**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 …………………………………………………………………………… |

 |

|  |
| --- |
| ***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 2Hamstring Stretch level 1Calf 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 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 **□** |

|  |
| --- |
| ***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 5One 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……………………………………………………………………………………………………………..

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

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

Please record any,

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

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

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

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

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

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

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

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