Advanced Certificate in Geriatric Shiatsu Massage (Switzerland)

Geriatric Shiatsu Assessment And Diagnosis

Ki is the fundamental life-energy that flows through the body in Shiatsu. In the geriatric context, Ki is understood as the subtle force that sustains vitality, organ function, and the capacity for movement. When Ki is weak or obstructed, older adults may experience fatigue, diminished appetite, or reduced responsiveness to therapy. Practitioners assess Ki by observing the quality of breath, the warmth of the skin, and the fluidity of movement during gentle palpation. For example, an elderly client who displays shallow, rapid breathing may be interpreted as having a depleted Ki that requires nurturing techniques such as slow, rhythmic pressure along the Ren meridian to restore balance.

Meridian refers to the pathways through which Ki travels. The traditional Japanese system identifies twelve primary meridians that correspond to major organ systems. In geriatric Shi Shiatsu, particular attention is paid to the Kidney meridian, which governs the store of essence and the ability to regenerate tissue. A client with chronic low back pain and a history of osteoporosis may benefit from gentle activation of the Kidney meridian via the Shen-men point, promoting bone health and supporting the underlying constitutional weakness that often accompanies advanced age.

Zang-Fu are the paired organ concepts that describe functional and structural aspects of the body. The Zang organs (Heart, Liver, Spleen, Lung, Kidney) are considered solid, while the Fu organs (Stomach, Small Intestine, Large Intestine, Gallbladder, Bladder) are hollow. In geriatric assessment, the practitioner evaluates the balance between Zang-Fu pairs by listening to the client's description of symptoms, noting changes in digestion, respiratory function, and emotional state. For instance, a tendency toward excessive sputum production may indicate an imbalance in the Lung-Large Intestine pair, prompting the therapist to focus on the LU-LI circuit to improve mucosal clearance and reduce cough.

Yin and Yang are the complementary forces that describe the dynamic equilibrium of the body. In the elderly, Yin tends to diminish, leading to dryness, heat, and a propensity for inflammatory conditions such as osteoarthritis. Conversely, excess Yang may manifest as restlessness, hypertension, or insomnia. A practical application of this concept is the use of cooling techniques, such as light stroking over the Stomach meridian, for a client who exhibits signs of Yang excess, while employing warming techniques, like deep pressure on the Kidney meridian, for those displaying Yin deficiency.

Pulse Diagnosis is a cornerstone of traditional Japanese assessment. The practitioner places three fingers on the radial artery, feeling for depth, rate, rhythm, and quality. In older adults, the pulse may become thready, weak, or irregular due to age-related cardiovascular changes. A practitioner might note a "slippery" pulse at the middle position of the Kidney meridian, suggesting excess fluid or early signs of heart failure, and adjust the treatment plan accordingly by incorporating gentle chest-opening techniques and advising medical follow-up.

Tongue Diagnosis provides visual clues about internal organ health. In geriatrics, the tongue may appear thin, pale, or coated with a white film, indicating a deficiency of Qi or a buildup of dampness. For example, a

cracked, dry tongue could signal a deficiency in the Spleen-Stomach pair, prompting the therapist to use nourishing strokes along the Stomach meridian and recommend dietary adjustments rich in warm, easily digestible foods.

Palpation in Shiatsu is both a diagnostic and therapeutic tool. The therapist uses fingertip, thumb, and palm pressure to sense tissue texture, temperature, and tension. In the elderly, palpation must be performed with heightened sensitivity due to fragile skin, reduced subcutaneous fat, and the presence of prosthetic devices or surgical scars. An example of careful palpation is the assessment of the sacroiliac joint: The therapist applies light pressure to detect asymmetry, then, if tolerated, uses a gentle rocking motion to improve joint mobility without provoking pain.

Functional Mobility refers to the ability to move safely and efficiently in daily life. Assessment of functional mobility in Shiatsu includes observing how the client rises from a seated position, walks, and negotiates obstacles. A client who demonstrates a shuffling gait may be at increased risk of falls, and the practitioner can incorporate balance-enhancing techniques such as rhythmic pressure on the Gallbladder meridian, which is associated with lateral stability, combined with gentle ankle mobilizations.

Fall Risk is a critical consideration in geriatric care. The therapist evaluates factors such as muscle weakness, joint stiffness, sensory deficits, and environmental hazards. During a Shiatsu session, the practitioner may use the Stomach meridian to stimulate the abdominal muscles and improve core stability, thereby reducing the likelihood of a forward-leaning posture that predisposes the client to falls. Additionally, the therapist can teach the client simple self-care techniques, such as applying pressure to the Kidney 3 point before standing, to enhance proprioception.

Cognitive Assessment is essential when treating clients with dementia or mild cognitive impairment. The therapist uses simple, clear language, observes the client's orientation to time and place, and notes any confusion or agitation. For example, a client who repeatedly asks "where am I?" May benefit from a calming protocol that includes slow, rhythmic strokes along the Heart meridian, which can help regulate the autonomic nervous system and reduce anxiety.

Polypharmacy describes the concurrent use of multiple medications, a common situation in older adults. Certain drugs, such as anticoagulants, increase the risk of bruising during Shiatsu. The practitioner must inquire about the client's medication list and adjust pressure intensity accordingly. A client on a blood thinner may receive a lighter touch, focusing on meridian pathways rather than deep tissue work, to avoid hematoma while still promoting energetic flow.

Contraindications are conditions that preclude the use of specific techniques. In geriatric Shiatsu, contraindications include recent fractures, severe osteoporosis, active infections, and uncontrolled hypertension. For instance, a client with a recent hip fracture should not receive deep pressure on the Bladder meridian that traverses the gluteal region. Instead, the therapist can work on distal points, such as the Large Intestine 4 point, to influence the area indirectly while respecting the healing process.

Chronic Pain is prevalent among older adults, often stemming from osteoarthritis, spinal degeneration, or neuropathy. Shiatsu addresses chronic pain by facilitating the release of endorphins, improving circulation,

and correcting meridian blockages. A practical example is the use of the Gallbladder 34 point, located on the lateral aspect of the knee, to alleviate knee pain associated with osteoarthritis. The therapist applies moderate pressure for several minutes, monitoring the client's comfort level and noting any reduction in pain intensity.

Arthritis and Osteoarthritis are characterized by joint inflammation and cartilage degradation. In Shiatsu, the therapist may use gentle joint mobilizations combined with meridian-based pressure to decrease stiffness. For example, when treating a client with knee osteoarthritis, the practitioner can combine a light glide along the Stomach meridian (which runs near the knee) with a soft circular motion on the peri-patellar tissue, thereby improving synovial fluid flow and reducing joint friction.

Osteoporosis leads to decreased bone density and increased fracture risk. Because the bones are fragile, deep pressure should be avoided. The therapist can instead focus on enhancing the supportive musculature through gentle myofascial release and activation of the Kidney meridian to nourish bone health. A case study might describe an 80-year-old woman with lumbar vertebral compression fractures who receives light, sustained pressure on the Kidney 1 point, resulting in decreased back pain and improved spinal alignment without compromising bone integrity.

Sarcopenia denotes the age-related loss of muscle mass and strength. Shiatsu can counteract sarcopenia by stimulating muscle fibers and promoting blood flow. The practitioner may apply rhythmic tapping along the Large Intestine meridian, which traverses the forearm, to activate the extensor muscles and encourage hypertrophy. The therapist can track progress by measuring grip strength before and after a series of sessions, documenting any improvements in functional capacity.

Frailty is a multidimensional syndrome encompassing weakness, slowed performance, and vulnerability to stressors. The Frailty Index quantifies deficits across physical, psychological, and social domains. In a Shiatsu context, the therapist assesses frailty by observing gait speed, balance, and the client's response to gentle pressure. A frail client may require a modified treatment plan that emphasizes light, soothing strokes, and the incorporation of supportive devices such as cushions or walking aids during the session.

Neuropathy, particularly peripheral neuropathy, is common in diabetic or elderly populations. Symptoms include tingling, numbness, and burning sensations. Shiatsu can alleviate neuropathic discomfort by applying pressure to points that stimulate nerve pathways, such as the Spleen 6 point, located on the inner lower leg. The therapist uses a slow, steady pressure to encourage nerve regeneration and modulate pain signals, while monitoring for any adverse reactions.

Sensory Loss may affect vision, hearing, or tactile perception. The practitioner must adapt communication techniques, using clear gestures and confirming understanding through repeated feedback. For a client with reduced tactile sensitivity, the therapist may increase the duration of each pressure application to ensure the client perceives the therapeutic effect, while avoiding excessive force that could cause injury.

Skin Integrity is a vital concern in older adults, who often have thin, fragile skin prone to tears and pressure ulcers. The therapist conducts a visual inspection before each session, noting any erythema, bruising, or open lesions. When working near compromised skin, the practitioner applies a thin layer of hypoallergenic

oil to reduce friction and uses only the pads of the fingers rather than the knuckles, thereby minimizing shear forces.

Pressure Ulcers or bedsores develop from prolonged pressure on bony prominences. Shiatsu can be part of a preventive regimen by encouraging micro-circulation through gentle massage of surrounding tissues. For a client confined to a wheelchair, the therapist may perform light circular movements around the sacral area, avoiding direct pressure on the ulcer itself, to promote tissue oxygenation and support the healing process.

Edema refers to fluid accumulation in the interstitial spaces, frequently observed in the lower limbs of older adults with heart or kidney insufficiency. The practitioner can employ lymphatic drainage techniques, such as light, sweeping strokes from distal to proximal along the Stomach meridian, to facilitate fluid reabsorption. The therapist monitors the client's comfort and watches for any signs of increased swelling, adjusting the technique as needed.

Lymphatic Drainage is a gentle method that assists the body's natural waste-removal system. In Shiatsu, the practitioner uses rhythmic, low-pressure movements that follow the course of lymphatic vessels. A practical application might involve a series of slow, caressing strokes along the anterior thigh, encouraging lymph flow from the knee toward the inguinal nodes, thereby reducing swelling in a client with chronic venous insufficiency.

Circulatory Assessment includes measuring blood pressure, heart rate, and peripheral pulses. In the geriatric setting, the therapist may observe for signs of peripheral arterial disease, such as cool extremities or diminished pulses. If a client presents with cold feet, the therapist can apply warming techniques, such as gentle friction along the Kidney meridian, to promote vasodilation and improve perfusion.

Respiratory Assessment evaluates breathing patterns, chest expansion, and oxygen saturation. Older adults often experience reduced lung elasticity, leading to shallow breathing. The therapist can enhance respiratory function by applying soft pressure along the Lung meridian, which runs from the chest to the thumb, encouraging diaphragmatic movement and deeper inhalation. A client with chronic obstructive pulmonary disease (COPD) may benefit from rhythmic tapping on the upper back to facilitate rib cage expansion.

Breath Work or diaphragmatic breathing is incorporated into Shiatsu sessions to synchronize movement with the client's natural rhythm. The therapist guides the client to inhale slowly through the nose, allowing the abdomen to rise, then exhale gently, promoting relaxation and improved Ki flow. For a client with anxiety, combining breath work with light pressure on the Heart meridian can create a calming effect, reducing sympathetic activation.

Autonomic Nervous System regulation is a key therapeutic target. The sympathetic branch prepares the body for stress, while the parasympathetic branch promotes rest and digestion. Shiatsu techniques can shift the balance toward parasympathetic dominance by stimulating points such as Pericardium 6, which is known to calm heart rate and lower blood pressure. A client with hypertension may experience a measurable drop in systolic pressure after a series of gentle strokes on this point.

Stress Response in older adults may be heightened due to chronic illness, loss, or social isolation. The therapist assesses stress by observing facial tension, muscle rigidity, and breathing irregularities. A practical intervention involves applying sustained pressure on the Triple-Burner 5 point, located on the forearm, to release tension in the shoulder girdle and promote a sense of ease. The therapist may also incorporate soothing background music to enhance the therapeutic environment.

Homeostasis is the body's ability to maintain internal stability. Shiatsu supports homeostasis by optimizing energy flow, improving circulation, and balancing organ function. For example, a client with irregular sleep patterns may benefit from evening sessions that emphasize calming meridians, such as the Heart and Kidney pathways, to prepare the nervous system for restorative sleep.

Healing in Shiatsu is viewed as a process of restoring natural order. The therapist facilitates healing by removing blockages, encouraging the movement of Ki, and supporting the body's innate repair mechanisms. In geriatric care, healing is often slower, requiring repeated sessions and careful monitoring of progress. A therapist may document incremental improvements in range of motion, pain scores, and functional independence to demonstrate the cumulative effect of treatment.

Therapeutic Touch is the purposeful use of hands to convey care, safety, and intention. In older adults, therapeutic touch can reduce feelings of loneliness and promote emotional well-being. The practitioner ensures that touch is respectful, seeking consent before each maneuver, and adjusting pressure based on the client's feedback. A simple hand-holding technique at the beginning of a session can establish trust and enhance the therapeutic alliance.

Soft Tissue includes muscles, fascia, tendons, and ligaments. Age-related changes often result in reduced elasticity and increased stiffness. The therapist applies techniques such as myofascial release, gentle kneading, and stretching to improve tissue pliability. For a client with tight hamstrings, the practitioner may use slow, longitudinal strokes along the posterior thigh, followed by a light stretch, to increase flexibility and reduce the risk of falls.

Myofascial Release targets the fascia, the connective tissue that encases muscles and organs. In geriatric clients, fascial adhesions can limit movement and cause pain. The therapist applies sustained, low-intensity pressure to the fascia, allowing it to unwind and glide. A case example involves an 85-year-old man with restricted shoulder motion due to fascial thickening; after several sessions of myofascial release along the Shoulder meridian, his active range of motion improved by approximately 20 degrees.

Joint Mobilization involves gentle, passive movements that increase joint capsule flexibility. In the elderly, joints may be stiff due to osteoarthritis or prolonged inactivity. The therapist employs small, controlled arcs of motion, respecting the client's pain threshold. For instance, a client with limited ankle dorsiflexion may receive a slow, anterior glide of the talocrural joint, followed by light pressure on the Stomach 36 point to stimulate the surrounding musculature.

Stretching is incorporated to lengthen shortened muscle fibers. The therapist guides the client through passive stretches, holding each position for 20-30 seconds. In older adults, stretching should be performed within a comfortable range to avoid strain. A practical protocol for a client with hip flexor tightness includes

a seated stretch where the therapist gently assists the client's knee toward the chest while maintaining support under the pelvis.

Relaxation is achieved through a combination of slow pressure, rhythmic breathing, and a quiet environment. The therapist may conclude a session with a series of light, sweeping strokes over the scalp, known as Shiatsu head massage, to induce a deep sense of calm. Clients often report improved sleep quality and reduced anxiety after such relaxation techniques.

Postural Alignment is the arrangement of the body's segments in a balanced manner. Age-related postural changes, such as forward head posture or kyphosis, can lead to musculoskeletal pain. The therapist assesses posture by observing the client's standing and sitting positions, noting any deviations. Treatment may involve applying pressure to corrective points, such as Bladder 23 (located near the lower back), to support spinal extension and counteract kyphotic curvature.

Ergonomics refers to the design of the environment to support safe and efficient movement. In Shiatsu practice, the therapist advises clients on proper chair height, bed positioning, and supportive pillows to reduce strain. For example, a client who spends long periods reading may be instructed to use a lumbar roll and keep the book at eye level to prevent neck flexion and shoulder tension.

Bed Positioning is crucial for clients who are bedridden or have limited mobility. The therapist educates caregivers on turning schedules, use of pillows, and alignment of the hips and shoulders to prevent pressure ulcers and contractures. A practical tip includes placing a small pillow under the knees when the client lies supine, which helps maintain the natural lumbar curve and eases lower back discomfort.

Safety is paramount in all aspects of geriatric Shiatsu. The therapist conducts a risk assessment before each session, checking for fall hazards, unstable furniture, and the client's ability to bear weight. If a client feels dizzy after a treatment, the practitioner assists them to a seated position and monitors vital signs before allowing them to stand.

Hygiene involves hand washing, use of disposable gloves when indicated, and sanitizing treatment surfaces. Older adults may have compromised immune systems, making infection control essential. The therapist follows strict protocols, especially when treating clients with open wounds or recent surgeries, to prevent cross-contamination.

Consent must be obtained verbally and, when appropriate, in writing. The therapist explains the intended techniques, potential sensations, and any contraindications. For clients with cognitive impairment, the practitioner seeks consent from a legally authorized representative and ensures that the client's comfort and dignity are respected throughout the session.

Documentation is a legal and clinical requirement. The therapist records subjective findings (client's reported symptoms), objective observations (pulse, skin condition, range of motion), assessment (interpretation of findings), and plan (treatment goals and interventions). Using the SOAP format, a therapist might note: "Subjective: Client reports dull ache in the lower back. Objective: Limited lumbar flexion, mild tenderness at L3. Assessment: Age-related degenerative changes with Ki stagnation. Plan: Gentle pressure on Kidney 3, followed by soft tissue work along the Stomach meridian, three times weekly."

Outcome Measures provide objective data to track progress. Common tools in geriatric Shiatsu include the Visual Analog Scale for pain, the Timed Up and Go test for mobility, and the Berg Balance Scale for stability. A therapist might record a client's pain score decreasing from 7 to 3 on a 10-point scale after four weeks of treatment, indicating a positive response.

Mini-Mental State Examination (MMSE) is a brief cognitive screening tool. While not a primary Shiatsu assessment, the therapist may use it to gauge the client's orientation, memory, and attention, informing communication strategies. A client scoring 24/30 may require simple instructions and visual cues during the session.

Geriatric Depression Scale (GDS) identifies depressive symptoms. Mood influences pain perception and treatment tolerance. If a client scores high on the GDS, the therapist may incorporate more nurturing techniques, such as prolonged gentle pressure on the Heart meridian, to promote emotional comfort.

Timed Up and Go (TUG) assesses functional mobility. The client rises from a chair, walks three meters, turns, returns, and sits. A time greater than 13 seconds suggests increased fall risk. The therapist can use this information to tailor the intensity of joint mobilizations and focus on balance-enhancing points like Gallbladder 34.

Berg Balance Scale evaluates static and dynamic balance through 14 tasks. Scores below 45 indicate a high fall risk. The practitioner may integrate balance-focused Shiatsu points, such as Kidney 1 and Bladder 40, into the treatment plan to improve proprioceptive feedback.

Visual Analog Scale (VAS) allows clients to rate pain on a 0-100 mm line. The therapist records the baseline and monitors changes after each session. A reduction of at least 30 mm is considered clinically significant.

Numeric Rating Scale (NRS) asks clients to rate pain from 0 to 10. This quick tool is useful for clients with limited communication abilities. The therapist may ask the client to point to a number on a board, ensuring clarity.

McGill Pain Questionnaire provides a qualitative description of pain using descriptors such as "throbbing" or "sharp." Understanding the quality of pain helps the therapist select appropriate points; for example, a "burning" sensation may be addressed with the Stomach 36 point, known for its cooling effect.

Functional Independence Measure (FIM) assesses the level of assistance required for daily activities. Higher scores indicate greater independence. The therapist can correlate improvements in FIM scores with the effectiveness of Shiatsu interventions aimed at enhancing mobility and reducing pain.

Activities of Daily Living (ADL) encompass basic self-care tasks such as bathing, dressing, and feeding. The therapist observes the client's ability to perform ADL before and after treatment. An improvement in ADL performance may be attributed to increased joint range, reduced pain, and enhanced energy levels.

Instrumental Activities of Daily Living (IADL) involve more complex tasks like managing finances, medication, and transportation. Shiatsu can indirectly support IADL by improving balance, cognition, and mood. For instance, a client who previously struggled to safely navigate stairs may, after a series of

balance-focused sessions, regain confidence and resume independent travel.

Grip Strength is a simple yet powerful indicator of overall muscular health. The therapist may measure grip using a dynamometer before starting treatment and track changes over time. An increase in grip strength can reflect improved Ki flow to the upper extremities.

Range of Motion (ROM) is measured using a goniometer or visual estimation. The therapist assesses ROM in major joints—shoulder, elbow, wrist, hip, knee, ankle—to identify restrictions. Targeted Shiatsu points, such as Large Intestine 4 for the shoulder, can be used to enhance ROM gradually.

Flexibility differs from ROM in that it reflects the muscle's ability to elongate. The therapist may incorporate gentle stretching after applying pressure to a tight muscle group, thereby capitalizing on the temporary increase in tissue pliability that follows treatment.

Balance is evaluated through static and dynamic tests. The practitioner may use a simple one-leg stand test, noting the duration the client can maintain balance without support. If the client demonstrates poor balance, the therapist can focus on points that stimulate proprioceptive pathways, such as the Kidney 3 point, which is associated with lower-limb stability.

Gait Analysis involves observing the client's walking pattern for asymmetries, shuffling, or hesitations. The therapist may notice a reduced stride length in a client with knee pain and respond by applying pressure to the Stomach 36 point to improve leg strength and encourage a more natural gait.

Muscle Tone refers to the baseline level of tension in a muscle at rest. In older adults, tone may become either excessively high (spasticity) or low (flaccidity). The therapist assesses tone by gently feeling the muscle's resistance during passive movement. High tone may be addressed with calming points like Heart 7, while low tone may benefit from invigorating points such as Liver 3.

Circulatory Health is central to tissue nourishment. The practitioner monitors peripheral temperature, capillary refill time, and pulse quality. If a client exhibits cold hands, the therapist may apply warming strokes along the Pericardium meridian, which runs from the chest to the hand, to promote vasodilation.

Cardiovascular Risk factors such as hypertension, hyperlipidemia, and smoking status influence treatment planning. The therapist may advise clients to adopt lifestyle changes alongside Shiatsu, emphasizing the role of regular movement and stress reduction in cardiovascular health.

Respiratory Function can be compromised by reduced chest wall mobility. The therapist uses gentle chest-opening techniques, such as light circular motions over the ribs, to increase thoracic expansion. A client with restrictive lung disease may experience improved breathing capacity after consistent sessions.

Neurological Assessment includes checking reflexes, sensation, and coordination. The therapist may test light touch on the toes to assess peripheral nerve function. If diminished sensation is noted, the practitioner can use point stimulation on the Spleen 6 point to encourage nerve regeneration.

Psychosocial Factors such as social support, financial stress, and grief impact health outcomes. The therapist acknowledges these factors during the intake interview, offering empathy and, when appropriate, referrals

to community resources. A client who reports loneliness may benefit from a longer, more nurturing session that emphasizes therapeutic touch and conversation.

Medication Review is essential for identifying side-effects that may affect treatment. Certain antihypertensive drugs cause orthostatic hypotension, increasing fall risk. The therapist may coordinate with the client's physician to adjust treatment timing, ensuring that Shiatsu sessions are scheduled when the client feels most stable.

Nutrition influences tissue repair and energy levels. The therapist may discuss the importance of protein intake for muscle maintenance, especially in clients with sarcopenia. While not a substitute for medical nutrition therapy, the therapist can suggest small dietary adjustments that complement Shiatsu benefits.

Hydration status affects circulatory and renal function. The practitioner reminds clients to drink adequate fluids, particularly before and after sessions, to support the movement of Ki and facilitate metabolic waste removal.

Sleep Hygiene is vital for recovery. The therapist may recommend a bedtime routine that includes a brief self-massage of the foot points, such as Kidney 1, to promote relaxation and improve sleep quality.

Client Education empowers older adults to participate actively in their health. The therapist provides simple instructions for self-care, such as gentle self-pressing of the Large Intestine 4 point on the hand to relieve tension in the neck and shoulders. Education also includes teaching safe transfer techniques to prevent injuries during daily activities.

Interdisciplinary Collaboration enhances comprehensive care. The Shiatsu practitioner may communicate with physicians, physiotherapists, occupational therapists, and social workers to align goals and share observations. For example, if a physiotherapist notes limited hip extension, the Shiatsu therapist can coordinate treatment on the Kidney 6 point to complement the physiotherapy program.

Professional Boundaries are maintained by respecting the client's personal space, cultural preferences, and autonomy. The therapist avoids any non-therapeutic touch and ensures that all interventions are evidence-based and within scope of practice.

Ethical Practice includes confidentiality, informed consent, and cultural sensitivity. The therapist documents any disclosures of abuse or neglect according to local regulations, ensuring the client's safety.

Research Evidence supports the efficacy of Shiatsu for pain reduction, stress relief, and improved quality of life in older adults. The practitioner stays current with peer-reviewed studies, integrating evidence-based protocols into practice.

Continuing Education is required to maintain competence. The therapist engages in workshops, seminars, and peer-review sessions focused on geriatric health, ensuring that techniques evolve with emerging scientific knowledge.

Case Example 1 – Mrs. A, an 82-year-old woman with mild Alzheimer's disease, presents with chronic knee pain and limited mobility. Assessment reveals decreased knee ROM, a "tight" sensation in the quadriceps,

and a “slippery” pulse at the Kidney meridian. The therapist applies gentle pressure on Kidney 3 and Stomach 36, followed by light myofascial release on the quadriceps. After four weekly sessions, Mrs. A reports a pain reduction from 6 to 3 on the NRS, an increase in gait speed from 0.6 M/s to 0.8 M/s, and improved confidence in walking with a cane.

Case Example 2 – Mr. B, a 76-year-old man with hypertension and diabetes, experiences numbness in the feet and occasional dizziness. Pulse diagnosis shows a “thready” pulse at the Heart meridian. The therapist avoids deep pressure on the lower limbs due to diabetic neuropathy and instead uses light tapping along the Bladder meridian, combined with breathing exercises to activate the parasympathetic system. Over six sessions, Mr. B’s dizziness episodes decrease, and his self-reported numbness intensity drops from 5 to 2 on the VAS.

Case Example 3 – Ms. C, an 88-year-old woman with severe osteoporosis, presents with a recent vertebral compression fracture. The therapist conducts a thorough skin inspection, noting bruising around the lumbar region. Because of the fracture risk, deep pressure is contraindicated. The practitioner focuses on distal points such as Liver 3 on the foot and Kidney 1 on the sole, providing gentle energy support. The client reports a sense of warmth and relaxation, and her fear of movement diminishes, allowing her to participate in a gentle physiotherapy program.

Practical Application – During a typical session, the therapist begins by greeting the client, confirming consent, and reviewing any changes in health status. The practitioner then conducts a brief subjective interview, noting pain levels, sleep quality, and recent activities. Objective assessment follows, including pulse check, observation of posture, and range of motion testing. Based on the findings, the therapist formulates a treatment plan that may include:

1. Warm-up with light stroking along the Ren meridian to prepare the skin. 2. Targeted pressure on specific points such as Kidney 3 for lower back support and Stomach 36 for leg strength. 3. Myofascial release on tight muscle groups identified during ROM testing. 4. Balance enhancement using pressure on Gallbladder 34 and Kidney 3. 5. Relaxation phase with gentle head massage and guided breathing.

The therapist concludes by documenting the session using the SOAP format, providing home-care instructions, and scheduling the next appointment.

Challenges – Working with geriatric clients presents several challenges. Age-related sensory changes may reduce the client’s ability to perceive pressure, requiring the therapist to adjust intensity and duration. Cognitive decline can affect communication, necessitating simple language and visual cues.