**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***

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| --- |
| **□**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****)***

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| --- |
| **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        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 **□**  **□** 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……………………………………………………………………………………………………………..

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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………………………………………