STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 02.12.19 – 1800 -1900 & 2000-2200 | Marjon Sports Therapy & Rehab clinic & swimming pool | 3 hours | Sports massage of a swimmer and a water polo player and first aid support for swimming and water polo training sessions. |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| ***Sport massage of trigger points in the upper back of a male swimmer***:As part of the support that I offer for the University swimming and water polo teams, this swimmer came to me for a sports massage of his upper back. He said that he had trigger points in his upper back that needed looking at.I looked at his overall posture front and back. There didn’t appear to be any asymmetry and nothing out of the ordinary. He said that he didn’t have any injury but just needed a massage. There were no contraindications to massage. He does have asthma but only uses a puffer of Ventolin when he really needs it.I applied effleurage, petrissage to the left upper back to warm up the tissues. I placed his arm in the middle of his back so that I could gain easier access to the Rhomboid muscles. I palpated the muscle tissue and could feel three hard lumps along the medial border of the scapula. I wasn’t going to be able to apply NMT with my thumbs as the trigger points were very hard. I applied deeper pressure with my elbow to each trigger point. I wasn’t able to dissipate them completely but I did loosen up the tissue. I also massaged across the muscle fibres to stretch the tissue more. I didn’t want to spend too much time applying NMT because the treatment was really uncomfortable for the client. I removed his arm from behind his back and stretched it and shook it to relax the client. I finished the left side of the upper back with light effleurage strokes.I applied the same techniques on the right side of the upper back. After effleurage and petrissage I placed the right arm behind the client’s lower back and palpated the muscle tissue. Again there were trigger points – but only two on this side. I applied NMT again and felt that these trigger points were less stubborn and easier to loosen up. I massaged across the muscle fibres of the Rhomboids as well as along the fibres. I lengthened the arm and shook it to relax it before finishing with light effleurage strokes.I suggested to the client that he needs regular massage to work out the trigger points as they have been there a while. I also advised him to drink plenty of water.***Sports massage of the hamstrings and calves of a female water polo player***:I checked that the client had no injuries or restricted range of movement. I also checked if there were any contraindications to message such as THREADS, Cauda Equina Sx and VBI Sx. The client was in good health. She was taking prescribed antidepressants – 225mg of Ventafaxine. She was also regularly seeing an Osteopath for treatment on her lower back after a previous horse riding injury. This however was not a contraindication to her having a sports massage of her hamstring muscles and calves.I applied effleurage, petrissage and tapotement to her right hamstring. I palpated for trigger points and found tense muscle tissue there the origin of the biceps femoris. I applied NMT and STR to ease the tension in the tendon and muscle tissue. I finished with light effleurage strokes. I applied the same techniques on the left leg and noted that there was also tension in the tissue near the origin of the biceps femoris. I applied NMT and STR on the left biceps femoris.I massaged both the left and right calf muscles. The client said that the calf muscles were tight, however during effleurage and palpation I noted that there was tension in the peroneal muscles on both the left and right legs. I applied deeper effleurage strokes, NMT and STR to both legs. I suggested to the client that she may need to stretch the hamstring muscles more regularly and use a foam roller for the upper and lower legs.***Swimming training session****:*5 swimmers came to me about various issues that they were currently having:One male swimmer had pulled the muscles in his right quads (possible vastus lateralis and vastus medialis). I advised him to apply ice for 15 minutes when he gets home to ease the pain and reduce inflammation.Female water polo player who has issues with her ankles after spraining one in September and the other approximately 6 months before that. Both ankles were inversion sprains. I think she needs a programme of strengthening exercises to strengthen the ankle and the lateral ligaments, after assessment.A female swimmer has issues with her upper back – mainly her right shoulder – she gets discomfort in the later part of the throwing phase after coming out of extension. A female water polo player with tight calves. She has previously pulled both calves, so may need a massage and strengthening exercises.A male swimmer who has issues in the thoracic vertebrae and muscles in the lumbar region.I am arranging bed bookings in the sports and rehab clinic for all of the above during this week.Another female water polo player has been treated by a physio of issues with L5 and L6 and says that she gets tight muscles in the lumbar region and tight hamstrings. She is unable to see me before the Christmas break and will arrange an appointment with me when she returns after the New Year.Toward the end of the ladies water polo training session, one of the team members had hurt her 4th finger, after it was hit by the water polo ball.  We got ice in a bag for her and got her out of the pool.  The ice was applied to the finger for 15 minutes approximately.  She said that she was always catching her finger. She felt a bit sick at the time of the injury but felt much better by the end of the training session.  I didn't want to strap up the finger with tape because of inflammation. In the end the player went to the A&E department at Derriford Hospital and they confirmed that she had broken her finger.  They put it in a plastic cast for her. | To look at videos of other masseurs working on trigger points in the upper backs of swimmers. |
| Returning to reflections at a later date |
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