

Participant Initials    Study Number

Manual Therapy Diary

### Stretching Programme Record

Session \_\_\_\_

Date:

Week:

Next appointment:

Planned Programme			Completed Activity - Tick if completed as planned, otherwise state in box actual exercise taken (e.g. change to number of reps/sets).						
Exercise Set	Specific Exercise	Hold (minutes)	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Trunk Stretch									
Shoulder stretch 1 (arms overhead)									
Shoulder stretch 2 (hands behind head)									