

About Cupping Therapy

Cupping therapy is an ancient form of alternative medicine in which a therapist puts special cups on your skin for a few minutes to create suction. People get it for many purposes, including to help with pain, inflammation, blood flow, relaxation and well-being, and as a type of deep-tissue massage.

Why cupping is so effective in bodywork

By creating suction and negative pressure, cupping therapy lifts connective tissue, releases rigid tissue and loosens adhesions. Cupping pulls stagnation and waste to the surface where it can be flushed away by your lymphatic and circulatory system.

What to do after you receive Cupping

- **Drink water.** Water helps flush your lymphatic system of the cellular waste the cupping helps release from your tissues. You need to drink ½ your body weight in water.
- **Stay warm.** Try to cover the area(s) where you had cupping done.
- **Rest.** You may feel more tired than normal or experience flu-like symptoms after cupping (headache and general body aches). This is a temporary reaction by your immune system to the cellular waste the cupping has helped release.

What to avoid after cupping (4 to 6 hours after cupping avoid)

- **Caffeine, Alcohol, Sugary foods and drinks, Dairy and Processed meats.** These foods slow down your body's ability to process the treatment.
- **Hot showers, Saunas, Hot tubs and strong air conditioning.** After cupping your skin will be more sensitive to temperature in the areas you received cupping. Give your skin time to recover. If possible, shower with filtered water to avoid reintroducing unnecessary chemicals onto your skin.
- **Intense exercise.** Light stretching and range of motion are beneficial.

What are the marks that can occur from cupping ?

They are not bruises. They are metabolic waste and other stagnant material that have been freed from the underlying tissues and brought to the surface, where they can more easily be flushed out. These marks can last anywhere from a few hours to a few weeks.

- **Contraindications:** Cupping therapy is not suitable for everyone. There are risks associated with performing cupping therapies on individuals with the following conditions. You

must inform your massage therapist/practitioner if you have any of the following conditions which may make cupping contraindicated or may require your therapist/practitioner to alter the treatment. • Bruises • Pregnancy • Blood clot(s) • Cardiovascular disease • Diabetes • Neuropathy • Inflammatory skin conditions • Autoimmune condition (MS, Lupus, RA, etc.) • Open wounds, sores, or thinning skin • Peripheral vascular disease • Hypotension or Hypertension • Heat sensitivity • Cancer (with or without treatment) • Compromised immune system • Varicose veins • Edema or Lymphedema • Under the influence of drugs or alcohol • Blood thinning medication or have been using pain patches

Informed Consent

- **I understand that all treatment in this office are therapeutic in nature. I agree to communicate 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 treatment I understand the potential effects and aftercare recommendations.**
- **it has been explained to me that there are contraindications for cupping, I have fully disclosed health factors to my therapist including those not mentioned on the massage health intake form to avoid complications.**
- **it has been explained to me that there is a possibility for discoloration that can occur from the release and clearing of stagnation from my body.**
- **I also understand that this reaction is not bruising but due to cellular debris being drawn to the surface to be cleared away by my circulatory system.**
- **I further understand that the discoloration will dissipate from a few hours to as long as a few weeks in some cases and in relation to my aftercare activities.**
- **I understand that the first time I experienced 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 body aches and headache these symptoms will subside and time with rest in water, water helps to dilute the intensity of the release.**
- **I understand that cupping therapy should not be combined with aggressive exfoliation, be performed within 4 hours of shaving, after sunburn or when I am dehydrated. 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 four to six hours I understand that exposure such extremes can produce undesirable affects and I should avoid such situations**

I, _____, have read and understand the aforementioned conditions which make cupping therapies contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed any and all health risk factors. Please check the following that applies to you. I understand the information contained on this form and confirm that I do not have any of the above conditions.

My condition(s) of _____ is/are listed above and therefore make(s) cupping contraindicated. Given this knowledge I hereby give my full consent to receive cupping therapy and take full responsibility of any side effects or harm that may come from my receiving cupping therapy. I understand that I will be receiving cupping as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I understand the risks of bruising and muscle soreness that may occur directly or indirectly from cupping treatment. I release the massage therapist/practitioner and business of any and all liability for any harm that may unintentionally occur during my treatment(s). Signature

_____ Date _____

I agree to allow the cupping practitioner to perform massage cupping I also agree that I have read understood and will follow all of the information above and will not hold the practitioner responsible.

Clients signature _____ Therapist Signature _____

Printed Name and Date _____