STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 21.03.19 – 1300 - 1400 | Sports Therapy Open Clinic – Room W233 | 1 hour | Housemaid’s knee – prepatellar bursa |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| My client was originally attending this appointment to follow-up on his progress with the rehab of plantar fascitis as my case study. He has been to an Aikido training session on Sunday 17.03.19 and during an activity called knee walking, he twisted his right knee into the ground, putting his full weight on it. The result was an extremely swollen knee which is commonly referred to as Housemaid's knee or a burst prepatellar bursa.  During the objective assessment my client reported that the knee is stiff in the mornings and the pain level was VAS 3/10. Pain and inflammation increases throughout the day and the injury is aggravated by moving around. The knee was hot to the touch and my client said that it was also itchy. Easing factors were rest, an ice compress and ibuprofen spray. I also noticed swelling in the ankle I believed was caused by gravitation and not an injury to the ankle.  I brought the injury to the attention of my lecturer as I did not want to do anything that would aggravate the injury. During an open clinic case the previous week, we had established that massaging an inflammed muscle was not a contraindication. Massage increases the lymphatic drainage and helps to alleviate inflammation and pressure. Mild effleurage of the leg and an odema taping with rock tape was the suggested treatment to help reduce the swelling.  We measured circumference of the swollen knee which was 46.5 cm. My lecturer looked at the inflammation in the ankle and she agreed that it was due to gravitation and not an injury.  My client was lying in a supine position on the couch. I placed a bolster under his head. I raised the level of the couch at the end where his feet were. I placed a bolster underneath his knees. Once my client was comfortable I gently efflueraged the leg from the ankle over the knee up to the inguinal lymph node. During effleurage the knee looked very red and it was sweating. The knee was hot to touch. After effleuraging the leg, I wiped off all of the excess cream. I measured the circumference of the knee again and the massage had reduced the swelling by 0.5 of a cm. Under the guidance of my lecturer, I cut a long strip of rock tape. Just over half-way along the strip, I cut the tape into five strands. The anchor of the tape was placed at the inguinal lymph node at the top of the thigh and with about 25% stretch, placed to the top of the knee above where the 5 strands had been cut. The tape was secured, then the first strip was placed around the medial side of the knee to the lateral side. Then the other strips were placed evenly over the knee. A second, shorter strip was also cut with 5 strands from about a quarter of the way down its length. The anchor of the tape was placed at the lateral side of the knee and placed across the knee, over the strands of the first strip of tape, in a latticed pattern. We had to use spray glue to ensure that the tape adhered to the leg.  I advised my client to leave the tape on for 2-3 days. He could wear the tape in the shower. When removing the tape my client was advised wet the tape before removing it and to apply moisturising cream to the area afterwards. He was also advised to rest and elevate the knee throughout the day.  Once the swelling had gone down he could continue with the programme of rehab exercises that I gave him to strength his right foot and ease the plantar fascitis.  <https://youtu.be/nIm3n-vVXtw> | | | Continue to update my anatomy knowledge  Look at the research regarding K-taping to reduce Odema |
| Returning to reflections at a later date |
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| For office use only: | | | |