**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. |

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

|  |
| --- |
| **Lower Limb Stretches started?** **Y** / **N** (circle). Hip Stretch level 1 2Hamstring Stretch level 1Calf 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    Shoulder elevation set: level 1 2 3 4 5Trunk extension set: level 1 2 3 4 5 6Four point kneeling set: level 1 2 3 4 5(circle **modified** when applicable)Pelvic Tilt **□** level 1 2 3  Sit to stand **□** Step ups **□****□** Patient provided with Exercise Therapy Diary**□**Home programme plan discussed **□**Goalset / reviewed **□**Confidence rating \_\_\_\_\_**□** Patient assisted to complete home programme record in manual therapy diary |

Any other comments……………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………

Please record any,

Flare-ups - ………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………

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

…………………………………………………………………………………………………………………………………………..

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

……………………………………………………………………………………………………………………………………

Therapist’ Signature ……………………………………………………………………………………………………………..

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