

Participant Initials   Study Number    Date   -   -

## Treatment Log – Exercise Therapy Session 1

The participant attended       The participant did not attend

Please tick all areas covered in this session:

### *Assessment/ Advice / Education*

- Exercise 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.

### *Walking programme*

- Patient issued with pedometer and shown how to wear it for the next 7 days.
- Patient shown where to document daily step count in Exercise Therapy Diary.

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*Intervention / Treatment (to be started if time allows)*

**Lower Limb Stretches started?** Y / N (circle).

Hip Stretch                      level    1    2

Hamstring Stretch            level    1

Calf Stretch                    level    1    2

**Strengthening Programme started?** Y / N (circle).

If yes please record strengthening programme given overleaf (Circle overleaf or attach website printout. Document sets / reps on patient exercise therapy diary, strength training record).

*Strengthening Programme*

Chin tuck set:                    level    1    2    3    4

Scapular retraction set:      level    1    2    3    4

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Shoulder elevation set:      level    1    2    3    4    5

Trunk extension set:      level    1    2    3    4    5    6

Four point kneeling set:      level    1    2    3    4    5  
(circle modified when applicable)

Pelvic Tilt          level    1    2    3

Sit to stand   

Step ups

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- Patient provided with Exercise 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.....

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Please record any,

Flare-ups - .....

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

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Modification suggested due to reaction or flare- .....

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Therapist' Signature .....

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