STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 12.02.19 – 1415 - 1445 | Sports Therapy Open Clinic – Room W233 | 1 hour | 69-year old female – massage of middle and lower back. |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| My client is the mother of a friend of mine and wanted to attend the open clinic a) to help me learn and b) for a massage of the lower back.We went through the consultation form. My client does suffer from lower back pain but at present her back is in good shape. She started having lower back pain after her first pregnancy. This may have been due to the oestrogen and relaxin hormones which cause the pelvic ring to expand ready for birth. In some women, after parturition, the sacroiliac joints don’t always revert back to the pre-birth tightened, locked position. Also the baby’s head was resting on her spine. She has been treated by an osteopath in the past.Her back aches when standing for long periods of time or when sitting for long periods of time. She eases the symptoms by stretching and doing yoga.My client has also had breast cancer diagnosed in 2001 but she was treated and has been through remission and is fit and well. There were no serious contraindications and she did not have any known allergies. There are no hereditary diseases in her family. Two siblings do have asthma and three siblings have COPD but this is as a result of smoking.I observed my client’s posture laterally to check if there was any lordosis or kyphosis. Her posture looked fine. I did not check extension or flexion of the hip (tilting pelvis), which I did not think about, so something to remember the next time. I asked my client to touch her toes, which she was able to do with a slight bend in the knees. There was no curvature in the spine, the back was flat and my client did it effortlessly. I also asked my client to medially rotate the spine, whilst standing and ROM was great on both the right and left side. I checked the alignment of her hips both anteriorly and posteriorly. I also checked ROM of hips both on the left and right side by asking her to laterally raise her leg, and extend the leg forward and backwards (flexion and extension). She also laterally and medially rotated both legs.We discussed her treatment and she signed the consent form. Whilst my client was changing behind the screen I washed my hands ready for the massage.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 on her upper back and fixed another towel around the waistband of her trousers leaving the lower back exposed to the sacral area, just below the iliac crest. I used beeswax to massage my client, warming it up in my hands before applying it to my client’s lower back. I carried out effleurage gradually warming up the Latissimus Dorsi, Erector Spinae and Quadratus Lumborum muscles until erythema was present. I progressed onto petrissage – by using circular kneading Quadratus Lumborum used kneading, lifting and wringing strokes interspersed with effleurage and both the left and right side of the body. I progressed effleuraging the top of the glutes – specifically the Gluteus Medius and Gluteus Maximus and then used the heel of my hand and also my thumb to get a bit deeper into the muscles. I returned to the middle of the lower back and efflueraged up the back following the natural contours with the heel of my hands. I continually checked with my client regarding pressure throughout the massage. I noticed an area of tension in the middle of the back, medial to the spine, specifically the Quadratus Lumborum. I found a trigger point and explained to my client that I was going to apply the NMT technique. I explained the technique to her and why I was using it. She communicated to me the level of discomfort (ranging from 1-10). She indicated verbally when the level of discomfort eased. I repeated the NMT three times and the tension in the muscle had eased. I performed deeper effleurage strokes but lightened up when my client indicated that the pressure was a bit too deep. I also performed some compressions in the sacral area before finishing with light, relaxing effleurage strokes.I wiped the excess oil from my client’s lower back with the tower that covered her hips. I helped her off the couch, ensuring that the towel that had covered her upper back was safely wrapped around her upper body as she has removed her bra before the massage. I walked with her to the screen area so that she had privacy to change back into her clothes. 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 suggested a couple of stretches for the lower back, which my client knew well as she attends yoga classes regularly. My client said that she enjoyed the massage. She felt very relaxed and her back felt very loose. I cleaned the couch and the bolster cushions. I also cleaned the workstation and disposed of the used couch roll.I haven’t performed many massages focusing on the lower back and feel it is an area that I need more practice.  | Continue to update my anatomy knowledgeRead the research regarding sacral misalignment in women during and after pregnancy, for my own interest.Find more opportunities to do more massage and treatment of the lower back.Explore YouTube for videos demonstrating massage of the lower back. |
| Returning to reflections at a later date |
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