**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***

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| **□** 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. |

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

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| --- |
| **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 5Shoulder stretch 1 (arms overhead): level 1 2 sittingShoulder 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 - ………………………………………………………………………………………………………………………….

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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………………………………………