

### Mentor Visit Assessment #3

**Mentor:** Amber Ingram

**Profession:** Clinic Director/Physical Therapist

**Location:** ATI Physical Therapy in Coppell

**Date of Visit:** December 29, 2017

**Time:** 9:00 a.m. - 10:30 a.m.

**Assessment:**

In my mentor visit on December 29, I saw my mentor working with 7 different patients in the time I was there. The time depends on how much time that patient has that day depending on their work, schedule so my mentor does as much as she can with them doing their exercises and working on them in the duration of the visit. I also got to learn from another physical therapist that works with my mentor about the topic of back pain and where the pain is with patients.

The other physical therapist had a patient with low back pain and she had pain through the left leg. She told me that you have to first ease the pain because sometimes patients let the pain go through the foot then the physical therapist has to centralize the pain and work up. This patient had pain to her knee, so it was not as bad; although she had more pain in the glutes. This was interesting to me because I had known of other areas such as hamstring that correlated with the back, but what I have learned from my mentor and the other physical therapist, is that the glutes are a big correlation in low back pain because they are close to the back and use similar muscles. I have figured out that the core is the main cause of back pain, so the first step when treating is to get a stronger core. Also, the other physical therapist told me you not only have to centralize the pain, but you have to educate the patient about the area of the low back and the muscles in the

body. Most athletes know about their body and other patients generally do not have that education of the low back. From an interview from September that I had with Rob Landel, he worked with volleyball patients that had low back pain and he said you have to educate them about the pain, just like I have seen in mentor visits over the past month. This explanation of how to treat low back pain and where it is was very beneficial for me in regards to the creation of my original work that focused on the low back, as well as knowledge of how to treat the low back in another way than what I have researched or seen before.

A new treatment used that I saw my mentor use on a patient that had a cervical injury was traction. I had never seen traction before, but since they do not really use electrical stimulation or dry needling on the neck, traction is another electrical treatment used for the cervical area. There is also another type which is lumbar traction, although I have not seen that one done before. I have only seen cervical traction on many patients, one being the same patient as what I saw during this mentor visit and weeks later. Another treatment I saw is dry needling on a patient with an IT band injury so my mentor put the needles in the glute and up through the muscle in order to get where the pain was. Dry needling is one of my favorites to see my mentor do because of how the needles come out and the angle at which they follow where the muscle wants to go because of it being tight. A couple patients I have seen so far that had dry needling were wrist, shoulder, and IT band. Over the next mentor visits I want to focus on learning why techniques are used for specific injuries.