

Reflective Overview

Purpose

The purpose of this article is to provide a reflective overview of my decision-making and 'key' experiences during the case study. A brief rationale for the employment of 'reflection' follows.

Rationale

Reflective practice is recognised as an integral part of evidence-based practice and is used extensively as an educational tool for both students and adults, across many professions. These include remedial therapy, sports therapy (*Briggs, 2001*), physiotherapy (*Donaghy & Morss, 1999*), massage therapy (*Holey & Cook, 2003*), occupational therapy (*Bannigan, 2000*), nursing (*Barnett, 2005*), and medicine (*Cayne, 1995*). As a Therapist I am obliged to understand the value of 'reflection' on clinical practice under the LCSP 'Code of Ethics' (*LCSP, 2012*).



Justification for hypothesis & diagnosis

Although I believe I utilised my knowledge and cognitive skills well during the patient examination and management plan, on reflection, at times my interpersonal and meta-cognitive skills were lacking. According to *Jones, Jenson, and Edwards (2000)* the cognitive activity of hypothesis testing ideally includes the search for both supporting and negating evidence, where ongoing re-assessment can help provide this. *Brukner and Khan (2001)* report that appropriate investigations add precision to diagnosis, but also claim that there is a tendency for clinicians to rely too heavily on investigations and neglect their clinical skills. Herewith, the literature supports the use of Magnetic Resonance Imaging (MRI) in acute knee injuries, particularly in cases of uncertain diagnosis when meniscus and cruciate ligaments are implicated (*Tandeter, Shvartzman, & Stevens, 1999*). However, MRI is costly, and considered

unnecessary in 'isolated' collateral ligament injuries (*Frihagen et al, 2002*). Therefore, I believe my clinical reasoning justified my informed decision in establishing the diagnosis.

Psychological pressures & meta-cognitive skills

This case study highlights how pressures can be placed on elite cyclists by their coaches further compounded by their own emotional and psychological responses to trauma and imposed physical inactivity. Failure of the therapist to employ meta-cognitive skills and mitigate these pressures can adversely impact on the outcome of treatment and rehabilitation. Fortunately for me although I failed to mitigate pressures the outcome was successful.

While I had collaborated with the cyclist at every phase I had failed to allay his concerns about the reliability of the hypothesis. I was guilty of insensitivity. Furthermore, on reflection I failed to liaise with the coach during the early phases of rehabilitation. The literature supports my reflections, for example, *Kinch (2001)* rehabilitation requires high-level people skills as the psychological make-up of each athlete is different, therefore regular communication with the cyclist's coach is important. According to *Jones et al (2000)* equally important to the therapist's thinking are the patient's thoughts and expectations, because understanding their clinical problem has been shown to impact on their outcome. The above reflections are best summarised by *Dalley (1999)* collaboration between clients, carers, and professionals are more efficient than working in isolation. Here, the professions are cyclist, therapist, and coach.

Conclusion

Reflection should occur throughout the course of treatment, and must take a wider view of services provided, including the patient's perspectives (multi-dimensional). The Therapist must understand the typical psychological and emotional responses to trauma and imposed physical inactivity, plus any pressures imposed by management as factors affecting the rehabilitation process. Therefore, to mitigate unnecessary psychological pressures, the therapist must exercise strategies that involve collective collaboration, cognitive and meta-cognitive skills at all stages of treatment and rehabilitation.

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AUTHOR
Nick Dinsdale BSc (Hons), MSc, MSST
Clinical Director
NJD Sports Injury Clinic

Graduate Sports Therapist Nick Dinsdale and his daughter Nicola run NJD Sports Injury Clinic in Clitheroe. The family clinic is recognised for its strong 'evidence-based' approach to the management of musculoskeletal conditions and ongoing professional development. This often involves research into topics and working with various educational establishments.

Nick specialises in research of lower limb biomechanics, particularly foot function with respect to cycle racing. His research into cycling biomechanics, carried out at Manchester Metropolitan University, has been published across the world (links below). In addition to advising professional cyclists, Nick often delivers private CPD workshops and presents at Conferences. Nick has served on the Executive Committee of The Society of Sports Therapists and has worked with GB cycling teams, Manchester Wheelers, English Fell Running teams and assisting Nicola at Blackburn Rugby Union club.

<http://www.specialized.com/it/en/bc/SBCEquipCyclo.jsp?ecid=1098&scid=1137>

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