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|  | **DAILY RECORD OF VISIT TO THE PLACEMENT**  **REFLECTIVE PLACEMENT LEARNING  JOURNAL TEMPLATE 2019/20** |

You will need to keep a regular, detailed record of your time on placement. This process is an important part of experiential learning and will also help with the assessment task. This template is designed to help you reflect on your experiences. Reflection should take place before, during and after your placement. It is also important to return to your reflections after a period of time.

You should decide with your University Placement Tutor (UPT) how you will record your reflections. One way you may wish to do this is by setting up an Edublog. The Marjon eLearning Team have produced comprehensive guidance on how to set up and determine who sees your Edublog accessible via: <http://sites.marjon.ac.uk/elearninghelp/category/help-for-students/edublogs-help-for-students/>.

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| Date: | 05.02.2020 |
| Group or individual with whom I worked: | Mick Smirthwaite |

**BEFORE my placement …**

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| What am I aiming to achieve from my placement today? What do I need to be mindful of? What issues/questions need to be addressed to ensure I achieve my aim? Do I need to be aware of particular theories, or have particular skills? Have I thought about all of the ‘what ifs’? |
| For each client and their specific MSK injury, I am aiming to apply the theory to practice by:   * Considering the phase of tissue healing the MSK injury is in * understanding why specific treatments and modalities are used in treatment of the injury |

**DURING my placement …**

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| What did I notice happening around me today? What was I thinking and feeling? How was I involved? Did I do anything to intervene and change the situation that I found myself in e.g. how I conveyed a particular point or whether I decided not to do something I had planned to do? Did my reflections at the time change the session I had planned or my actions? |
| My role the majority of the time is observational, with the occasional invitation to palpate soft tissue and apply soft tissue massage. I also meet and greet clients and ensure that they are comfortable and relaxed. |

**AFTER my placement … (based on the Gibbs (1988) Reflective Cycle)**

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| Describe the activities you undertook whilst on placement today. Set the context, what you did and what happened. |
| I listened to each client’s report of their msk injury or areas of the body that were tight and required soft tissue massage. I also observed each treatment applied.  **Client 1** – was attending a follow-up treatment session to help with the treatment and rehabilitation of a rotator cuff injury (Teres Minor and Teres Major) in her right shoulder. She brought with her a report of the outcome of a postural analysis which was carried out by her Pilates Teacher. The results of the report were useful. The client had a kyphotic posture (rounded back). She had weak neck flexors, Pectoral Major muscles and core muscles. The neck extensors and Pectoral Major were tight. Her pelvis was tilted anteriorly of the norm meaning that her lower back was in extension. Her Pilates Teacher had prescribed a programme of strengthening exercises.  The injury is now in the Chronic phase. Mick carried out an ocular convergence test, which I have learned is used often in postural analysis. I have never seen the test performed before but I have read some information about it in connection with concussion. The patient focusses their eyes on an object and follows the object without moving their head. The test was carried out to establish the client’s proprioception when moving the right arm and shoulder. Last week during ROM exercises it was interesting to note the psychological and visual relationship with pain. The client naturally looked at her right shoulder and arm, during lateral flexion, exactly at the point that the ROM was restricted because it was painful. The client really had to concentrate hard not to look at her arm during lateral flexion.  The convergence test was applied to help rehabilitate the client with tasks to improve strength, balance and coordination and re-educating the client not to look at her shoulder when the ROM of her right shoulder joint is restricted by pain.  Mick stood in front of the client, who was standing upright, and placed his hands on her waist. He asked the client to place her hands on top of his. It was noticeable that the left shoulder was higher than the right despite the injury being in the right shoulder.  Mick drew a line on his first finger of his left hand. He asked the client to focus on the line on the finger and moved his finger closer to the client’s face and away again. The left eye was dominant than the right. Eye sight can affect an individual’s posture. He also carried out a resistance test on the right arm. He then carried out a resistance test where the client performed wrist flexion and extension whilst Mick resisted the movement. The right arm and wrist were weaker than the left arm. Mick then stood behind the client and asked her if she could see his finger behind her left shoulder in her peripheral vision. He asked her to confirm when she could no longer see his finger as he moved it around the back of her head. He moved his finger around to the right side of the body and asked the client to confirm when she could see it in her peripheral vision. Her peripheral vision was more dominant on the left side. Mick repeated the resistance test on the right wrist. The strength in the right wrist and arm had improved.  The client’s ROM in extension was limited but there was an improvement in lateral flexion and abduction.  Mick also carried out STM on the right shoulder. He applied STR to the Teres Minor and used acupuncture to each a trigger point. He also placed a Posture Pro© magnet over the rectus lateralis muscle on the outer part of the right eye. The purpose of the magnet was to reduce the tightness in this muscle to allow better convergence, improve symmetry between the right and left eye, reduce tension in the neck and improve functional movement of the client’s right shoulder. (I made a mental note to read text and literature relating to convergence tests and the use of magnets to improve proprioception and ROM.).  **Client 2** – is a doctor and elite masters swimmer. During the subjective assessment she explained that she had broken her left wrist at the end of December 2019 after a fall. It was a buckle fracture of the radius in her left wrist. The injury is in the chronic phase of healing. Due to lack of patience and frustration she had overworked the hand during the rehab of her injury and was now being supervised by her physio to avoid doing too much. She has lost some proprioception but is doing body weight exercises and whatever she can. She asked Mick help release the tightness in the shoulders and upper back. Currently the client is not working and is a bit emotional. She has tried swimming. She also asked Mick to look at her right foot.  Mick began treatment with STM of the client’s right foot. There was tension in the medial arch. He also massaged the Achilles, soleus and gastrocnemius muscles. I observed Mick apply STM to the right shoulder and upper back (Rhomboids and Trapezius). He applied acupuncture to ease tension and dissipate the trigger points in the shoulder blade and teres minor. He also mobilised the scapula and GHJ. He also applied mobilisations to the scapula and GHJ on the left side of the body.  Mobilisations to the left wrist were applied followed by STR of the Extensor Carpi Radialus muscle. Mick also applied resisted movements of the fingers and thumb to improve proprioception. STM was applied to the biceps and brachioradialus. The wrist was more mobile after treatment. Mick demonstrated exercises that the client could do to stretch the muscles in the forearm. He also suggested standing on a therapy ball, applying pressure and rolling the ball up and down to help manage the pain in the medial arch of the right foot.  **Client 3** – This client had tension in the upper back after spending hours sat at a computer. He is a lecturer at the University. He had pain and stiffness in the middle fibres of the Trapezius and needed STM to ease the tension. He also had stiff hamstring muscles. Mick palpated the spinous processes all the way up the back, the erector spinae, middle fibres of the Traps and the Rhomboids. He applied STM to the upper back to ease out the stiffness and tension in the muscles. He also massaged the hamstrings. The treatment was quite straightforward. Mick showed the client how he could get into the deeper fibres of the erector spinae with a massage ball.  **Client 4** – This was a new client who was an elite middle distance runner. He has had a few niggles, always on the right side of his body. He had an Achilles injury which he ran with for 18 months but was forced to stop running and rest. He also has problems in the lumber region, glute minimus and medius, knee, ITB and foot. The issue with the right knee is causing him some concern. He is a cleaning supervisor at a local health and leisure centre. He is hoping to get back to steeple chase running.  On examination the client had a tight right hip, specifically the glute medius and the TFL. There was also a minor misalignment of the hips. The QL and erector spinae were also tight. Mick applied STM to the QL, Erector Spinae, glute med and hamstring on the right side of the body. In supine position Mick performed a straight left raise, which highlighted tightness in the hip in hip flexion. He stretched the hip in both external rotation and external rotation. He give the client examples of stretches that he could to at home to stretch the hip, adductors and hamstrings. He also gave advice on the use of a foam roller for self-myofascial release of glutes and quads and the use of a tennis ball to massage and release trigger points in the glutes and lumbar region.  The last appointment of the day was a meeting with a young academy student who Mick was taking on for work experience. The young lady was interested in sports therapy and wanted to spend her work experience with Mick. This is another aspect of being a sports therapist that I hadn’t even considered and I quite like the idea of helping young students who wish to pursue a career in sports therapy in the future. I was able to talk to her about the type of tasks that she would be doing during her work experience. A very pleasant end to today’s placement. |
| Document how you felt through-out your placement today. Were you anxious, confident, pleased or disappointed? |
| I enjoyed today’s placement very much and was stimulated by seeing and learning something new regarding the use of the ocular convergence eye test to improve proprioception. |
| Evaluate today’s placement activity. What went well, what went badly, what would you have done differently? |
| Today’s placement was very stimulating because. I saw the application of postural assessment tools to improve proprioception and observed Mick in demonstrating exercises, the use of a foam roller, a massage ball and stretches to educate the client on how they can help themselves to ease tension, triggers points and improve flexibility. |
| Take a deeper, analytical and critical approach to today’s experiences. Can you make connections or apply academic theory or current policy to understand why today’s activities went well or went badly. |
| I will read the literature and text books regarding the use of postural assessment techniques to improve strength and proprioception. |
| Draw conclusions. What have you learnt from today’s activities and your reflections? |
| I have learned that we shouldn’t overlook postural assessment/analysis when treating patients. It seems so basic but it can sometimes resolve long-term MSK issues. Mick recently had success in resolving the MSK issues in long-term client (after a motor vehicle accident). The client always had a tight QL, erector spinae and glute medius (not firing) on the right hand side of the lower body despite Mick working extensively to resolve these issues. He performed an in-depth postural assessment and used the ocular convergence test. He gave the client eye movement exercises to do and the client also purchased Posturolog shoe insoles with magnetic responders that resonated between 70-90 Hz. These simple changes resolved all of the client’s issues and his ROM improved considerably. The 70-90 Hz of the responders is similar to the frequency required for action potentials when stimulating the muscles to move. |
| Action plan. How will you apply what you have learnt from today’s activities to the rest of your placement and your future professional and personal development? Do you need to undertake further research or reading? Are there courses that you need to undertake to fill a skills gap? |
| I plan to read the literature on postural assessment, ocular convergence testing and the connection between magnets resonating at 70-90 Hz and action potentials in the body. |
| Have any questions arisen today that I need to discuss with my Placement Supervisor or University Placement Tutor (UPT)? |
| I had no questions at the end of today’s placement. |

**RETURNING to my reflections …**

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| It is often useful to return to your reflections after a period of time. Revisit the experiences you had; think about how you felt (positive and negative feelings) and re-evaluate your experiences. Do you feel differently about the experience now time has passed have your feelings changed in light of the experience or do you now view the experience in a different light?  Am I able to complete any actions in my Personal & Professional Development Plan? Are there any actions I need to add to my Personal & Professional Development Plan? |
| I did a bit of reading about postural analysis and the use of magnets to improve ocular convergence a few weeks later.  The improvements in strength and ROM were interesting to witness in Client 1, but I wasn’t quite sure about its long-term effectiveness.  Personally I would have prescribed the client with a programme of stretching and strengthening exercises to reduce pain, reduce fear avoidance, improve ROM and strengthen the teres minor and teres major muscles.  A recent review of the literature regarding the management of rotator cuff tears (Edwards et al., 2016) suggests that subjects > 65 years may respond better to a programme of exercise rehabilitation.  There was a gradual improvement in the client’s ROM but I wasn’t convinced that it was as a result of the approach that Mick took, especially as the client did not wear the magnet for very long (her husband threw it away thinking that it wasn’t anything important).  It would seem that success of the magnet therapy depends completely on the length of time that the client wears it and is therefore questionable.  A review by Whitecross (2013) casts doubt on the efficacy of vision therapy and currently there is scant evidence in the research literature. |

**SAKE - Skills, Attributes/Attitudes, Knowledge and Experience**

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| Want to secure a graduate level job when you finish your degree?  Employers agree that placements are a great way to develop the vital skills, attributes/attitudes, knowledge and experience (SAKE) they are seeking. As a result of your experience can you include any of the following on your CV, an application form or discuss at interview?   |  |  |  |  |  | | --- | --- | --- | --- | --- | | * Imagination/creativity | | | * Adaptability/flexibility | * Willingness to learn | | * Working autonomously | | | * Working in a team | * Planning/self-management | | * Working under pressure | | | * Oral/written communication | * Numeracy | | * Attention to detail | | | * Time management | * Coordination/organisation | | * Sector/business awareness | | | * Ethical/sustainable practice | * Problem solving/initiative | | * Self-awareness | | | * Technical ability | * Resilience | |  | Use the **STAR technique** to demonstrate your competencies on your CV, in a job application or at interview. | | | | | **S**ituation | | Describe the situation with which you were confronted, set the context. | | | | **T**ask/**T**arget | | Explain the task or target you were set (be concise!). | | | | **A**ction | | This is the most important part and demonstrates **your** competencies:   * Explain what **you** did, **your** role and what part **you** played; * Explain how and why **you** did what you did. | | | | **R**esult | | Explain what happened, the outcome. Ideally quantify the positive impact you made. You can also demonstrate your reflection skills by reviewing your decisions and making suggestions about how you would do an even better job in the future. | | | |

**Reference:**

Whitecross, S. (2013). Vision therapy: Are you kidding me? Problems with current studies. American Orthoptic Journal, 63(1), 36–40.