**Treatment Log – Manual 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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| --- |
| ***Vertebral mobilisations ( ↓ thoracic / lumbar)***  Please record mobilisations in the format  ***example: Treatment Given***  *↓T6, 7, 8 Grade II 3 x 10 reps.* ……………………………………………………………………………………    *↓L1, 2, Grade III 3 x 10 reps.*  …………………………………………………………………………………… |

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| --- |
| ***Soft tissue mobilisation (Please indicate specific muscles e.g. upper trapezius, erector spinae)***  □ Soft tissue massage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Trigger pointing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| ***Postural training***  □ Taping (technique)\_\_\_\_\_\_\_\_\_\_\_\_\_  □Education  □Movement Practice\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| ***Home programme***: Please turn over to complete treatment log |
| ***Home programme***  **□** Started **□** Reviewed and unchanged **□** Reviewed and modified  **Please record current home programme** (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 (if not previously issued)  **□**Home programme plan discussed **□**Goalset / reviewed **□**Confidence rating \_\_\_\_\_\_\_  **□** Patient assisted to complete home programme record in manual therapy diary |

Any other comments / response to treatment ………………………………………………………………………………………………………………………………………………

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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………………………………………