

Mentor Visit Assessment #5

Mentor: Amber Ingram

Profession: Clinic Director/Physical Therapist

Location: ATI Physical Therapy in Coppell

Date of Visit: February 16, 2018

Time: 7:00 a.m. - 10:00 a.m.

Assessment:

In my mentor visit on Friday, February 16th, I got to see multiple patients. In the duration of the visit, I got to start learning about my case study and see an initial evaluation with him towards the end. Mainly, I saw a sciatica patient, back, and it band injury. I saw a lot of dry needling in this visit used in a variety of ways.

In the aspect of dry needling in the duration of this visit my mentor used one needle for a low back and leg injury patient. My mentor put the needle in the lower part of the calf where the electricity gets the muscle group that turns your foot out. This muscle that turns your foot out or formally known as ankle eversion are called the peroneus longus and peroneus brevis. While dry needling for this specific patient my mentor put the needle to where the peroneus brevis would react more because it is lower in the leg. Being a dancer, it was really interesting to see and learn about what the muscle is called and what is turning my foot out when dancing. While the patient was going through needling I noticed the reaction of the foot and the outward motion as electricity was added to the area. The patient said she felt a relief afterwards and the needling helped. For an it band injury patient, my mentor put the needles where they usually go, which is the upper thigh and on the sides. When she was putting the needles in I noticed the covers or

heads of the plastic holding the needle is a different color. These colors represent different lengths and widths of the needle in order to know which one to put into the muscle. I want to figure out why one color goes in one area rather than another depending on the muscle group.

Another use of dry needling that interested me was my mentor used them for a cervical patient. I had never seen that done before and previously thought they only could use cervical tension for a neck injury, but I have learned that is not the answer. My mentor put the needles on her neck and through the top of her shoulder. It was really interesting to see other places dry needles could go.

Another technique I want to focus on that I noticed in the duration of the visit is tissue scraping. Going back to the back and leg patient after needling my mentor, also did tissue scraping on her calf and sides of the spine on the back. For another patient my mentor tissue scraped the calf in order to get blood flow in and a relief of pain. By using the tissue scraper my mentor checked her flexion and extension to get a stretch in the calf and not have it be tight.

Over my next mentor visits, I hope to see more ways of using techniques such as dry needling and tissue scraping for different injuries. Also, I want to find out the reason why behind where my mentor does the process and what it specifically does for that injury she is working with.