

Participant Initials   Study Number    Date   -   -

## 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 complete below

Please record home programme prescribed (circle below or attach website printout)

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

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- 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.....

Participant Initials   Study Number    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 ( ↓ thoracic / lumbar)

Please record mobilisations in the format

*example:*

*Treatment Given*

↓ T6, 7, 8 Grade II 3 x 10 reps. ....

↓ L1, 2, Grade III 3 x 10 reps. ....

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*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 \_\_\_\_\_

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**Home programme:** Please turn over to complete treatment log

**Home programme**

Started                       Reviewed and unchanged                       Reviewed and modified

Please record current home programme (circle below or attach website printout)

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

Patient provided with Manual Therapy Diary (if not previously issued)

Home programme plan discussed     Goal set / reviewed     Confidence rating \_\_\_\_\_

Patient assisted to complete home programme record in manual therapy diary

Participant Initials   Study Number    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.....