STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 28.01.2020 – 1300-1400 | Marjon Sports Therapy Clinic | 1 hour | Examination of shoulder pain after a fall during Futsal training |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| The client fell onto her right side during a Futsal training session Friday 24.01.2020. She felt pain straight away (VAS 7) in the upper fibres of the Traps. The pain eased off but it returned the following day in the afternoon. The subjective assessment revealed that rest eased the symptoms and exercise aggravated it. The client couldn’t sleep on the right side but the pain doesn’t affect her sleep or wake her up. She also felt tingling – in her hand from the wrist to her 5th finger but she has experienced this before and doesn’t seem related to this current injury. It appears to be compression of the ulnar nerve.  I didn’t really have a clear clinical impression of the injury after the subjective assessment. I began to have an idea of the injury on palpation of the right arm and shoulder. The client had pain in the short head of the biceps tendon (VAS 7) and it felt very firm. There was also pain on palpation of the upper lateral fibres of the Deltoid muscle.  AROM revealed pain in Flexion at 120 degrees (VAS 7) and at full extension (VAS 6). There was also pain in abduction at 120-130 degrees, external rotation at full range and slight discomfort in internal rotation. ROM was not restricted in any movements – client was able to achieve full range despite the pain.  PROM – full range of motion in flexion achieved but pain at 120 degrees. Full range of motion achieved in abduction but pain experienced at approximately 120 degrees. Full range of motion achieved in external rotation but pain experienced at 75 degrees. There was no pain in adduction or internal rotation.  RROM – I tested strength of pronation and supination due to the client feeling discomfort in pronation of the forearm when clearing the elbow joint. Strength was good in pronation but client reported pain at the end of range. No issues with resisted supination. This was a bit puzzling as normally I would expect to see pain in supination because of the biceps tendinopathy. The client has low, slightly uncomfortable feeling in resisted internal rotation.  Due to the pain/tenderness in the lateral side of the arm near the insertion of the supraspinatus, a painful arc in flexion and abduction in active and passive movements, pain in active and passive external rotation and the biceps tendinopathy I was sure it was a rotator cuff injury. After discussion with the clinic supervisor we agreed that it was probably the supraspinatus.  I always find the prescribing of exercise difficult and with the assistance of the clinic supervisor we devised a programme of isometric exercise to strength the supraspinatus to be repeated daily.  2 sets of 3 reps of external rotation with theraband – hold for 20 seconds  2 sets of 3 reps of external rotation with theraband – hold for 20 seconds  Bicep curl with dumbell or plate – hold at mid-range for 30 seconds | | | Refresh Shoulder pathologies  Investigate ulnar compression – causes and how to relieve symptoms |
| Returning to reflections at a later date |
| 30.01.2020 – I researched reasons for compression of the ulnar nerve and how to relieve symptoms. I directed the client to a programme of stretches and exercises to ease the symptoms. |
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