

Exercise Therapy Diary

Home Programme Confidence Rating Scale

Confidence in participation

Please show on a scale of 0 to 10 how confident you feel to continue your home programme independently (where 0 is no confidence and 10 is the most confident you could be).

Least confidence

Most confidence

0	1	2	3	4	5	6	7	8	9	10
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Goal Setting and Personal Home Exercise Plan

Goal Setting

Please write down a goal, related to your vertebral osteoporosis, that you wish to achieve

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Plan (How will you achieve your goal)

- 1) Follow the exercise programme given
- 2) Keep a record of the exercises and walking undertaken, and any other issues in the personal exercise diary

When

1. When do you think you can set time to do the exercises?
2. When can you set time to do the walking programme?

Where

1. Where do you plan to do the exercises?
2. Where will you do the walking programme?

Please sign below to indicate that you agree to the above plan.

Participant

Physiotherapist

Review planned (every 4 weeks) (date):

Taping Record

Session __

Date:

Week:

Next appointment:

Taping	Please tick the actual days and times you wore the tape for: (Participant to complete)						
Technique Used (Physiotherapist to complete)	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
	am:	am:	am:	am:	am:	am:	am:
	pm:	pm:	pm:	pm:	pm:	pm:	pm:
	eve:	eve:	eve:	eve:	eve:	eve:	eve: