

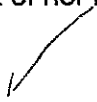
Case Study 1 – Paula

Paula works long hours as a Consultant for the Kidney Unit at the Royal Devon & Exeter Hospital. She is a working Mother of two children, daughters aged 14 and 7. Her youngest daughter does not sleep very well and as a result of this Paula has to bed hop, resulting in fatigue from broken sleep and a stiff neck and shoulders from the stress of juggling all her commitments. Paula grinds her teeth in her sleep and so wears a gum shield.

Paula trains with a Personal Trainer three or four times per week, mainly cardio sessions such as running and she is hoping to take part in the Great West Run half marathon in October.

Recently Paula was diagnosed as having low iron levels / anaemia and reports that she has adjusted her diet in accordance with her GP's advice. Paula has also advised me she has Crohn's disease and a history of anorexia. Despite her levels of regular exercise Paula was up until recently consuming as little as 700 calories per day. She informs me she has now increased this to between 1200 – 1400 although this is still too low for her energy requirements. As Paula finds large meals hard to eat she has increased her calorie intake by eating five small meals instead of three large ones.

Paula has been presenting with pain and discomfort in her right shoulder and neck. This is thought to be due to spending a lot of time driving or sat at a desk at a computer. Sleeping in different beds often squashed or in an awkward position is not helping. Massage should also help Paula distress and take some time out of her busy schedule for herself.



Client PAULA

Date 2.7.13

Posture Evaluation



Ear level: Right side of shoulder higher, presenting shortness, protracts forward
Shoulder left shoulder protracts forwards, only slight difference, skull quite high ✓

Scapula: both inferior angle, are winged,

Spinal NO visual problems only the spine is very noticeable, mainly due to being quite thin in weight.

Keystone: ✓

Skin pale, otherwise no visual problems

Pelvic Level: Anterior inferior iliac spine both in line correct level

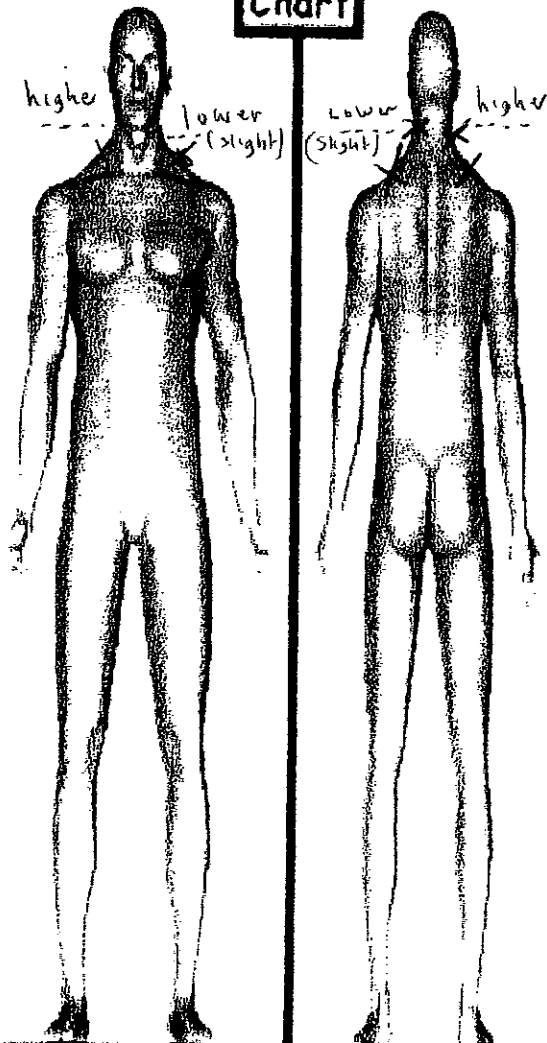
Buttock level, looks strong in definition ✓

Knee creases & NO visual problems

Midline & Achilles NO visual problems

Foot position: Neutral position fore foot/plantar ✓

Pain Chart



Client Consultation Form – Sports Therapy

College Name: Devon Academy

Date: 2-07/13

College Number: 22061

Client Name: paula

Student Name: LIAM CLARKE

Address:

Profession: KIDNEY CONSULTANT (NHS)

Tel: No: Day (mobile)

Eve no:

PERSONAL DETAILS

Age Group: Under 20 20-30 30-40 40-50 50-60
60+

Lifestyle: Active Sedentary

Last visit to the doctor: 3 weeks ago

GP Address:

No. Of children (if applicable): 2

Date of last period (if applicable) N/A

CONTRAINDICATIONS requiring medical permission – in circumstances where medical permission cannot be obtained clients must give their informed consent in writing prior to treatment (select where appropriate)

Pregnancy <input type="checkbox"/>	Dysfunction of the nervous system <input type="checkbox"/>
Cardiovascular Conditions <input checked="" type="checkbox"/>	Bells Palsy <input type="checkbox"/>
Haemophilia <input type="checkbox"/>	Trapped nerve <input type="checkbox"/>
Medical oedema <input type="checkbox"/>	Condition treated by a GP/therapist <input checked="" type="checkbox"/> Crohns
Cancer <input type="checkbox"/>	Inflamed nerve <input type="checkbox"/>
Osteoporosis <input type="checkbox"/>	Postural deformities <input type="checkbox"/>
Arthritis <input type="checkbox"/>	Spastic conditions <input type="checkbox"/>
Nervous/Psychotic condition <input type="checkbox"/>	Whiplash <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Slipped disc <input type="checkbox"/>
Recent Operations <input type="checkbox"/>	Undiagnosed pain <input type="checkbox"/>
Diabetes <input type="checkbox"/>	when taking prescribed medicine <input type="checkbox"/>
Asthma <input type="checkbox"/>	Acute rheumatism <input type="checkbox"/>
Kidney infection <input type="checkbox"/>	none of the above <input checked="" type="checkbox"/> N/A

CONTRAINDICATIONS that restrict treatment:

Completely restricted

Fever
Contagious or infectious disease
Under influence of drugs or alcohol
Diarrhoea and vomiting

Partially restricted

Skin diseases
Undiagnosed lumps and bumps
Localized swelling
Inflammation
Varicose veins
6mths Pregnancy (abdomen)
Conditions affecting the neck

partially restricted

Cuts, bruises and abrasions
Sunburn
Hormonal implants
Haematoma
Hernia
Recent Fractures #
Cervical spondylitis
Gastric ulcers
After a heavy meal
Scar tissue
None of the above

Please answer every question?

Treatment Record

Name: Paula _____

Treatment No. 1

Treatment Plan: I asked Paula what she was hoping to achieve from our session today and she told me her aim is to reduce the amount of appointments she is needing with her Chiropractor, to experience less pain in her shoulder and neck region and to experience an improved range of movement in her neck, shoulders and scapula. She was hoping overall her muscles would loosen and not feel so tight and to feel relaxed enough to achieve a good night's sleep. My treatment plan is to access the areas of tightness that Paula had mentioned she feels muscle knots and loosen them by palpation.

Details of the treatment: I started my first treatment session with Paula explaining that initially I was hoping she would be able to arrange her in schedule for me to treat her every two days.

I asked Paula to lie in the prone position, face down on the massage table. I started accessing the trapezius, palpating it to enable me to be able to feel the superficial layers that were tight and tense. I followed this with long effleurage strokes following the fibres of the trapezius, combining this with petrissage and gentle palm kneading to get warmth and blood flow into this area. I kept good communication with Paula throughout this process explaining what I was doing and outlining a 1 – 10 pain threshold in which 1 was pain free and 10 was extremely uncomfortable so I could gain feedback. The trapezius muscles responded very well, the area was red in colour and Paula said she could feel herself de-stressing just from the warming up process. I could determine the fibres I needed to reach were at a deeper level as I could feel scarring and adhesive fibres bound together. I addressed both – the left first and then the more painful area afterwards. I was by then coming towards the end of our 30 minute treatment time so I wound down and finished off with some gentle skin rolling.

How the client felt during and after the treatment: Paula relaxed extremely well considering it was her first session. She was used to high velocity chiropractic treatment so Paula mentioned she felt she was benefiting greatly from the relaxation element of massage and I was aware that she nearly fell asleep during treatment. I told Paula to have a glass of water afterwards and that if she felt any pain later that evening to apply ice on the main areas we had treated. I demonstrated these areas to her and explained to only treat for 7 – 10 minutes, making sure she placed her ice pack between a tea towel so as to avoid ice burns.

Homecare advice: Paula's homecare advice was as above and also to try to go to bed early to maximise the increased wellbeing from the treatment. I advised her to concentrate on her diet and stress levels and to take more breaks when working on the computer. I also advised her to request a work station assessment at work so her posture could be corrected. I briefly explained the Alexander Technique for Paula to research.

Reflective practice: Overall I was pleased with how Paula's treatment went. I felt positive that I could bring some difference to her condition. Paula does live a very hectic lifestyle and she is aware changes need to be made which was positive as Paula noticed the shoulder felt looser just from treating the trapezius with a combination of techniques to help bloodflow, unbind fibrous tissues. I felt her feedback was extremely positive.

The **Alexander technique** teaches people how to stop using unnecessary levels of muscular and mental tension during their everyday activities. It is an educational process rather than a relaxation technique or form of exercise. The Alexander technique has been shown to be helpful for back pain. Practitioners say such problems are often caused by people repeatedly mis-using their bodies over a long period of time, for example by standing or sitting with their weight unevenly distributed, holding their heads incorrectly, or walking or running inefficiently. The purpose of the Alexander technique is to help people unlearn bad physical habits and return to a balanced state of rest and poise in which the body is well-aligned



6/7/13

Treatment Record

Name: Paula _____

Treatment No. 2

Treatment Plan: After Paula's first session Paula commented that her shoulders felt looser and she felt more relaxed. My aim for treatment two was to carry on working the whole region of the shoulders and muscles that compensate, concentrating on the trapezius, rhomboids and scapula. ✓

Details of the treatment: As in my previous session I started on Paula by warming up the muscles using techniques of effleurage and petrissage, which also helped me identify the areas that I needed to focus on (a way of palpation) exploring the body. Paula's rhomboid minor and major were tight, resulting in a restricted range of movement in the scapula. I thoroughly warmed up the rhomboids and three layers of the trapezius (the upper, middle and lower). I then did friction techniques which was a very positive response to Paula's rhomboids. I worked on a score system for pain threshold, ten being very high and one being very mild. We kept this communication throughout. I went straight to work on the scapula followed by MET in the prone position. I performed these techniques on both sides (bilaterally) –both sides. The range of movement seemed to improve greatly in the most painful shoulder, resulting in both shoulders range of movement matching in rotation. I asked Paula to lie on her back in a supine position, careful to keep towel presented well so that Paula felt comfortable. I was coming to the end of our thirty minute session so I did MET on Paula's neck. Amazingly Paula reached her head to both sides reaching to the acromioclavicular joint, which lengthened her neck, in which made paula's neck movement A lot better, resulting in more comfort, paula stated straight away. ✓

How the client felt during and after the treatment: Paula was happy with the range of rotation in the scapula which she achieved. The rhomboids were a little sore whilst I was performing friction as we worked on a 8/10 dropping down fast to a 3/10, breaking down the fibrous tissues (the knots Paula had mentioned) I am finding Paula is really responding well to the massage treatment, and I am looking forward to concentrating on the neck in further detail as well as concentrating on the trapezius and levator scapula as Paula has been really happy with the results so far. ✓

Homecare advice: I advised Paula after the friction I performed on the rhomboids to address both sides with the ice pack on for ten minutes and to drink plenty of water to stay hydrated. I advised her to continue to slow down her workload in order to de-stress.

Reflective practice: I wish I had more time to spend on working the neck area, however overall I feel the treatment session was very positive and I am looking forward to our next session.

✓ good

Treatment RecordName: PaulaTreatment No. 3

Treatment Plan: During treatment 3 my main aim is to free the neck today and continue with working on the trapezius and levator scapula and thoroughly working into them muscle fibres and performing stretching techniques (including MET) ✓

Details of the treatment: I went into my treatment with my usual warming up process of effleurage and petrissage on the trapezius and following them through the sternocleidomastoid up into the mastoid process and sub occipital region. This was done with Paula in the prone position with fluent strokes the area quickly warmed up and was very palpable. Paula could feel comfort straight away. I then went straight into friction techniques and then deep effleurage longitude strokes to flush out any toxins and realign the scar tissue and adhesions. I followed the levator scapula along the transverse process to its insertion of the superior angle of the scapula as I wanted to keep the rotation of the neck and to raise the scapula, keeping the full range of movement which was improving. I then asked Paula to lie in the supine position so I could work her sternocleidomastoid, scalenes and splenius muscles. Using my hand to support Paula's head I worked thoroughly through the muscles. I found the scalenes very tight. I spent a further five minutes using soft tissue techniques to try and get them to loosen up. I finished the session performing soft pinching and using my knuckle into the neck muscles to try and lengthen the muscles. I finished off with stretching techniques, including MET (muscle energy techniques). Throughout the massage communication was kept to a high standard, and continuing to tell Paula to keep her breathing techniques fluent to relax her body. ✓ *good detail*

How the client felt during and after the treatment: Paula lay on the bed for a few minutes after the session was completed as she felt relaxed after finishing off on the neck so I got her some water and placed a pillow under her head. On feedback Paula said the scalenes were quite uncomfortable while I was treating her but felt ok at present. She said her neck and shoulders felt light and floppy.

Homecare advice: I suggested I continue to perform a further two treatment sessions on Paula, mainly to go over the key areas again, to maintain optimum mobility and to keep stress levels low. I also wished to work further on the scalenes. Paula seemed happy for the sessions to continue and suggested she would like treatments very fortnight.

Reflective practice: I was extremely pleased on how Paula responded to her three treatment sessions. I suggested that Paula may benefit from meditation or yoga for her stress levels and taking time out of her busy schedule for herself. She said she would look into these things. I feel even a small amount of quality time for herself could make a huge difference to Paula's wellbeing and overall muscular tension and tightness. I re-evaluated Paula's posture and her shoulder alignment was now perfect. ✓