

Participant Initials Study Number

Exercise Therapy Diary

Session ____

Date:

Week:

Next appointment:

Exercise Programme Record

Strengthening Exercises: Planned Programme					Completed Activity - <u>Tick if completed as planned</u> , 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												

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Walking Record: Planned Programme			Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual walking time / stretches completed.						
	Target walking time	Planned number of days per week	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date
Walking									
Stretches	Exercise		Hip	Hip	Hip	Hip	Hip	Hip	Hip
	Exercise		Hamstring	Hamstring	Hamstring	Hamstring	Hamstring	Hamstring	Hamstring
	Exercise		Calf	Calf	Calf	Calf	Calf	Calf	Calf

Balance Exercises: Planned Programme					Completed Activity - <u>Tick if completed as planned</u> , 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
Walking balance											
Tandem balance											
One leg standing											



Physiotherapy Rehabilitation of Osteoporotic Vertebral Fracture

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