Formative Assessment Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 10.01.19 | Sports Therapy Clinic – Room W233 | 1 hour | Open Clinic – Cryotherapy and Thermotherapy practical |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| During this practical session we learned the theory regarding the four phases of tissue healing and the application of cryotherapy and thermotherapy. We were made aware of the contraindications, health and safety issues and benefits of applying both treatments. Contrast therapy is also sometimes used as a treatment. This is alternating the application of heat and cold e.g. contrast baths alternating between hot and cold baths. We practised the application of thermotherapy first on each other. We used a heat lamp. Other methods of heat application such as are infrared heat lamps, paraffin wax, whirlpool baths, hot packs, sauna, steam baths, Jacuzzi, infrared tunnels and various forms of showers. Applying heat increases the temperature of the skin, blood flow by vasodilation, metabolic rate and flexibility of the tissue. It also increases oxygen uptake and accelerates the healing of tissue. Heat treatment should not be used in the inflammatory phase of an injury (first 2 days) because it increases swelling and blood flow to the injured area. Heat can be applied during the proliferation phase to aid the healing process because new tissue and scar tissue are formed during this phase (2 days to 6 weeks). Heat treatment can also be used in the fourth phase of tissue healing – the remodelling phase, where the tissue returns to its pre-injury structure (4 weeks to 12 months). Heat lamp treatment can also be used prior to a sporting competition or game to warm up tissues and afterwards to aid recovery. The heat lamp application was simple and easy to use and cost effective. We checked that the subject’s skin was clean and did not have any oil or ointment on it and whether there were any contraindications e.g. bruising, skin disorder, THREADS, heavy cold or fever and migraine. The subject sat in a chair and the heat lamp was placed behind him to heat his upper back just below the shoulder. The height of the lamp was adjusted and the face of the lamp was placed at a safe distance away from the subject (approximately 15 inches). We ensured that the lamp was and working properly before we switched it on. We were careful not to have the heat lamp at too high a temperature and asked the subject to communicate with us if the temperature was too hot or not hot enough. We also stressed the importance to the client of not moving nearer to the lamp. Heat was applied for 15 minutes. We wanted to avoid prolonged exposure and damage to the subject’s skin e.g. the skin colour changes to very red or brown indicating skin damage. We communicated regularly with the subject to establish if he was comfortable and not too hot. Headaches and feeling faint are indications of over-heating.We practised the application of cryotherapy with a cold wrap. .Other methods include a frozen bag of peas, a cool pack, ice spray and an ice bath. Cryotherapy can be used during the bleeding and inflammatory phases of injury (6-8 hours to 72 hours) to slow bleeding improving lymphatic drainage, reduce inflammation and pain. We made sure the subject was sitting comfortably. We checked contraindications to treatment e.g. THREADS, haemorrhagic conditions, chronic wound, DVT, cold hypersensitivity, Raynaud’s, impaired circulation, TB, Hives. We made sure the skin was clean and dry before fitting the cold wrap under the supervision and guidance of the lecturer. The pack was fitted onto the subjects arm, over the left bicep. The pack was switched on. The treatment was applied for no more than 10 minutes. We checked with the subject whether the temperature was too cold. The subject didn’t experience burning, stinging, aching or numbness. His core temperature wasn’t affected. If his core temperature reduced he would have started shivering. The wrap was removed after 10 minutes, when skin began to change colour and go pink which indicated that vasodilation had occurred. The subject’s arm was allowed to return to room temperature. I really enjoyed this practical open clinic session and took away a lot from it. As a long distance runner, I have applied cold treatment to an injured area to reduce inflammation but did not think about the application of heat as an aid to recovery and repair. | Continue to improve my anatomy knowledgeRead suggested literature regarding cryotherapy and thermotherapy to consolidate learning. |
| Returning to reflections at a later date |
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