STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 11/03/19 - 1500 | Open Clinic – Room W233 | 1 hour  | Massage of tense quads of a 69-year old male cyclist  |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| My client regularly volunteers for a massage so that I can practise my massage skills. We went through the process of completing the objective and subjective assessment and completing the consultation form. He had completed a bike ride and a weights session in the last two days. He said that his quads were tight and they required a massage. There were no other issues. I asked him to lay supine on the couch and palpated his quads on both legs. He had tightness in the Rectus Femoris, Vastus Lateralis and ITB on both legs. We also believed that the TFL was tight as well. We agreed on effleurage, petrissage, tapotement, NMT and MET (Post Isometric Relaxation) on the quads. I warmed up the quad muscles on the left leg with effleurage, petrissage and tapotement and progressed onto NMT. My client’s quads were very sensitive especially the Rectus Femoris. He tensed up every time I found a trigger point as the quads were very sensitive and tender. My lecturer, Sarah Martin, suggested that my client move to the edge of the couch in a sitting position, hug the right knee to his chest and roll back onto the couch (similar to the position of the Thomas test). This put the quads of the left thigh on stretch. I placed a bolster underneath his head to ensure that he was comfortable and to encourage him to relax. His right leg was bent with his foot resting on my side and the towel was re-draped to protect my client’s dignity. I was able to massage the quadriceps muscles more deeply whilst my client was relaxed without the discomfort and pain that he experienced when I applied the NMT technique. Sarah also suggested that I get my client to lie on his side towards the edge of the bed – with me behind to support him. The top leg was positioned behind the bottom leg so that I could easily massage the TFL and ITB band but with my client feeling much more relaxed. I completed the massage with slow relaxing effleurage strokes.I repeated the same techniques on the right leg and repeated the positioning of my client as demonstrated by my lecturer. I had intended to apply and MET (PIR) technique to both quads, however I ran out of time. I advised my client to drink plenty of water and if he decided to train the following day, to have an easy session. | Continue to improve my anatomy knowledgeContinue to practise all of the soft tissue techniques. |
| Returning to reflections at a later date |
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