STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 09.10.19 | Marjon Sports Therapy Clinic and Sports Hall | 2.5 hours | 30 minutes observation of taping before a Netball game2 hours working pitchside shadowing a third year student supporting Marjons and Exeter University Netball teams |

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| Reflective Summary |  Areas for further Improvement plus action plan  |
| It is usual practice before netball matches, to perform taping using either rigid tape or K-tape for players who want it.I observed a third-year Sports Therapist student tape perform a figure of eight strapping on a netball player’s ankles The function of the strapping was to provide more support for the player by restricting ROM to prevent further injuries during the game. The second taping was performed on a player who had had a previous meniscus injury on her right knee, using K-tape (Kim, 2016). Three strips of K-tape were used (two long and one short – the anchor). The ends of the tape were rounded (by cutting off the corners) to stop the tape from lifting. The knee was flexed at about 45 degrees. The first strip was placed on the tibial tuberosity and moulded around the medial side of the knee and fixed above the knee. The second strip was placed over the top of the first strip on the tibial tuberosity and moulded around the lateral side of the knee and fixed above on the quadriceps. The third strip was placed on the lateral side of the knee and with a slight stretch, moulded under the knee joint and fixed on the medial side of the knee in ‘U’ shape.Before the match I collected the kit bag and had a look inside to check the contents. The bag contained deep heat, adhesive spray for k-taping, k-tape, rigid tape, bandages, pads, scissors, latex gloves, adhesive –elastic bandage and eye wash. There were no ice-packs but it wasn’t a problem as we were close to the sports clinic and could obtain ice from the ice machine if required.I took a copy of the Sport Concussion Assessment Tool 5th Edition (Echemendia et al., 2017), with me which detailed the assessments to perform on field should a player have a suspected concussion e.g. checking for observable signs, the Glasgow Coma Scale examination, memory assessment (Maddocks Questions) and Cervical Spine assessment. This document was my comfort blanket as I wasn’t feeling very confident (having never assisted pitchside before) and I didn’t know what to expect. When I played netball as a young girl, many years ago, Netball was a much slower game. Today the way it is played and changed almost beyond recognition. It is fast and very physical there is a greater risk of injury. I very much followed the third year sports therapy student’s lead. She was very confident, which was very reassuring. I knew I was in good hands.I spoke the captain of the Exeter University Netball team, before the match, to check whether they had an attending sports physio/therapist assisting them. There was no sports physio/therapist in attendance and the team captain confirmed that they would be happy for us to assist their players should they require first aid.There were no injuries during the game. We dealt with tightness in the quad muscles of two players by applying soft tissue massage and MET (specifically PIR) to improve ROM and release muscle tension after the second and third quarters. At the end of the match we assisted a player who had pain in her ribs due to a collision with another player, by encouraging her to sit down and regulate her breathing – deep inhale and exerted exhale. She was fine and there was no indication of serious damage to her ribs. I also applied soft tissue massage to a player who had tight quads and muscle spasm on the right thigh. During the massage I worked out a couple of trigger points with NMT. The player recovered well.**References**Echemendia, R. J., Meeuwisse, W., McCrory, P., Davis, G. A., Putukian, M., Leddy, J., … Herring, S. (2017). The Sport Concussion Assessment Tool 5th Edition (SCAT5): Background and rationale. *British Journal of Sports Medicine*, *51*(11), 848–850. https://doi.org/10.1136/bjsports-2017-097506Kim, A. (2016). Basic Kinesiology Techniques. In C. Vogel, C. Chun, & L. Chou (Eds.), *Kinesiology taping for rehab and injury prevention : an easy, at-home guide for overcoming 50 common strains, pains and conditions*). Berkeley, CA: Ulysses Press.  | Continued assistance Pitchside to gain confidence in managing injuries.Regularly revise and update first aid and emergency trauma knowledge.Regularly revise anatomy. |
| Returning to reflections at a later date |
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