STYD01 Clinical Reflections

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| **Date** | **Location** | **Total Amount of Hours** | **Overview of Session** |
| 05.03.2020 – 0900-1000 | Marjon Sports & Rehab Clinic | 1 hour | Investigation of knee injury of female futsal player |
| Reflective Summary | | | Areas for further Improvement plus action plan |
| I had given this player a sports massage (28.02.20) to ease tight hamstrings and calf muscles after she has seen a physio about an injury that she incurred 12 days ago. The physio had examined this player and his clinical impression was that she had inflammation at the back of the knee which he believed was due to tight hamstring and calf muscles. This was perfectly feasible because all the hamstring and calf muscles cross the back of the knee. The player had also been given a programme of rehab exercises to strengthen the quads, hamstrings and quads.  The player contacted me again a week later for another sports massage. When she arrived in the clinic we talked about her knee and she mentioned that is wasn’t getting better. There was a slight improvement but not as much as she would have expected. I noticed that she was walking more on the toes of her left foot and avoiding bending her knee when she moved around. Rather than give her a sports massage I felt that the injury needed further investigation because it wasn’t improving as one would expect.  I carried out a thorough subjective and objective assessment. The mechanism of injury was kicking a ball during the warm up before a futsal match. The player felt a pulling sensation behind the knee and a sharp shooting pain on the medial side of the knee. Immediately I thought that the injury may involve a ligament or a meniscus. She has had a previous Grade II Medial Collateral injury in the past (2017). Squatting to lift heavy objects at work also feels uncomfortable. There was no night pain or early morning stiffness. The back of the knee feels stiff all of the time. Walking upstairs and stretching also aggravates the injury.  On palpation of the back of the knee the client felt discomfort all the way down the back of the knee and calf muscle. A small amount of swelling was also visible.  Active movements revealed a slight reduction in ROM of the left knee in Flexion (75-800) and tightness was felt in the calf on external rotation.  Passive movements with over pressure revealed pain in the left leg during extension at 7/10 pain level. There was also a pulling sensation in the left knee during external rotation. These results  Reduced strength was observed during resisted movements in knee flexion of the left knee (3/5 on the Oxford Scale) and in external rotation (4/5).  I still believed that the injury was connected to the meniscus or a ligament on the posterior aspect of the knee.  The Thessaly’s test did not cause any pain but the client said that there was tightness around the lateral side of the knee.  The anterior and posterior draw tests were negative. The Finochietto or jump sign test was resoundingly positive, confirming my initial impression that the injury was a tear in posterior meniscus.  A programme of quad strengthening exercises were put together for the client as follows:  3 sets of 8 repetitions of squats with resistance band (band affixed to a pole & resting behind the hamstring.  3 sets of 8 repetitions of seated knee flexion (with resistance band placed around the ankle)  3 sets of 8 repetitions of single-leg squats  3 sets of 8 repetitions of sit to stand exercise with resistance band (client steps on one end of the band, and hold the other end of the band with her hands with stretch)  The programme of exercises were demonstrated to the client. The client executed each exercise after demonstration. The programme was prescribed to be repeated daily. | | |  |
| Returning to reflections at a later date |
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