STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 15/11/18 | Sports Clinic | 1 hour  | Follow-up massage of 56-year old female long distance runner – practising NMT, STR and MET techniques |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| I had previously practised basic massage techniques such as effleurage, petrissage, tapotement, vibration and cross-friction on my client on 23.10.18. She is a 56-year old female long distance runner. On that occasion I had noticed that the Biceps femoris hamstring muscle was quite hard at the top, near the origin (Ischial Tuberosity). I had massaged this area quite deeply. I wanted to practise techniques that I have learned since that appointment, so that I could help my client further.I prepared the couch, ensured that I had everything that I needed for the massage, washed my hands and discussed any contraindications with my client. I explained that I would be practising new NMT, STR and MET techniques on this occasion as I felt that would be even more helpful to my client. My client was lying in the prone position and I began warming up her lower posterior right leg with effleurage and petrissage until erythema was present. Upon palpation I couldn’t find any knots or tension in the gastrocnemius or soleus muscles and carried out a pattern of effleurage, petrissage, hacking, beating, cupping and shaking with gentle effleurage to complete the massage of the lower leg. I progressed onto the upper leg. I began with effleurage until erythema was present and continued to warm the hamstrings with effleurage, petrissage, hacking and beating. Once I felt that the hamstring muscles were warm I began palpation. I noticed three trigger points in the long head of the Biceps femoris. I explained to my client that I was going to apply pressure to the trigger point for 10-20 seconds and asked her to confirm the level of discomfort from 1 to 10. She confirmed that it was at 4-5, so I applied a little more pressure. I asked her to tell me when the discomfort started to subside and then I gently massaged that area and repeated the technique twice more. I repeated the process on the other trigger points. The trigger points usually feel bubbly and once pressure has been applied I can feel them ease and eventually disappear.I checked for any tension at the top of the Biceps femoris and I was pleased to note that the hard lump that I felt there on my client’s previous visit had disappeared. I believe that the massage techniques that I used had helped to clear it. I wanted to try soft tissue release and checked the range of motion in the right hip by shortening the hamstring muscle by bending the lower leg backwards at 90 degree angle and laterally rotating the leg over to the right-hand side of the body. There was some restriction there. I returned the leg back to the 90 degree angle and applied pressure with my elbow in the upper gluteus maximus towards the edge of the sacrum, and laterally rotated the lower leg towards me. I returned the leg back to its 90 degree angle position. I repeated this process twice more but applied pressure with my elbow in a different part of the gluteus maximus. Upon completion of the technique I tested the ROM. The ROM had definitely improved. I was quite happy with how I performed the technique and communicated with my client each part of the process so that she understood what I was trying to achieve.I massaged the posterior lower and upper left leg. I found not issues in the calf and only a few trigger points in the hamstring. Again I applied the appropriate NMTI turned my client over into the supine position and was able to massage the quadriceps in both legs. The left leg was in good shape and I performed a general massage. I progressed onto the left leg and as I suspected there was some tension on the lateral lower to middle part of the thigh. I believed the tension to be in the Vastus lateralis quadriceps muscle and not the ITB. I applied effleurage and petrissage to warm the muscle and applied deeper effleurage strokes to stretch and lengthen the muscle. I talked to my client to relax her as she was experiencing discomfort. I was careful not to massage the muscle too hard but enough to work deep into the muscle. I shook the quadriceps muscles to relax my client, who breathed a sigh of relief. I finished with relaxing and gentle effleurage strokes.I didn’t apply the MET techniques as I didn’t think it was required on this occasion. | After each practise massage I am beginning to understand just how important anatomy knowledge is. I will make a concerted effort to continue revise and memorise my anatomy knowledgeContinue to practise effleurage, petrissage and the additional tapotement, vibration, friction, NMT, STR and MET techniques as often as possible. I am trying to schedule more appointments with men and practise more on the upper body as most of my clients have been runners who wanted me to focus on their legs. |
| Returning to reflections at a later date |
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