STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 18.11.19 | Marjon Swimming pool | 2 hours | Providing poolside support for swimming and water polo team members. Involves first aid, taping and massage as required |

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| Reflective Summary |  Areas for further Improvement plus action plan  |
| During the training session I had three water polo players come and talk to me about their injuries. The first was a male water polo player who wanted me to massage trigger points in the upper fibres of his trapezius. I booked an appointment in the clinic for him on Thursday 16.01.2020 at 10 a.m.The second water polo player to talk to me was a female who had fallen on her knee before Christmas. She rested the knee but had started playing basketball. The pain has never really gone away and the basketball training sessions had aggravated the injury more. From the description of the injury my clinical impression was that it was a meniscus tear. I also asked her to perform the Thessaly’s special test and the result was positive. I made an appointment for her to receive treatment in the sports therapy clinic for 9 a.m. on Thursday 16.01.2020.Another younger female talked to me about pain in right side which seemed to be an external oblique muscle. I said that I would look at it in clinic and she was going to check her availability and get back to me by private message.The fourth person to talk to me about a niggle that he was having in his foot, was a male swimmer. He said that he was getting a niggling pain on the dorsal part of his foot at the talocrural joint line. He thinks it has been aggravated by wearing dorsal fins in the pool. He was going to contact me with his availability for a an appointment in the clinic.During the water polo training session a female player was hit on right side of the back of her head with the ball, thrown by another player. She brushed it off but after a minute or two she came out of the pool. I went over to talk to her and she said that she was okay. Eventually however I checked her over as I wanted to make sure that she was okay as she had revealed that she has had previous concussions. I went through the SCAT test with her. She didn’t have any dizziness or double vision. She said her head hurt a bit but seemed very alert and wasn’t disorientated. She did not have any nausea. I was going to going to go through the memory tests but she said she had dyspraxia and wouldn’t be able to remember any of the words. I went through the neurological screen tests. She had no difficulty performing any of the screen and had no double vision when looking from side to side and up and down without moving her head. I also examined her balance in single leg stand on the non-dominant and dominant legs. She was still very alert and focused. I had no concerns so was happy to let her go.   | Continual update of first aid and emergency trauma procedures.Continual update and revision of functional anatomyReview and practise rigid and k-taping techniques |
| Returning to reflections at a later date |
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