

Participant Initials 🗌 🗌 Study Number		Date		-0000
---------------------------------------	--	------	--	-------

Treatment Log - Manual Therapy Session 1

The participant attended

The participant did not attend

Please tick all areas covered in this session:

Assessment/ Advice / Education

Manual therapy assessment form completed

General information regarding bone, osteoporosis and vertebral fracture and

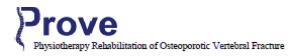
advice regarding lifestyle choices given, following the PROVE advice and education booklet.

National Osteoporosis Society (NOS) leaflet: Healthy living for strong bones

provided.

Intervention / Treatment (to be started if time allows)

Programme started? Y / N (circle). If yes	please co	mplet	e bel	ow		
Please record home programme prescribed (circle belo	ow or a	ttach	website	printo	out)
Trunk extension stretch:	level	1	2	3	4	5
Shoulder stretch 1 (arms overhead):	level	1	2	sitting		
Shoulder stretch 2 (hands behind head):	level	1	2	sitting		



Participant Initials
Patient provided with Manual Therapy Diary
Home programme plan discussed Goal set / reviewed Confidence rating
Patient assisted to complete home programme record in manual therapy diary

Any other comments



Participant Initials 🗌 💭 Study Number 🗌 💭 💭 Date 💭 🗖 🗖 🗖 🗖 🗖 💭
Please record any,
Flare-ups

Reaction (verbal/physical) to particular activity.....

Modification suggested due to reaction or flare-

.....

.....

Therapist' Signature

Print Name..... Physiotherapy Centre.....

PROVe: Physiotherapy Rehabilitation for Osteoporotic Vertebral fracture. Manual Therapy Treatment Log Session1 Appendix 10.1 version1 May2013 ISTRN49117867. REC 12/SC/0411



Participant Initials 🗌 🗌 Study Number	r 🗆 🗆 🗖	Date	· 🗆 🗆 –	
---------------------------------------	---------	------	---------	--

Treatment Log – Manual Therapy Session 2-7 _____ (Please state)

The participant attended

The participant did not attend

Please tick the areas covered in this session:

Assessment	
Patient re-assessed	Any comments

Vertebral mobilisations (\downarrow thoracic / lu	mbar)
Please record mobilisations in the format	t
example:	Treatment Given
↓ T6, 7, 8 Grade II 3 x 10 reps.	
↓L1, 2, Grade III 3 x 10 reps.	
4 22, 2, 01002 m 0 x 20 10p3.	



Participant Initials Study Number Date Date
Soft tissue mobilisation (Please indicate specific muscles e.g. upper trapezius, erector spinae)
Soft tissue massage
Trigger pointing
Postural training
Taping (technique)
Education
Movement Practice



Participant Initials 🗌 🔲 Study Number 🗌 🔲	Date 🗌	□-				
---	--------	----	--	--	--	--

Home programme: Please turn over to complete treatment log							
Home programme	ved and uncha	nged		🗆 r	eviewed	l and m	odified
Please record current home pro	Please record current home programme (circle below or attach website printout)						
Trunk extension stretch:		level	1	2	3	4	5
Shoulder stretch 1 (arms overhe Shoulder stretch 2 (hands behin	-	level			sitting		
Patient provided with Manua Home programme plan discu	_					rating_	
Patient assisted to complete	e home progra	mme reco	ord in m	anua	l therap	y diary	



Participant Initials	Date
----------------------	------

Any other comments / response to treatment

Please record any,	
Flare-ups	
Reaction (verbal/physical) to particular	
activity	
Modification suggested due to reaction or	flare
Therapist' Signature	
Print Name	Physiotherapy Centre