STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 01.02.19 – 15.00 | Sports Therapy Clinic | 1 hour | Practising massage and soft tissue techniques on the upper body. My client is a 48-year old female long distance runner. |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| My client is a friend and a long distance runner She is fit and healthy and not taking any medication. She doesn’t have any allergies and is not allergic to any of the massage mediums that we use. She has selected to be massaged with the beeswax. She has no injuries and regularly sees another sports therapist known to both of us. She went visit him a couple of days ago and he worked on her lower back (lateral rotator muscles). I advised her that I would not be able to massager her lower back as I could undo the work that her regular sports therapist has already done. She asked if I could massage her upper back, neck and shoulders. This was perfect as it was another opportunity for me to practise on areas that I haven’t worked much on in Semester A.  I prepared the couch and ensured that everything I needed was on my work station. I left my client to prepare for the massage whilst I went to wash my hands.  When I returned my client was in the prone position on the couch, with a towel already draped over her. I placed a bolster underneath her feet. I positioned the towel lower down her back so that I could massage her upper back. She was happy for me to undo her bra and remove her bra straps.  I warmed up the beeswax and warned my client that I was about to apply the cream to the right side of her upper back and shoulder. I began with gentle strokes of effleurage and increased the pressure of the strokes to warm up the muscles in the upper back and shoulder. I checked that my client was happy with the pressure and continued with effleurage until erythema was present. I progressed onto petrissage- kneading and rolling around the shoulders, connecting each technique with effleurage. I followed with hacking and beating but carefully avoiding bony points e.g. spine of scapula and spine. I continued to communicate with my client regarding pressure throughout the massage.  I palpated the upper back and detected a number of trigger points alongside the lateral border of the scapula. I explained to my client that I was going to apply the Neuromuscular technique to help ease the tension in the infraspinatus muscle and reduce the trigger point. I described the technique and asked my client to communicate with me regarding the level of pressure applied by me (from 1-10). At first it was level 8 so I reduced it until it was 6-7. My client advised when the discomfort began to ease which was within 20 seconds. I worked on all trigger points on the right hand side of the upper back (5 in total). I completed the massage with slow, relaxing effleurage strokes.  I worked on the left-hand side of the upper back and shoulders using the same routine of effleurage to warm up the tissue and increase circulation until erythema was present. I began petrissage techniques to generate more heat – kneading and rolling, hacking and beating. I increased the pressure of the effleurage strokes making them deeper and longer.  I detected trigger points along the lateral border of the scapula on the left-hand side (almost the same place as on the right-hand side) on the infraspinatus. I applied the NMT on all trigger points until they subsided. I completed the massage of the upper back and shoulders on the left-hand side with slow, relaxing effleurage strokes.  I turned my client so that she was lying in the supine position on the bed and draped the towel just over her chest. I placed a small cushion under her head for comfort. I also placed a bolster under my client’s knees.  I began effleurage in a diamond shape placing my hands on her upper chest (facing down the body from the head) and turning my hands out towards the arms and moving them to the shoulder joint, along the neck and slowly pulling them up to just behind the ears. I began gently and slowly and lengthened each stroke as the muscles became warm. The strokes became deeper as I progressed through the massage. I turned my client’s head to the right supporting it with both hands. I supported her head with my right hand and massaged the sternocleidomastoid, scalene and trapezioid muscles on the left-hand side of the neck. I efflueraged slowly and gently down the side of the neck until erythema was present and I progressed onto to petrissage kneading the neck and shoulders. I was careful not to cause any pain but deepened the strokes. My client was happy with the pressure.  I checked if my client would be okay with me massaging her pectoral muscles and she confirmed that she was fine with it. I massaged the pectoral muscle and the shoulder using effleurage and petrissage.  I repeated the same massage techniques on the right-hand side of her neck, her pectoral muscles and shoulder.  I applied a Muscle Energy Technique (MET) – specifically post-isometric relaxation to help relax tense, overactive muscles in the neck and to stretch tight muscles in the neck and shoulder. I explained the technique to my client. I rested my client’s head on the cushion and turned it sideways to the right but at a slight angle with the chin slightly tipped down. I placed my right hand on my client’s forehead and my left hand on my client’s shoulder. I depressed my client’s shoulder to the bind. I asked her to breathe in and resist my hand on her depressed shoulder at approximately 30-40% effort. She was a bit over zealous on the first occasion so I asked her to ease the resistance down a bit. We held the contraction for approximately 10-15 seconds. I instructed my client to breathe out and relax. I depressed her shoulder again to the new bind and asked my client to inhale and resist my hand on her depressed shoulder. After 15 seconds my client exhaled and relaxed. We repeated the contraction and relaxation one more time – the shoulder was depressed to its new bind. I depressed the shoulder again but with no resistance from my client. The ROM had improved. I repeated the MET on the right side of my client’s neck and shoulder.  Once the MET was completed, I turned client’s head to the front and rested it on the cushion. I massaged the upper neck from the occipital bone along to the ear with small circular strokes. I repeated this approximately 6 times.  I completed the massage of the chest, shoulders and neck with slow, gentle, relaxing effleurage strokes.  I lowered the couch and helped my client up to a seated position. I advised her to drink plenty of water. My client was very happy with the massage. She said that for her, the pressure of the massage strokes was just right and she felt really good and relaxed.  I removed the couch roll and cleaned the couch and the bolster cushions. I disposed of the used couch roll and the wooden spatula. I also cleaned the workstation. | | | Create more opportunities to perform massage of the upper back, shoulders, neck and upper arm and forearm.  Read up on postural assessment and read up on anatomy in preparation for the open clinic in our timetabled sessions which begin next week. |
| Returning to reflections at a later date |
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