STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 14.02.2020 – 1700-1900 | Marjon Sports Hall | 2 hours | Courtside support for futsal ladies’ training session |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| Earlier in the day the futsal coach contacted me to ask if I was available for the training session in the evening. I confirmed that I would be there. She asked me if I be willing to put together a circuit training session for one of the players who had recently had surgery on one of her fingers. The player was really keen to participate in the training session because she didn’t want to lose her fitness. The coach however was concerned about the risk of re-injury due to contact with another player during training and thought it would be better for her to train separately with me.  I spent an hour planning a circuit training session. When I arrived I had a quick catch up with the futsal coach before the training session. She told me that the player had been to rugby training and the gym in the day and that she didn’t want a hard session. Also she wouldn’t be able to get to the training session before 6 p.m. because she was busy doing something else. I wasn’t impressed to be honest and the time that I had put into planning the circuit training session could have been better spent on my own studies. After all this player was desperate to train. The positive side was that I could use this training session with this player the following week.  I was quite busy throughout the training session providing massage and first aid treatment for minor injuries.  I provided a soft tissue massage for the male goal keeper coach who had a very tight Biceps Femoris, especially near the tendon at the insertion. I was pleased that I was able to ease the tension and could feel the muscle relaxing during deep tissue massage and STR.  One of the players attended the session but was supporting the team. She wasn’t playing because she had a sore leg. She had in issue with her hamstring, so she thought, during a football match the previous Wednesday. The football sports therapist believed it was a hamstring injury and treated the player for that injury. As the tissue settled down during the last couple of days, the pain and discomfort was not in the hamstring but down the lateral side of the lower right leg. She asked me to look at it. I suspected the issue was with the Peroneous Longus muscle. My issue impression was confirmed because the player had pain in active eversion. Also upon palpation the muscle tissue was firm and there was an obvious bulge in the tissue. I applied soft tissue massage getting deeper as the massage progressed. I applied STR with the help of the player – who everted her foot on instruction. I successfully worked out the lump in the tissue and the muscle felt more supple and loose. I also sent the player a programme of exercises that would strengthen the muscle.  Another player pulled her vastus medius muscle during the training session. She had had previous issues with her knee and MCL in the past. I palpated the muscle and it was painful. I applied superficial massage to ease inflammation and applied k-tape to support the muscle, aid inflammation and reduce pain. I advised the player to sit out of the training session. I also provided her with a programme of mobility and strengthening exercises.  Another player had overstretched her adductors on the right leg, but she just sat out for a couple of minutes and then returned to play. She had some discomfort after a football match the previous Wednesday. She did not want any treatment and said that she was fine. I sent her a programme of exercises to strengthen her adductors and quads.  I provided first aid for player who had knocked a previous scab on her knee. I cleaned off the blood and got her to apply pressure on top of a piece of lint that I had placed on of it. I applied a plaster once the bleeding had stopped. This player had previously mentioned that she had issues with ankle instability, so I sent her a programme of exercises to improve proprioception and strengthen the ankle.  Another player had knocked the knuckle of her third finger on her right hand. She could move the finger easily but I applied disposable ice pack to her finger and told her to hold the pack on her finger until it felt number (approximately 5-10 minutes). I advised her to go to A & E should it become really painful and range of movement reduces. The player has broken fingers in the past and she said that it did not feel like it was broken. | | |  |
| Returning to reflections at a later date |
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