**Treatment Log – Manual Therapy Session 1**

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

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

***Assessment/ Advice / Education***

|  |  |
| --- | --- |
| |  | | --- | | **□** Manual 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. | |

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

|  |
| --- |
| **Programme started?** **Y** / **N** (circle). **If yes please complete below**  **Please record home programme** **prescribed** (circle below or attach website printout)  Trunk extension stretch: level 1 2 3 4 5  Shoulder stretch 1 (arms overhead): level 1 2 sitting  Shoulder stretch 2 (hands behind head): level 1 2 sitting  **□** Patient provided with Manual 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………………………………………