STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 04.02.19 – 1500 - 1530 | Sports Therapy Open Clinic – Room W233 | 1 hour | 20-year old female open water swimmer – massage of middle and lower back. |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| My second client during today’s open clinic was a female student in her early 20s. I introduced myself and welcomed her to the clinic. I lead her to the massage couch and together we went through the consultation form.  We talked about the reason for her visit. She is an open water swimmer occasionally runs. When she swims in open water she has to look up regularly to sight the direction in which she is swimming. This has caused tightness in her middle and lower back (above her hips) after a swim in the last 24 hours. She would like massage to ease the tightness in her back muscles (specifically Latissimus Dorsi). Over the past 24-hours her back has been a bit stiff and she has practised yoga to stretch out the tight muscles. The stretching has helped and the tightness has improved. The condition isn’t acute and she only gets an achey back when she runs or swims.  We went through the THREADS contraindications. She mentioned that there was Rheumatoid Arthritis in the family but she didn’t suffer from it herself. There was also diabetes on the maternal side of the family however she wasn’t diabetic. This information was also included in the Social and family history section of the form.  There were no serious contraindications and past medical history was not an issue. My client was not taking any medication and wasn’t allergic to any of the massage mediums.  I observed my client’s posture - anterior, posterior and lateral views. No differences were observed in the line of the hips. The hips appeared to be equal. The shoulders were also equal. There was no lordosis or kyphosis of the spine from the lateral view. Posture appeared normal. Satisfied that there were no postural issues, we discussed the plan for treatment. I explained that I would perform effleurage, petrissage, tapotement and a Neuromuscular Technique (NMT) – Trigger points. It is very difficult to perform other techniques in this area and I asked my lecturer for advice. She suggested that I try a soft tissue release technique on my client when in Child’s Pose (a yoga pose). My client signed the informed consent section of the consultation form and I signed and dated the rest of the form.  I placed a screen by the massage couch for my client to change into a vest top and shorts. My lecturer suggested that I practise using a towel screen so that my client could change as on occasions a clinical screen might not be available. My client was very happy for me to practise using a towel for a screen because it would help me learn, which I thought was really lovely.  Once my client was ready, I asked her to lie on the couch in prone position. I placed a bolster under her feet and covered her with a towel. When she was comfortable I washed my hands.  I warmed up the massage cream in my hands before applying it to my client’s lower left back. I carried out effleurage gradually warming up the latissimus dorsi muscle (lower and middle back) until erythema was present. I progressed onto petrissage – kneading, wringing, hacking, beating, connecting each technique with 5-6 effleurage strokes. I checked the pressure of the massage strokes with my client to ensure that the pressure was good. I palpated the lower and middle back for trigger points. There were two trigger points on the left side. I worked each one out by applying pressure and communicating with my client regarding the level of discomfort ranging from 1-10. I held the pressure until the level of discomfort eased as indicated by the client verbally. I repeated the technique on each trigger point until each one was smoothed out. In between applying pressure I gently efflueraged the area. I finished working on the left side of the lower and upper back with gentle relaxing effleurage strokes.  I performed effleurage and petrissage on the right-hand side of the middle and lower back. I also used hacking and beating before palpating the left side of the back for trigger points. I did find a couple small trigger points which I worked on but I also noticed a lot of tension in the muscle fibres towards the medial area of the middle of the back, so I worked on lessening the tension with deep and slow massage strokes using the flat section of my fist (between the metacarpophalangeal joints and the interphalangeal joints), to stretch and lengthen the muscle fibres. I finished with slow, relaxing effleurage strokes.  I wiped the cream from my client’s back.  I lowered the bed to its lowest point and asked my client to position herself on all fours so that I could perform a slow tissue release technique on her back. I started on the right side first. I put a lock towards the upper section of the middle back in the region of T7 to L5 and asked my client to push her body back into the child’s pose position. I instructed my client to return to the all fours position and I repeated the process but positioned the lock further down the muscle. I repeated the process again and applied a lock just above the iliac crest and my client pushed her body back into child’s pose. We repeated the technique on the left-hand side.  After treatment I helped my client get changed into her regular clothes whilst I held up a towel screen.  At the end of the treatment I advised my client to drink plenty of water and if she intended to exercise the following day, to exercise at a low/easy intensity. I demonstrated three examples of stretches that she could perform to ease tightness in her lower and middle back, before bed and in the morning, after a warm shower.  My client said that she enjoyed the massage and felt the pressure was exactly right. She also said that she liked the fact that I explained the treatment and the reason why I was using the specific techniques that I used.  I cleaned the couch and the bolster cushions. I also cleaned the workstation and disposed of the used couch roll.  I felt very positive after the first open clinic – it was a good opportunity to treat individuals that I did not know. It also helped to highlight areas where there is a lack of knowledge that I need to work on. | | | Continue to update my anatomy knowledge  Read up on postural assessment. |
| Returning to reflections at a later date |
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