STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 29.01.19 – 14.00 a.m. | Sports Therapy Clinic | 1 hour | Massage to ease tension in quads of a 56-year old female long distance runner. |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| My client is an endurance runner and I have given her a sports massage on two previous occasions. She is currently training for Duchy 20-mile event due to take place during early March.  2-days ago she had completed an 18 mile training run and complained of some post-run stress/tension in her quadriceps muscles on her right leg.  I checked whether she was taking any medication, whether she was fit and well and whether she was being treated by anyone else. We established that all was well and that there were no contraindications. I also checked whether my client was allergic to any of the massage mediums. She confirmed that she was fine with any of the mediums that I chose to use. I explained that I would massage the quads in both legs and apply a Neuromuscular technique (NMT) and a Muscle Energy technique (MET) – post isometric relaxation - to relax, stretch and strengthen the muscles as well as improve flexibility and joint mobility.  I checked that the cream, wet wipes, towels and couch roll were on my trolley. I prepared the couch. I went to wash my hands and locate a wooden spatula for application of the massage cream. My client prepared herself for the massage.  When I returned I placed my client in the supine position on the couch. I put a small cushion under her head and a bolster under her knees. When my client was comfortable I draped the towel over her but leaving her right leg up to lower hip exposed. I fixed the towel so that it would not move. I warmed up the massage cream in my hands before applying it to my client’s right thigh. I carried out effleurage gradually warming up the muscle until erythema was present. I progressed onto petrissage – kneading, wringing, hacking, beating, connecting each technique with 5-6 effleurage strokes. During the deeper effleurage strokes I already detected small lumps along the outer quadriceps muscle – the Vastus Lateralis. I applied the NMT to the trigger points. I communicated with my client regarding the level of pressure from 1-10 and modified the pressure as the trigger points were supersensitive- my client flinched each time I located a trigger point. I applied pressure and once the discomfort had subsided, I smoothed the muscle with small effleurage strokes and applied pressure again. I worked on all of the trigger points in this way. There were approximately 5-6 trigger points all supersensitive. I also applied slow, deep massage strokes to the thigh to lengthen the muscle and finished the massage with slow, relaxing effleurage strokes.  I massaged the left thigh and located three trigger points in the Vastus Lateralis muscle but they weren’t as painful/sensitive as those located on the right leg. I massaged the leg with effleurage, petrissage – kneading, wringing, lifting, hacking and beating. I applied NMT to the trigger points, which were located by palpation. I completed the massage with slow, relaxing effleurage strokes. I wiped the massage cream from my client’s thighs.  I turned my client onto her front (prone) and lowered the height of the bed so that I could apply the MET technique. I applied the technique to her left leg. I placed my knee under my client’s thigh, with her leg bent at the knee. I rested my left hand on the side of the couch and placed my client’s foot on my right shoulder. I moved her lower leg back towards her glutes until the point of bind. I instructed my client to breathe in and resist me with 30 to 40% effort. The contraction was held for 10-15 seconds. After 15 seconds I instructed my client to exhale and relax. I moved the lower leg to the new point of bind, instructed my client to inhale and resist my shoulder with her lower leg with 30-40% effort. We held the contraction for 10-15 seconds. As my client exhaled she relaxed. The process was repeated again with the leg being taken to the new point of bind. At the end of the 15 seconds my client exhaled and relaxed. I took the leg to the new point of bind and held for 15-20 seconds with no resistance from my client. There was an improvement in the ROM. I repeated the MET on the right leg, again seeing an improvement in the ROM.  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 removed the couch roll from the massage couch. I cleaned the couch and the bolster cushions. I ensured that all used couch roll and the wooden spatula were disposed of. The work station was clean and the used towel was placed in the laundry basket. | | | Continue to update my anatomy knowledge  Create more opportunities to perform massage of the upper back, shoulders, neck and upper arm and forearm. |
| Returning to reflections at a later date |
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