STYC01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 23/10/18 | Sports Clinic | 1 hour | Practising massage techniques on a 56-year old female long distance runner |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| The aim of this massage session was to practise all of the massage techniques that I have currently been taught. On this occasion I massaged a 56-year old female long distance runner.  I prepared the couch and ensured that I had everything that I needed for the massage. I washed my hands before I carried out the massage and discussed any contraindications with my client. I explained that I would be practising the new tapotement, friction and vibration techniques. She was lying in the prone position and I draped her with a towel ready to massage the posterior right leg. I made sure that a bolster was placed between the bed and the client’s feet.  I began effleurage of the lower leg with quick strokes until erythema was present. I used effleurage in between all of the other techniques. I felt comfortable using all of the techniques. I progressed onto the upper leg. Whilst carrying out the effleurage and petrissage I noticed that the Biceps Femoris was quite hard near the top of the leg. This was more than just a knot. This athlete has been having problems running for quite a while because of the issue with her hamstring. Sometimes she has to stop and walk because the leg becomes painful and then return to running when it eases.  When I applied deeper strokes she tensed up and flinched. I encouraged her to relax and continued with deep, slow strokes and some compression. I felt her relax and talked to her the whole time whilst continuing the deeper massage strokes. I also tried a transverse friction technique on the harder part of the muscle. I did warn my client that it might feel uncomfortable. The hard section of the muscle did ease, but I couldn’t clear it all with one massage. I believe this is damage to the muscle has built up over a number of years. My client has not had massage from a long time. I shook the muscle to relax it before finishing the massage with gentle effleurage.  My client also has mild plantar fasciitis in the right foot. I massaged the foot for her but it didn’t feel like an acute injury. There was no tension and she did not tense or flinch when I increased the depth of the strokes whilst massaging her foot.  I also massaged the other leg and found no knots or issues. I wasn’t able to massage other areas of the body because of the focus on the hamstring in the right leg. | | | Continue to improve my anatomy knowledge  Continue to practise effleurage, petrissage and the additional tapotement, vibration and friction techniques as often as possible.  Explore the literature to understand why the upper Biceps Femoris was so hard and understand what techniques that I can use to ease the tightness. Also discuss with a lecturer. |
| Returning to reflections at a later date |
| 2/11/18 – I attended a practical session on Neuromuscular techniques such as Triggers Points and Soft Tissue Release. I realised that I can apply these techniques to help ease the tightness in this female endurance runner’s tight hamstring. I am hoping to schedule another hour of massage with her in the near future. |
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