



Physiotherapy Rehabilitation for Osteoporotic Vertebral Fracture (PROVE)





Physiotherapy Rehabilitation for Osteoporotic Vertebral Fracture

EXERCISE THERAPY DIARY

Participant _____

Participant Study Number _____

Physiotherapist _____

Physiotherapy Centre _____

Physiotherapist Contact Number _____

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):

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
confidence

Most

0	1	2	3	4	5	6	7	8	9	10
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How to wear your pedometer

Clip the pedometer to:

- Your hip pocket or waistband above your hip:



Alternatively, if you are unable to clip it in this position, you can clip the pedometer to:

- Your top pocket
- Your belt
- A secure section of your bag or backpack

The pedometer can be worn at any angle with the main unit perpendicular to the ground.

It will not count steps correctly in the following conditions:

- Clipped to the back pocket of your trousers
- The main unit is horizontal to the ground
- The pedometer moves around irregularly in your bag
- If you shuffle or walk inconsistently or very slowly
- Vibrations from a vehicle

Participant Initials Study Number

Step count record

Main Aim: To increase your physical activity level and the distance you can walk by gradually increasing the number of steps you take on most days

Week 1 to 2

Record of Daily Step Count at start of programme (for you to complete)

Please wear the pedometer each day. At the end of the day please record the number of steps you have taken in the boxes below. If you forget a day, don't be concerned but please complete the chart for the next day.

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>	<u>Average daily step count *</u>

**Physio to complete*

Target increase in walking at 6 and 12 weeks (For your physiotherapist to complete)

The target is to increase your average number of steps by about 15% every 6 weeks to achieve an increase of 30% by the end of 12 weeks.

By 6 weeks, this would mean you would have increased the number of steps you take on most days bysteps. This would mean walking an additionalminutes of walking most days.

By 12 weeks, this would mean you would have increased the number of steps you take on most days bysteps. This would mean walking an additionalminutes of walking most days.

Week 6-7

Record of Daily Step Count at midway of programme (for you to complete)

Please wear the pedometer each day. At the end of the day please record the number of steps you have taken in the boxes below. If you forget a day, don't be concerned but please complete the chart for the next day.

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>	<u>Average daily step count*</u>

**Physio to complete*

Week 10-11

Record of Daily Step Count at end of programme (for you to complete)

Please wear the pedometer each day. At the end of the day please record the number of steps you have taken in the boxes below. If you forget a day, don't be concerned but please complete the chart for the next day.

<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Day 5</u>	<u>Day 6</u>	<u>Day 7</u>	<u>Average daily step count*</u>

**Physio to complete*



Physiotherapy Rehabilitation of Osteoporotic Vertebral Fracture

Participant Initials Study Number

Session No. ____

Date: _____

Week: _____

Next appointment: _____

Exercise Programme Record

Strengthening Exercises: Planned Programme					Completed Activity - <i>Tick if completed as planned</i> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets							
Exercise set	Exercise	Reps	Sets	Days per week	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date
Chin tuck												
Scapula retraction												
Shoulder elevation												
Trunk extension												
Four point kneel												
Sit to stand												
Step ups												