STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session**  |
| 10.02.2020 – 1600-1700 & 2000-2200 | Marjon Sports Therapy & Rehab Clinic and Swimming Pool | 3 hours | Soft tissue massage of upper back and shoulders of swimmer & poolside support at swimming and water polo training session |
| Reflective Summary |  Areas for further Improvement plus action plan  |
| **Soft Tissue Massage of Upper Fibres of Trapezius & Levator Scapulae**My client represents the University both in Lacrosse and swimming competitions. She played a Lacrosse game on the weekend and since then has had tension in the upper fibres of the right trapezius and levator scapulae muscles. She requested a soft tissue massage. She also mentioned that she has had medial tibial stress syndrome and that it had flared up again after Saturday’s game. I applied soft tissue massage to the upper fibres of the trapezius and located a trigger point. I applied NMT to relieve the tension and sensitivity of the trigger point. The tension in the muscle did ease but the trigger point hadn’t dissipated fully. I quickly massaged the upper shoulder on the left-hand side but the muscles felt good and there was no sign of tension or trigger points. I applied a post-isometric relaxation MET to the right trapezius and levator scapulae muscles when the client had turned and was comfortable in the supine position.I also massaged the soleus in the lower right leg on the medial side. There was a raised knot in the muscle tissue. I applied cross fictional massage, and massaged across the muscles fibres, as well as up and down the fibres. I had worked out the knot of tissue and the muscle felt much looser. I cleaned the massage cream off of the client’s leg and applied K-tape to support the muscle and reduce the pain in the middle of the lower leg.**Poolside Support During Swimming and Water Polo Training Session**There were no injuries during the swimmers’ training session and none of the swimmers approached to discuss MSK issues.I did perform a k-taping for a bruised tibialis anterior tendon of a swimmer who had played rugby earlier in the day. Another player had stepped on her foot and she had some discomfort but no swelling. She was also walking without guarding or a limp. She had good active range of movement without pain in either dorsiflexion, plantarflexion, eversion and inversion or in any combined movements. I decided to use k-tape to alleviate the discomfort and to provide support for the tendon and foot. |  |
| Returning to reflections at a later date |
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