**PROVE studies - Measure Investigation**

**Patient Screening and Eligibility Checklist**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening Log Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Please tick box***

**Study discussed with the person and they have been given an**

**opportunity to ask questions** Yes No

**Medical records screened for eligibility?** Yes No

**Inclusion Criteria:**

**The answer must be ‘yes’ to all these questions to be eligible for the study:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aged 18yrs or over? | Yes |  | No |  |
| Has a diagnosis of osteoporosis confirmed by radiology? | Yes |  | No |  |
| At least one previous vertebral fracture confirmed by radiology? | Yes  |  | No |  |
| Had an episode of back pain lasting for 24hrs or more in the past 12 months; severity of pain 3 or more on a scale of 1 to 10?  | Yes |  | No |  |
| If a woman; postmenopausal (date of last period 2 years or more)  | Yes |  | No |  |

**Exclusion criteria:**

**The answer must be ‘no’ to all these questions to be eligible for the study:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bone loss is due to another disease e.g.; rheumatoid arthritis, cancer,osteomalacia, renal disease, use of glucosteriod medication?  | Yes |  | No |  |
| Patient is currently receiving treatment for back pain e.g.; physiotherapy, osteopathy, chiropractic, facet joint injection | Yes |  | No |  |
| Patient has another medical condition which would prevent taking part in a physiotherapy assessment safely e.g.; severe unstable cardiovascular or pulmonary disease, or significant psychiatric or neurological conditions.  | Yes  |  | No |  |
| **Is this person eligible to participate in this study?** | Yes |  | No |  |
| **Is the person willing to participate in the study?** | Yes |  | No |  |

**If yes, please make an appointment for an initial assessment.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If no, please ask for a reason if possible**

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