**Treatment Log – Exercise Therapy Session 2-7 \_\_\_\_\_\_\_** (Please state)

**□**The participant attended **□**The participant did not attend

**Please tick the areas covered in this session:**

|  |  |
| --- | --- |
| ***Assessment***   |  | | --- | | □ Patient re-assessed Any comments …………………………………………………………………………… | |

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| --- |
| ***Walking programme*** (Please complete for relevant sessions i.e. sessions 2, 6 and midway)  **□** Walking programme target calculated from average daily step count  **□** Walking Programme and lower limb stretches prescribed  **□** Patient requested to wear pedometer for 7 consecutive days at midway / penultimate week (please circle) |

|  |  |
| --- | --- |
| |  | | --- | | **Lower Limb Stretches reviewed/changed?** **Y** / **N** (circle).  Hip Stretch level 1 2  Hamstring Stretch level 1  Calf Stretch level 1 2 |   ***Strength training programme***  **□** Started **□** Reviewed and unchanged **□** Reviewed and modified  **Please record current strengthening programme** (Circle below or attach website printout. Document sets / reps on patient exercise therapy diary, strength training record.)  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 **□** |

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| --- |
| ***Balance training programme*** *(session 3 onwards)*  **□** Started **□** Reviewed and unchanged **□** Reviewed and modified  **Please record current balance programme** (Circle below or attach website printout).  Walking balance set: level 1 2 3 4      Tandem balance set: level 1 2 3 4 5  One leg balance set: level 1 2 3 4 |

|  |
| --- |
| **□** Patient provided with Exercise Therapy Diary (if not previously issued)  **□**Home programme plan discussed **□**Goalset / reviewed **□**Confidence rating \_\_\_\_\_\_\_  **□** Patient assisted to complete exercise programme record in exercise 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………………………………………