jennifer Aniston, Victoria Beckham, Justin Bieber, and Kim Kardashian, followed suit and became fast adopters of this hot new cupping trend.
In the 2016 Olympics, swimmer Michael Phelps’ multitude of eye-catching purple circles made countless headlines. And no, he was *not* in a bar fight!

Neither did he fall asleep on his 22 gold medals!

Michael Phelps’ trainers proudly claimed that cupping was a favored recovery modality that helped reduce soreness and sped up the healing of overworked muscles.

Phelps wasn’t the only Olympian who sported cupping marks. World champion tennis star Serena Williams is also a big believer in the benefits of cupping.
“It feels like an octopus, although I don’t know what an octopus feels like . . . It looks weird, the cupping. Yeah, I always do it, but I just did it for fun . . . so it just feels like it’s suctioning and it just feels good.”

A 2015 systematic review and meta-analysis in the journal *PLoS One* concluded that cupping could be effective in treating the pain and disability associated with chronic neck pain and chronic low back pain in the short term.

In 2016, Leonid Kalichman, a senior lecturer at Ben-Gurion University of the Negev in Israel, coauthored a commentary reviewing cupping research in the *Journal of Bodywork and Movement Therapies*. 
"There is initial scientific evidence that dry cupping is able to reduce musculoskeletal pain. Since cupping is an inexpensive, noninvasive and low-risk (if performed by a trained practitioner) therapeutic modality, we believe that it should be included in the arsenal of musculoskeletal medicine."

One thing is certain: cupping is a powerful healing technique that can complement many healthcare modalities ranging from spa treatments to medical massage and physical therapy.
Chapter 3: A Word about Cupping Marks

The most common misunderstandings concerning cupping is the misinterpretations of the marks that sometimes result. These marks are *not* bruises!

Bruising is the result of a physical trauma where the capillaries are broken, causing a reactionary rush of fluids to the injured tissue.

There is no compression in correctly performed cupping.

When circulation is sluggish or compromised in an injured or diseased area of the body, insufficient oxygen gets to the cells.

This results in a local buildup of waste products, such as dead, static blood, lymph, cellular debris, and toxins.

Cupping can leave marks, which indicates that the stagnation or disease has been moved from the deeper
tissue layers to the surface, allowing fresh oxygenated blood to nourish and heal the underlying areas.

Any suction device left long enough in one place will loosen and pull these agents out and up to the skin surface.

**How long do these marks last?**

The color and pattern of the marks depend on the level of stagnation in the area. They range from a bright red to a dark purple, usually lasting three days to a week—sometimes longer if the person is extremely sick or sedentary.

If there is no stagnation present, there will be only a light pink mark, which disappears in a few minutes to a couple of
hours. Sites where there is an old trauma or injury might require multiple cupping treatments to remove all the stagnation.

You will find that with follow-up treatments, the marks will become visibly lighter as the pathogens are systemically removed from the body.

As treatments accumulate and as the stagnation gets released, dispersed, and drained—(sometimes as quickly as the second treatment), no discoloration is likely to occur at all—even though each time the cupping might have been focused on the same area, for the same duration, and with the same amount of suction.
This action is clearly the result of having internal unwanted toxins systematically purged.

According to Ilkay Zihni Chirali, author of *Traditional Chinese Medicine Cupping Therapy*, the full benefits of cupping are achieved between 5 and 10 visits. Some benefits are immediately noticeable, but short-lived, when dealing with musculoskeletal conditions. In this case, Chirali highly recommends 10 sessions as one course of treatment.
Chapter 4: Cupping Contraindications

Please read the following contraindications before you begin cupping your clients. Always remember, when in doubt, don’t cup!

- Avoid excessive heat, cold, or exercise for at least four to six hours post cupping.
- Do not perform cupping on broken bones, dislocations, hernias, herniated discs, or on anyone undergoing cancer therapies.
- Do not cup over sunburned skin or skin that is ruptured, ulcerated, or inflamed.
- Avoid moving cups over the jugular or carotid artery.
- Only perform cupping on pregnant clients in their second trimester.
- When cupping pregnant clients, avoid moving cups over the abdomen or sacrum.
- Avoid strong cupping or lengthy cupping on energy-depleted clients.
- Perform only light cupping on the elderly, children, and when going over the kidneys.
- Do not perform cupping on people with kidney or liver disease, cardiomyopathy, varicose veins, or over recent surgical incisions.
- Avoid strong cupping or prolonged cupping on clients who are on blood thinners, hemophiliacs, have high or low blood pressure, or are diabetic.
Chapter 5: Supplies and Room Setup

When it comes to setting up your office, so you can easily introduce cupping into your bodywork sessions, it’s essential that you have the following supplies.

- Four or more sets of silicone cups (recommended set ➔ SiliconeCuppingSet.com).
- A small table or counter space to place the cups.
- A mat to place the cups on top of.
- Massage oil or oil-based massage cream.
- A small, plastic container to place the used cups into and transport to the sink to wash.
• A spray bottle filled with a 50/50 blend of plain Listerine and water.
• Liquid dish soap to wash and clean the cups.
• A roll of paper towels to dry the cups.

Recommended Silicone Cupping Set

Go to SiliconeCuppingSet.com to see my recommended silicone cupping set.
Chapter 6: Safety and Sanitation of Cups

When it comes to cleaning your silicone cups, take your plastic container filled with used cups to the sink.

Use a combination of hot water and liquid dish soap to clean the cups and kill germs and bacteria.

Make sure to rinse the cups well and dry them with paper towels.

If water is not available, a spray bottle filled with a 50/50 combination of plain Listerine and water should do the trick. Just make sure to properly wash the cups at the end of the day with dish soap and hot water!
Chapter 7: Applying and Removing the Silicone Cups

Start with your client on their stomach in a prone position.

Apply an oil or oil-based massage cream to your client’s entire back. This will make the cups glide easier and make for a more enjoyable cupping experience.

Then massage your client’s back to identify the tight spots and problem areas.

Once you’ve identified the areas you’d like to treat, take out the silicone cups.

When working on my clients, I’ve had the most success using the large-size cups, but if your hands are small, or your client’s back is small, then choose the next size cup.
Grip the cup with your dominant hand, keeping your palm on top of the cup and fingers curled under the lip while the thumb of your nondominant hand assists in pushing downward until you’ve created suction.
To release the cup, slowly pull upward as your nondominant hand’s finger or thumb slips under the lip of the cup, breaking the seal.
An alternate way to release the cup is to pinch the cup and pop it off like a bottle cap.
Chapter 8: Light Friction without Suction

Some clients are extra sensitive to the pressure of the cups, so doing a light frictoning first, without the suction, can help stimulate and desensitize the skin.

After a few minutes, test the client’s sensitivity levels and suction the cups to the area you’d like to treat. If they report that the suction is comfortable, then you can resume the treatment.
Chapter 9: Single Paraspinal Release

When performing the single paraspinal release, you can either move up the paraspinals, starting from the lumbar spine, or move down, starting at the upper thoracic spine.

Grab the large-size cup and suction down.

Slightly lift the cup and glide it down the back toward the lumbar spine.

When you reach the lower back, you can contour down toward the obliques as you drag the cup down and release.
Quickly re-suction and move up the paraspinals until you reach the upper traps. Then slowly twist the cup clockwise, counterclockwise, or both, and release it.
When coming up the back, circle the scapula a few times and then release toward the armpits.

**Tip:** If you stand at the head of the table when moving the cups up the paraspinals, you can simply pull the cup up the back slightly pinching the cup if you wish to narrow the suction space and be more specific in targeting the paraspinals.
Chapter 10: Double Paraspinal Release

When doing the double paraspinal release, I like to start at the sacroiliac joint or around the lumbar vertebra 4 or 5.

Suction the two cups down and then slowly drag them up the back, making sure to not arch your back too much as you lean over the table.

You’ll want to have a wider stance and make sure to bend your knees.

When moving the cups up the back, try and make the movement a graceful flow.
As you suction, pull up, turn the cups inward and then outward, and then release. Or you can drag the cups toward the armpits and release.

Try using a smaller-size cup if your hands are smaller. Make sure to check in with the client and then ask how it feels.
Chapter 11: Single Cup Lift and Twist

When doing the single cup lift and twist method, try and imagine you’re turning a doorknob back and forth. Suction and lift the cup, twisting it up and down the back.
Chapter 12: Double Cup Lift and Twist

To do the double cup lift and twist, place two cups on either side of the spine and then lift and quickly twist them in opposing directions.
Then you can do what I call lift and twist and drag. The drag part is created by pinching the cups, as you twist them, and then drag them away from the midline toward the table.
Chapter 13: Reverse Cross-Fiber Friction

Reverse cross-fiber friction is done by suctioning the cup parallel to the spine and then slightly pinching, lifting, then shaking the cup, as you slightly tug it away from the spine. Then release the cup.
Repeat this up and down the back along the lamina groove. When you’re gripping the cup, you can use one hand or two hands.
You can also pinch, lift, and drag the cup laterally from the client’s spine toward the table.
Chapter 14: Trigger Point Release

Cupping creates negative pressure suction over trigger points, which breaks up the adhesions, painlessly and without the discomfort of static pressure.

When performing cupping over trigger points, place the cup over a tight spot, lightly lift and rotate the cup in a circular fashion for approximately 10–30 seconds. Release the cup and reapply until the trigger point pain has decreased and the muscle tension has softened. Then move to a new area and repeat the process.

Trigger point cupping for the rotator cuff muscles is effective in releasing stubborn knots that are hidden deep underneath the shoulder blades.
To access these muscles, gently place the client’s arm behind their back and then place the cup over the rhomboids and medial scapular border.

If the client cannot put their arm behind their back, position their arm to their side and put a rolled towel under the front of their shoulder so that the scapula pops up. Then reposition the arm off the side of the table.
If you want, you can multitask and work another area for 30 seconds while the cup is doing its lifting magic. That’s the beauty of cupping.
Chapter 15: Suction Release

When performing the suction release method, place the cup over the area, leave it on for two seconds, and then release and repeat. This rapidly increases blood flow to the muscles.
You can suction down, using one hand or two hands.

Use your palm to push down the cup. To release the cups, slip your fingers or thumb under the lip of the cup to break the seal.
Chapter 16: Plunger Method

The plunger technique is similar to the suction release method, but without releasing the cup.

Suction and then plunge the cup up and down without breaking the seal. (“Breaking the seal” means without breaking the suction of the cup.)
Placing your other hand around the cup helps to control the cup from popping off and allows your cupping work to be more focused and targeted.
Chapter 17: Popping Method

Similar to the suction release method, with the popping method you suction down. Instead of breaking the seal with your fingers or thumb, you rapidly pull the cups up off the body creating a “popping” sound.
While one hand is performing the popping, the other hand is stabilizing the skin.

This method is great for chest congestion and clearing the buildup of phlegm in the lungs.

The popping method can be done for several minutes over the entire back along the thoracic spine, specifically around the rotator cuff and ribs.
Chapter 18: Rib Release with Breath

To do a rib release with breath, begin by placing two large-size or medium-size cups on either side of the spine around the thoracic vertebra 2 or 3.*

*In the video clip, I actually start at T5/6, but as long as you cover the whole thoracic vertebrae, you’re golden.
Suction down and then prompt the client to take a “deep breath.” As they do, pull up on the cups and then ask the client to slowly “exhale.”
As they exhale, slowly twist the cups away from the spine, spreading and dragging the cups laterally along the ribs toward the table and then release.

Continue to move down the thoracic spine until you reach T10. You can go down to T12; I just tend to go a little above it. It’s your choice.
Repeat 5–10 times.
Chapter 19: Reverse Pin and Stretch  
(for the Neck)

Reverse pin and stretch means you shorten the muscle, place a cup over it, and then slowly stretch the muscle to its maximum resting length.

NOTE: Because of where the camera’s set up, I’m demonstrating this technique on the right side of my client’s neck.

Cradle the head with your left hand, turning it slightly to the left. Then with your right hand, suction the cup over the upper trap/levator scapulae.

If the neck muscles are extremely tight, you can soften the neck muscles first with your knuckles and soft fist kneading up toward the occiput.
You *might* have to move down to a small-size cup, as the medium-size cup might be too big.

**NOTE:** Keep your cups close by, if you feel like you need to switch sizes.

With your left hand, turn the client’s head toward the cup and then laterally flex the neck to the left.

Hold the stretch for two seconds and then release the cup. Reapply the cup a little farther up the neck and then stretch again for another two seconds.

You can perform this up to 10 times.
Gradually move up the neck until you’ve worked all the way to the posterior neck just below the mastoid process.

Try and avoid leaving a dark hickey on your client’s neck by limiting how long you leave the cups on.

The skin on the client’s neck is sensitive to cupping suction, so I recommend playing it safe in the beginning by letting the cups linger no longer than 10 seconds.

Be mindful to never to use the silicone cups over the client’s anterior neck. You want to keep your cups lateral to the sternocleidomastoid and not on it.

NOTE: The glass cupping set with a rubber suction bulb is a more appropriate tool for working the sternocleidomastoid (SCM), temporomandibular joint (TMJ), and facial muscles.
Chapter 20: Reverse Pin and Stretch
(for the Shoulders)

This image shows the reverse pin and stretch for the shoulder while the client is in a prone position.

Start by pinning the cup (or suctioning the cup) down over the medial border of the scapula. Then guide your client's arm above their head, supporting both their elbow and wrist.

Return the arm to the side of the table, release the cups, and suction down again more lateral.

Repeat this until you’ve treated the entire posterior rotator cuff muscle group.

Repeat on the opposite shoulder, if that’s also a problem area.
Chapter 21: Reverse Pin and Stretch
(for the Pecs)

Here I'll be demonstrating how to perform the reverse pin and stretch for the right pectoralis major and minor while the client is supine.

With your left hand, take hold of the client's right wrist. Then with your right hand, place a large-size or medium-size cup over their pectoralis major, pectoralis minor, and anterior deltoid.
Have the client take a deep breath. As they exhale, perform a pec stretch for one to two seconds.

Repeat the process, repositioning the cup over the pecs, working all the way to the anterior deltoid.

Palpate the pecs and anterior deltoid to feel for softening.

You can repeat this up to 10 times at your discretion.
Chapter 22: Reverse Pin and Stretch
(for the Biceps)

Here I'll be demonstrating reverse pin and stretch for the anterior deltoid and biceps brachii.
First, suction the client’s biceps, working proximal to distal. Similar to the suction release method, flex their arm 90 degrees to shorten the biceps muscle. Suction down, extend their arm, stretching the biceps, then release. Repeat this process, until the muscles feel softer.
Chapter 23: Reverse Pin and Stretch
(for the Subscapularis)

Start by placing a large-size cup in the armpit area, targeting the subscapularis muscle.

Then stretch the client’s arm over their head.

Use one hand to hold the client’s wrist and the other to support underneath their elbow. Then guide their arm into a passive stretch.

Do a one to two second stretch and repeat up to 10 times on each area.

When you’re finished with the move, gently reposition the arm so it rests by their side.
Chapter 24: Reverse Pin and Stretch (for the Hamstrings)

In this chapter, I’m going to demonstrate in two parts how to do reverse pin and stretch for the hamstrings.

Part 1

Start with the client prone, making sure to lubricate their entire posterior leg, as you’ll eventually be cupping their hips, calves, and feet.
On the right hamstring group, with your left hand, take hold of the client’s right foot and flex the knee.

Then, with your right hand, suction the distal part of the client’s hamstrings and glide up, as you simultaneously straighten their leg.

Just as you would when you massage, visually divide the hamstrings into three parts—lateral, middle, and medial.

As you reach the proximal attachments, contour around the hip. Repeat about 15 times—five passes on each part.
You can vary how you do this reverse pin and stretch move, by pivoting your right foot and facing the client’s feet as you pull the cup up the hamstrings, instead of facing the client’s head and pushing the cup up.
Part 2

Next you’re going to move the cups across the hamstrings, moving medial to lateral.

Grab your client’s right foot, flex their knee, and with your other hand, suction your cup onto the proximal attachment of their hamstrings at the ischial tuberosity.

Lift and drag the cup, medial to lateral, simultaneously, pushing their leg across their body (called hip external rotation).
Repeat five to six times until you reach right above the back of the knee. Then repeat again, moving back up toward the ischial tuberosity.

Remember to always check in with the client about the pressure and make sure they are comfortable.

Next suction release their iliotibial (IT) band, as you extend and flex their knee.
Now place four to five cups along their IT band, and three to four cups on their upper hamstrings.
Flex and extend the knee and perform external and internal hip rotation.
Do this several times.

Then release all the cups.
Now place three to four cups on the hamstrings and then place three or more cups over the medial aspect of the hamstrings and adductors.
Flex and extend the knee several times.

Remove the cups.
Chapter 25: Active Cupping

Active cupping is kind of like really fast flash cupping (see Chapter 27), but the client actively stretches while the cups are still on. I’ll be demonstrating it on the rotator cuff muscles, but you can easily replicate this method on the lower extremities.

Start with the client prone, place three to five large-size and medium-size cups around the rotator cuff muscles and guide the client to raise their arm above their head.
Then have them actively move their arm *without* your assistance.

Coach your client to try and keep their arm straight when it’s extended and then have them bring it back by their side.

After two to three active stretches, release the cups and reposition them to “fill in the gaps” meaning the spots that haven’t been cupped.

Place your hands over the cups, as your client actively stretches to prevent them from popping off.

You can also perform active cupping during flash cupping.
Prompt the client to move their arms over their head (as if they’re Superman or Superwoman) and then have them return their arms to their sides and bring their shoulder blades together. You can have them do this several times.
After the treatment, smooth the shoulders with light Swedish massage strokes, draining toward the armpits.
Chapter 26: Lymphatic Cupping for Back

With lymphatic cupping, you’re creating light suction so that only a little bit of skin is being drawn up into the cup.

Light moving cups stretch open the lymphatic vessels, increasing the lymph flow and help to detoxify the body.

Your intention should be to drag the cup and release it toward the axillary or armpit lymph nodes and the inguinal ducts (in the pelvis).
Lymphatic cupping with the silicone cups can also be done around the low back and the hips. In this case, you lightly lift, drag, and release the cups toward the inguinal ducts or pelvic area. Drag laterally, contouring around the hips.

You can always do a light Swedish massage in place of the lymphatic cupping after you cup an area.
Chapter 27: Flash Cupping

When performing flash cupping, place about 8–12 large-size to medium-size cups on the back in the form of a grid. The cups are left on for 30 seconds or less and then repeatedly applied to the skin, removed, and reapplied in the same spots or slightly different spots to “fill in the blanks,” so to speak.

A basic 2x4 cup grid down the back is highly effective for releasing stiffness and soreness associated with a sedentary lifestyle.

When doing flash cupping on the low back, you can start at the sacroiliac (SI) joint and create a 2x4 grid up to the mid-back region.
When doing flash cupping for the entire back, it’s best to use at least 10–12 cups.

Let the cups sit for 30 seconds or less. The redness that results is a clear sign of increased circulation.

Now it's time to fill in the blanks and reapply the cups to the areas that didn’t get cupped.
You can adjust the position of the cups and go off the grid, so to speak, to target the upper traps and rotator cuff muscles. Let the cups do their suction magic for 30 seconds and then remove them.

For the purposes of this image, I’m showing the flash cupping technique with the client wearing underwear.

Pull the sheet down to the underwear line or right below the SI joint, and *that* is where you place the first two cups.

Another way to do flash cupping for the low back is to create a “belt” with four, large-size or medium-size cups—two on the SI joint and two on either side (over the gluteus medius muscle).
and gluteus minimus). Then you can add more cups up the low back toward the mid-back.

Leave them on for 30 seconds or less and then remove the cups. Smooth out the back with light Swedish massage strokes or lymphatic cupping.

I keep a big plastic container nearby to put my cups in after I'm finished using them. That way it makes it easier to transport them to the sink to wash later.
Chapter 28: Stationary Cupping

When doing stationary cupping for the back, lay out a grid of 8–12 cups on the upper or lower back.

For new clients, it’s recommended to play it safe and leave the cups on for 5–10 minutes to see how they respond.

Try not to go nuts their first session by over-cupping and making their back look like an octopus attacked it.

While the cups are “parked” on your client’s back, you can multitask and work on the client’s hips, legs, and feet.
You can leave the cups on longer for follow-up visits, but no more than 20 minutes max.

Make sure to adjust the pressure of the cups, if they feel painful for the client.

It's not uncommon for stationary cupping marks to become dark red or purple.
When you're done with the stationary cupping, do a little lymphatic cupping or light Swedish massage—toward the armpits for the upper back and off toward the hips for the lower back and mid-back.
Chapter 29: Cupping in Side-Lying Position

In this chapter, I’m going to demonstrate how to do cupping in the side-lying position.

Position your client in the side-lying position with a pillow supporting their neck and shoulders and another pillow between their knees.

Make sure your client’s back is well lubricated.

Have the client tuck their head and curl their back just a little.

Start with the paraspinal glide up and down their back, followed by the lift and twist method, then the reverse cross-fiber friction and popping method techniques.
Paraspinal Glide
Lift and Twist
Reverse Cross-Fiber Friction
Popping Method
Chapter 30: Cupping for the Rotator Cuff

In this chapter, I’m going to show in four parts how to do cupping for the rotator cuff

Part 1

Start with the client in a prone position.

Glide the cup around the posterior rotator cuff muscles and lifting slightly, twist and drag the cup toward the armpit.

Place the client’s arm to their side and work their upper traps and supraspinatus, gliding toward the top of the shoulder.

It’s not uncommon for the cup to get “stuck” over areas that have fascial adhesions.
It’s a perfect time to do trigger point work and the plunger method, followed by the popping method.
Make sure to hit the rhomboids.
Now position the client’s arm behind their back and cup over the superior angle of the scapula and glide the cup around the perimeter of the scapula.
Next reposition the client’s arm off the table. Cup over the trigger points and do active cupping, while the client raises their arms over their head, like Superman or Superwoman.
Finish by gliding the cups over the entire scapula, draining toward the armpit (simultaneously treating the teres minor muscle).

For the anterior aspect of the rotator cuff, we’ll need to do pin and stretch for pecs and subscapularis.

Cover the client and have them flip over onto their back.
Part 2

In Part 2 of the cupping for the rotator cuff, I’m going to demonstrate how to do reverse pin and stretch for the right pectoralis major and minor while the client is supine.
With your left hand, take hold of the client’s right wrist. Then with your right hand, place a large-size or medium-size cup over their pectoralis major, pectoralis minor, and anterior deltoid.

Have the client take a deep breath, and as they exhale, perform a pec stretch for one to two seconds. Repeat this process, repositioning the cup over the entire pec major and pec minor, working all the way to the anterior deltoid.

Palpate the pecs and anterior deltoid and feel for a softening of the tissue.

You can repeat this up to 10 times.
In Part 3 of the cupping for the rotator cuff, I’m going to show how to do reverse pin and stretch for the anterior deltoid and the biceps brachii.
First, suction the client’s biceps, working proximal to distal. Similar to the suction release method, flex their arm 90 degrees to shorten the biceps muscle, suction down, and then extend their arm, stretching the biceps. Then release. Repeat this process, until the muscles feel softer.
Part 4

This is final part of the cupping for the rotator cuff. I’m going to perform reverse pin and stretch for the subscapularis.

Start by placing a large-size cup in the armpit area, targeting the subscapularis muscle and the upper portions of the latissimus dorsi.

Then stretch the client’s arm over their head, keeping it level with their ear.
Use one hand to hold the client’s wrist and the other hand to support underneath their elbow. Then guide their arm into a passive stretch.

Do a one to two second stretch and repeat up to 10 times.

When you’re finished with the move, gently reposition the arm so it rests by their side.
Chapter 31: Cupping for the Hips

In this chapter, I’m going to show you how to do cupping for the hips.

Begin by doing Swedish massage strokes over the hips.

Suction across the hamstrings, moving medial to lateral, and then lateral to medial, roughly five to six times as you work your way up toward the hips, where you then do circular strokes.
Working on the client’s right hip, I’m standing to the side of the table using my left hand to rest on the hamstring, as my right hand does about 10 circular strokes around the hip.

Make sure the client is properly draped and the client is well lubricated with oil or cream, as the hips can be quite sensitive.

Place the cup over the most medial aspect of the glutes where it attaches to the sacral border.
Visualize lifting all the fascial attachments off the sacral border. Create a 2x2 cupping grid of large-size to medium-size cups around the lateral hip.

Your basic objective is to cover the entire gluteal area.

For the purposes of this demonstration, I’m working the client’s right hip. With your left hand, grab the client’s right ankle and foot and externally rotate the hip, pushing the foot medially as you spread your hands over the cups to make sure they don’t pop off.
Externally rotate the hip a few times.
If space allows, place a smaller-size cup at the most medial aspects of the gluteus maximus.

Externally rotate the hip again a few times.
Now remove all the cups except one.

Place the curve of your left hand between your pointer and thumb around the edge of the sacrum. With your right hand, glide the cup several times across the glutes toward the table.

Hand placement is key, so you don’t accidentally slip and move the cup too medially.

As you glide the cup across the glutes, add a little clockwise twist to it.

Next add external rotation to the hip as you glide and twist the cup across the glutes. Do this several times.
Pinch the cup a little, lift and twist and glide it across the glutes, as you externally rotate the hip holding the ankle with the left hand. Do this several times.
Chapter 32: Reverse Pin and Stretch for the Hamstrings and the IT Band

In the last chapter, we worked the hip and now it’s time to cup the hamstrings and the IT band.

Start with the client’s right leg flexed at the knee, holding their ankle with your left hand. With your right hand, suction release their IT band as you extend and flex their knee.
Now place four to five cups along their IT Band and three or so cups on their upper hamstrings.

Flex and extend the knee around. Also externally and internally rotate the hip several times.

Release all the cups.
Now place three to four cups on the hamstrings, and then place three more over the medial aspect of the hamstrings and adductors.

Flex and extend the knee several times.

Remove the cups. Finish with a double fist massage up the hamstrings, and then do some Swedish effleurage strokes to complete the treatment.

Cover the hamstrings with the sheet and move to the calves.

**NOTE:** To perform a “double fist massage,” make a fist with your left hand and stick the thumb out. Take your right hand and grab that left thumb and make another fist. This makes a double fist, which you can use to slowly massage up the hamstrings.
Chapter 33: Cupping for the Calves

In this chapter, I’m going to show you how do cupping for the calves.

Create a 2x2 cupping grid starting at the lateral and medial heads of the gastrocnemius (the calf).

Then add two more medium-size cups right below them.

You might have to drop down a cup size, based on the size of the client’s calf.

Then add two more smaller-size cups right below those, lateral to the Achilles tendon.

You should have a 2x4 cupping grid on the calves.

Now bring the client’s right ankle up and coach them to “bring your foot down and flex it and then point it.”
Expect one of the cups to pop off and go flying, so be on your toes, so to speak.

Lower the leg to the table and remove the cups.

Now suction two to three large-size cups down the middle of the calves. However, the number might decrease or increase, depending on the size of your client's calf.

First, place three large-size cups down the middle of the calf. Then, on either side, add two medium-size cups.

But, if this makes the bottom large-size cup in the middle pop off, replace that cup with a medium-size cup.
Next add a smaller-size cup below that cup, so you’ll have four cups in the center.

Add one more, smaller-size cup on either side.

You’ll have four down the middle of the calf and three on either side of it. You just want to cover enough of the calf to be effective.

Now flex the knee and bring the leg up.

The total number of cups on the calf is 10. You can be creative when you cup, as long as you cover enough of the calf muscle.
Coach the client to actively flex and point their toes several times.

Now remove all the cups.
Next use one cup to glide several times across the muscle belly. Finish with effleurage strokes up toward the back of the knee.
Chapter 34: Cupping for Plantar Fasciitis

In this chapter, I’m going to show you how to perform cupping for plantar fasciitis.

To effectively treat plantar fasciitis with cupping, you must start with the cupping of the calves first and then do it for the bottom of the foot. It will be helpful if you can watch the video that corresponds to this chapter.

Depending on the texture of the foot, you might not be able to cup the foot. If it’s too rough or dry, you’ll need to use extra oil or cream.

With the client prone, place a large-size cup on the heel, then another large-size or medium-size cup below that in the middle of the foot, followed by another medium-size cup on the ball of the foot.
Then place one small-size or medium-size cup on either side of the foot between the top two cups.

Now lift the leg up and dorsiflex the foot covering the cups with your hand, so the cups don't pop off.
Then ask the client to actively dorsiflex their foot several times while you’re still holding their leg.
Now passively dorsiflex the client's foot. Then remove the two lateral cups and dorsiflex the client.

Lower the foot onto the table and remove the three remaining cups, making sure not to let any roll off the table.

That's it for cupping for plantar fasciitis.
Chapter 35: Cupping for the Quads

In this chapter, I’m going to demonstrate how to perform cupping on the quads.

First, lubricate the quads with some quick effleurage, petrissage, and wringing moves.

Depending on the size of your client’s quads, the number of cups you use will vary.

Suction four, large-size cups along the quads as proximal as you can (and within the client’s comfort zone).

Place the lower leg off the table and have the client extend their knee.
Reposition the leg back on the table. Remove all four cups.
Take one cup and starting at the top of the quads, begin to glide across the muscle from lateral to medial, working across the vastus lateralis, rectus femoris, and then to the adductors. Then glide back and forth, working your way down to the knee and then back up again.

Then you’re going to cup distal to proximal, working up the quads.
Make sure to lock your elbow into your side and then, using the curve between your thumb and index finger, glide the cup up the quad gradually working lateral to the IT band and then medially.
Do this approximately 10 times or until you feel a softening of the quads. Check in with your client to get feedback on your work, as the IT band can always be a source of tenderness.
Chapter 36: Cupping for the Adductors

Now that you’ve cupped the quads, we’re going to move on to the inner thigh muscles, the adductors.

Stand to the left side of the client (to work the left adductor). Take their left foot with your left hand and place your right hand underneath their knee.

Put the client’s left hip into abduction and external rotation by placing their foot onto your right hip.

Create a 2x3 cupping grid over their adductor muscles, vastus medialis, and hamstrings.
Do several lunges being mindful not to let the cups pop off so spread your hand over them as you lunge.

Remove the three cups from the hamstrings. Add a fourth cup to the vastus medialis near the knee.

Do four to five lunges, and then reposition the leg back onto the table and remove the cups.

You can leave the cups on longer if you wish, 30 seconds up to five minutes. It really depends on how restricted the tissue is and the client’s comfort level.

Another way to do cupping for the adductors is to suction four large-size cups along the inner thigh to the medial knee.
Then do seven deep lunges supporting their right calf with your right hand and lightly resting your left hand over some of the cups.

Finish with some soothing massage techniques, like wringing and effleurage.

**NOTE:** When you first start working with a client, be mindful that the cupping work might leave them quite sore, so always check in and have them come in a few days later to retreat the area.
Chapter 37: Cupping for Knee Pain

In this chapter, I’m going to show you how to perform cupping for knee pain.

Demonstrating on the left knee, begin by draping “the knee.” Grab the lower left corner of the top sheet and weave it under the client’s left knee and wrap it around the client’s upper thigh.

Using five cups, you’re going to create what looks like five petals of a flower.

Using the medium-size cups, place one on the patellar tendon right above the kneecap and then suction two more—on either side of the kneecap.

Now take two smaller-size cups and place them below the kneecap.
With your left hand, take hold of the client’s left foot while your right hand goes under the client’s left knee. Slowly bring the leg up 90 degrees, cradling the left foot in your left hand. Flex and extend the knee five to six times and then have the client hold their leg up and actively extend and flex their knee five to six times.
The cups are notorious for popping off the knees so spread your right hand over them as your left hand is supporting underneath the calf.

Repeat this several times.

Bring leg back down onto the table and remove the cups.
Now take one, medium-size cup and suction release around the kneecap, gliding across it with one hand as the other hand stabilizes the other side of the knee. Repeat this until you feel that the tissue around the knee has softened.
Do a couple of spreading strokes above and below the knee, working lateral to medial and then check the range of motion (ROM) of the knee, getting the client’s feedback.
Chapter 38: Cupping for Shin Splints

In this chapter, I’m going to show you how to do cupping for the anterior lower leg muscles, specifically targeting shin splints.

Make sure the anterior lower leg is lubricated before cupping.

Begin by creating a 2x4 cupping grid on the shins with four large-size, two medium-size, and two small-size cups.

**NOTE:** Specifically, you’ll be targeting the anterior tibialis, peroneals, and extensors on the lateral side, and the gastroc and soleus on the medial side.
Have the client actively stretch, by asking them to “bring your toes toward your nose and then point.”

**NOTE:** Alternatively, you can passively dorsiflex the client’s foot.

Be prepared for a cup to pop off.
Have the client dorsiflex and plantarflex about a dozen times, and then have them dorsiflex and hold it for two to three seconds and then plantarflex for two to three seconds. Have them repeat that a few times.
Remove the cups. Notice the marks and just fill in the blanks with more cups, creating another 2x4 cupping grid.

Have your client dorsiflex and point several more times.
Remove the cups and cradle the left foot and heel with your left hand.

With your right hand, suction release the shin as you passively dorsiflex the client’s foot, then remove the cup during plantarflexion.
Change to a smaller-size cup as you work more distally.

Manually massage, proximal to distal, using a myofascial spreading movement.
Finish with effleurage up the shin, contouring around the knee.

Test the ROM with the client. Have them dorsiflex and plantarflex. Ask the client how they feel, bringing to their attention how much freer their foot feels.
Chapter 39: Cupping for the Forearms

In this chapter, I’m going to demonstrate how to do cupping to treat golfer’s elbow, carpal tunnel, and tennis elbow.

Golfer’s Elbow

We’re going to start by treating golfer’s elbow, so we’ll be working the flexor group.

Begin by lubricating the forearm and explain to the client that you’ll be having them flex and extend their wrist and if the cups pop off, you’ll be sure to catch them.

Use the medium-size and smaller-size cups and suction the entire flexor group, keeping the client’s hand supinated (palm up).
I found that depending on the size and length of the client’s forearm, one to two medium-size cups and/or one to two smaller-size cups does the trick.

You’ll be using about three to four cups.

Once the client’s arm is cupped, have them actively flex and extend their wrist six to eight times.
Then release the cups and reapply them one more time, making sure to protect the cups from popping off.
For the third time, use two medium-size cups and place them on the belly of the flexors. If a third smaller-size cup fits over the retinaculum of the wrist, then leave one on there too.

Have the client actively flex and extend seven more times and then release.
The next step is to take the smaller-size cup and suction release it over the wrist, working down toward their palm. Have the client actively flex and extend a few times and then passively flex the wrist for a few seconds.
You can leave a cup suctioned to their palm, or more specifically to the flexor retinaculum, for as long as the cups will stay.
Then do a few flushing massage strokes gliding down the flexors toward the crease of the elbow.
Next you’re going to cup across the muscle bellies of the forearm flexors, moving back and forth, making sure to stabilize the wrist with your non-cupping hand.

Move to a smaller-size cup as you approach the wrist.
Then do active cupping on the forearm flexors by placing two medium-size cups and one smaller-size cup. Have the client actively flex and extend their wrist approximately seven times.
Remove the cups and do flushing massage strokes toward the elbow crease and pumping movements up the biceps, doing a little lymphatic draining toward the armpits.
Tennis Elbow

Next move onto the forearm extensors. Do the same suction release method as you did for the forearm flexors.

Place a row of three cups on the extensors, asking the client to actively flex and extend their wrist approximately seven times.
Repeat one to two more times.
Lastly, place a cup over the lateral epicondyle of the elbow, elevating and flexing the arm to create slack to shorten the muscle so that the cup will stay suctioned for longer.

Leave the cup on for 30 seconds or so. If you wish, you can add additional cups on the extensors.

Release the cups and you’re done.
Bonus Chapter: Facial Cupping

Cupping has been around for thousands of years. Only in the past 10 to 15 years has it become quite the buzzword. Countless celebrities and athletes have posted cupping selfies on social media showing their freshly made circles. Cupping works great on the back, shoulders, hips, and legs for loosening tight, overworked muscles. But did you know that it also works great on the face? Some even say that it’s like Photoshopping a face.

Facial cupping is great for:

- increasing local circulation of the skin;
- helping to reduce facial edema, chronic puffiness, and sinus problems;
- helping to plump and soften expression lines, wrinkles, and scar tissue; and
- reducing tightness and tension in facial muscles associated with temporomandibular (TMJ) dysfunction.

Protocols for the face use small-size glass cups to vacuum and lift the facial tissue, mimicking the pumping movements of lymphatic drainage. It's painless and quite sedating, and several of my clients have drifted off and begun to snore. Others have giggled at the suctioning sound, which resembles little fish kissing their cheeks.
Contraindications for Facial Cupping

- Never glide across the carotid or jugular region.
- Do not combine facial cupping with aggressive exfoliation.
- Do not cup open wounds or areas of inflammation on the face.
- Post cupping, clients should avoid exposure to cold/windy weather, hot showers, baths, saunas, hot tubs, and aggressive exercise for at least six hours. Such exposure can produce undesirable effects.
- Post cupping, clients should avoid wearing makeup for six hours to allow the subcutaneous skin layer to reap the benefits of the treatment.
- If clients have had Botox on their face, tread lightly, so as not to do more harm. I've heard some say to wait six months before treating.
Recommended Glass Facial Cupping Set

Go to GlassFacialCuppingSet.com to see my recommended facial cupping set.
Caring for Your Facial Cupping Set

After use, clean the cups with a 60:40 ratio of original Listerine to water in a spray bottle.

- At the end of the day, you can use Dr. Bronner’s Pure-Castile Liquid Soap to wash the facial cupping set.

- Dry the glass cups as soon as you rinse them. For the smaller cups, a cotton-tip swab can be helpful to wipe and dry the insides.

- When cleaning the cups, make sure to wash the bulbs, but do not squeeze them. This can get water inside the bulb and can lead to an unpleasant surprise for the client during a facial cupping session.
Facial Cupping Sequence

Total time: 30 minutes.

Begin with the client in the supine position with the therapist seated at the head of the table.

Place the four facial cups you plan to use on the same side of the face you will be working. The photo below shows me placing the cups to the right side of the client’s head, because I’m going to begin the facial cupping session on the right side of her face.
Begin by applying a small amount of oil to the client’s face and lightly massaging it evenly.

Make sure to apply enough oil so that when you apply the cups to the skin, it’s nice and moist.

**NOTE:** Don’t forget the décolleté (women’s neckline).
Step 1: Lymphatic Drainage

Equipment needed: large-size facial cup.

Turn the client’s face 45 degrees to the left, as you will begin with the right side of the face.

Begin with the suction release (SR) method down the sternocleidomastoid (SCM) on the lateral side of the neck by pinching the bulb, which creates a suction lifting the skin. Gently hold the suction for one to three seconds and then release by squeezing the bulb again.

**NOTE:** Make sure *not* to glide across the carotid artery or jugular vein when doing the SR down the SCM.
Do the SR method down the length of the SCM all the way to the clavicle and SR across the subclavius muscle (which is below the clavicles) toward the armpits, draining toward the axillary duct.
Step 2: Jawline

Equipment needed: large-size or medium-size facial cup.

Starting right below the middle of the jawline, gently glide the cup along the jawline toward the parotid region (which is right below the ear and in front of the SCM).
Do three sets of 10 passes. Each pass should gradually get higher up (superior) until the third set is directly on the jawline itself.
Next, you want to drain by suction releasing from the parotid down the SCM to the clavicle, and then across the subclavius toward the axillary duct.
Step 3: Cheeks

Equipment needed: medium-size and large-size facial cups.

Suction and glide from right above the jawline toward the temporal mandibular joint (TMJ). Do this 10 times.
Next, drain by suction releasing from the parotid down the SCM to the clavicle, and then across the subclavius toward the axillary duct. Do this 10 times.
Suction and glide from the side of the mouth across the cheeks to the TMJ. Do this 10 times.
Last, drain by suctioning down the SCM, across the subclavius toward the axillary duct. Do this 10 times.
Step 4: Around the Mouth

Equipment needed: medium-size facial cup.
Switch to the medium-size facial cup. SR around the mouth.
Do one to two full circles around the mouth.
Spend a little extra time suctioning and dragging the expression lines around the mouth.
Step 5: Plump the Lips

Equipment needed: large-size facial cup.

Suction the lips, lift and hold for five seconds, and then release the lips. Divide the treatment in three sections: left, middle, right.
Finish plumping the lips by draining and suctioning down the SCM, across the subclavius toward the axillary duct. Do this 10 times.
Step 6: Sides of Nose

Equipment needed: oval facial cup and small-size facial cup.

The Nostrils

Using the oval facial cup, SR the nostrils five times.

While you suction one nostril, use the index finger of your non-cupping hand to support the opposite side of the nose.
The Tip of the Nose

SR the tip of the nose five times. If the oblong cup doesn’t fit well, drop down a size to a smaller size cup.

The Bridge of the Nose

SR the bridge of the nose five times.
The Sides of the Nose

SR the side of the nose (the side of the face you’re working on) five times.
When suctioning the side of the nose, it helps to use your other hand’s index finger to support the opposite side of the nose.

Drain by dragging the cup down the cheek and then switch to the medium-size cup. SR down the SCM, across the subclavious toward the axillary duct. Do this 10 times.

Now repeat the entire sequence using the small-size facial cup.
The Nostrils

The Tip of the Nose
The Sides of the Nose
Step 7: Around the Eyes

Equipment needed: small-size or oval facial cup.

Below the Eye

Gently place the cup at the *bottom of the orbital ridge* and get as close as you can to the eyelid, and then SR three times to the corner of the eye. Do three sets.
Above the Eye

Now do the *top of the orbital ridge* and get as close as you can to the eyelid, and then SR three times to the corner of the eye. Do three sets.
Crow’s Feet

SR the side of the eyes (crow’s feet) three times. Use a sweeping or flicking movement. Do three sets.
Crow’s Feet (Wide Shot)
Finish and Drain

Using the large-size facial cup, suction and gently drag from the side of the eye, across the TMJ to the parotid, and then SR down the SCM, across the subclavius toward the axillary duct. Do this 10 times.
Step 8: Frown Lines and Forehead

Equipment needed: large-size facial cup.

SR the frown lines between the eyebrows using the medium-size cup. Each SR should last approximately five seconds.
Using the large-size oval cup, suction and glide vertically from the eyebrows to the hairline. Do three sets of three passes.
Now, suction and glide horizontally across the forehead toward the temples. Do three sets of three passes covering the entire forehead from above the eyebrows to the hairline.
Drain from temples down the TMJ to the parotid, and then SR down the SCM, across the subclavius toward the axillary duct. Do this 10 times.
Step 9: Eyebrows

Equipment needed: small-size and medium-size facial cup.

SR directly over and above the eyebrows. Do three sets of three passes.

Drain from the temples down the TMJ to the parotid, and then SR down the SCM, across the subclavius toward the axillary duct. Do this 10 times.

Now repeat the entire sequence on the other side of the face.
Step 10: Finishing Strokes

After you’ve finished the facial cupping routine, perform a gentle facial massage to end the session.

1. Spread the Forehead

Do this two times.
2. Trace the Cheek Line

Do this one time.
3. Trace the Jawline

Do this one time.
4. Spreading the Chest

Do this one time.
5. Neck Squeeze

Do this one time (or as many times as you’d like; this is a client favorite).
6. Trace the Jawline (Left Side)

Do this one time.
7. Trace the Cheek Line (Left Side)
Do this one time.

8. Spread the Forehead (Left Side)
Do this one time.
9. Spread the Pecs (Left Side)

Do this one time.

Repeat the finishing strokes on the right side.
Helpful Tips

- Start with a clean face. Remove any makeup with a moist towelette or other makeup remover.

- Make sure to keep contact with the face with the other hand before touching the client’s face with a cup.

- Always anchor the surrounding skin when gliding cups to prevent painful drag. Lift the cup slightly away from the skin to increase lymphatic activity.

- First-time clients: Have them sit up and examine the difference in a portable mirror after you’ve completed one side of the face. When they see how different the two sides of their face look, finish the treatment on the other side. With the client’s permission, snap a photo with your smartphone to track before and after images.

- Use slower movements to drain more fluids. Faster movements are more stimulating for circulation and collagen/elastin building. Try beginning with slow, draining movements and progressively increase the speed over the three passes. The initial pass is slow, the second is at a medium speed, and the third pass is the fastest.
For maximum facial rejuvenation results, it’s recommended that the client comes in for facial cupping on a weekly basis for 6 to 12 consecutive weeks.
About the Author

Since becoming a professional massage therapist in 2000, Morgan Sutherland has consistently helped thousands of clients manage their pain with a combination of deep tissue work, cupping, and stretching. In 2002, he began a career-long tradition of continuing study by being trained in Tuina—the art of Chinese massage—at the world-famous Olympic Training Center in Beijing, China.

In 2004, Morgan became a certified orthopedic massage therapist, specializing in treating chronic pain and sports injuries. In 2005, Morgan took his fist cupping course and was immediately hooked. He mastered using the plastic Kangzhu Biomagnetic Chinese Cupping set and was amazed how easy the cups were to handle and apply.

In 2011, Morgan took more advanced cupping training and discovered silicone cups. The silicone cups literally became an extension of his hands, allowing him to seamlessly lift and release clients’ muscle adhesions. Blending the silicone cupping into his deep tissue massage practice was effortless, and the majority of his client base raved about how much more effective his massage sessions have become.

When he’s not helping clients manage their pain, he’s writing blog posts about pain relief and self-care.

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Other Books by Morgan Sutherland, L.M.T.

The Essential Lower Back Pain Exercise Guide: Treat Low Back Pain at Home in Twenty-One Days or Less

21 Yoga Exercises for Lower Back Pain: Stretching Lower Back Pain Away with Yoga

Reverse Bad Posture Exercises: Fix Neck, Back, and Shoulder Pain in Just 15 Minutes Per Day

Best Treatment for Sciatica Pain: Relieve Sciatica Symptoms, Piriformis Muscle Pain, and SI Joint Pain in Just 15 Minutes Per Day

Resistance Band Workouts for Bad Posture and Back Pain: An Illustrated Resistance Band Exercise Book for Better Posture and Back Pain Relief

DIY Low Back Pain Relief: 9 Ways to Fix Low Back Pain So You Can Feel Like Yourself Again