



**EASE BACK Usual Care Plus S Acupuncture:
Case Report Form**



This form is to be used for each patient who is allocated to usual care plus S acupuncture. Please also complete the reverse of the form to tell us about the acupuncture treatment you delivered. You will need two forms completed for each EASE BACK patient (ie. to record the 6 to 8 treatment visits).

Patient name:	Date of birth:	Study number:	Your diagnosis:	
Physiotherapy centre:	Treating physiotherapist:			
Date of visit (e.g. 13/11/12)				
Initials of treating physiotherapist:				
Patient UTA'd or DNA' visit (please state)				
Modalities used (please tick):				
Assessment/ reassessment				
Education and advice given				
Tubigrip provided with instruction				
Pelvic support belts provided with instruction				
Heat therapy used in clinic				
Massage used in clinic				
Manual therapy used in clinic				
Issued walking aids				
Supervised exercises in department				
Home exercises given/ reviewed				
Exercises selected were (please tick):				
Transversus abdominus				
Pelvic floor				
Pelvic tilt				
Gluteal strengthening				
Lower back/ pelvic stretch				
Physical activity advice/ signposting				
Other exercises (please provide brief description):				
Other treatments used (please state, e.g. ice pack)				
Usual care adverse reactions/ events (please state, e.g. injury whilst exercising):				
General comments:				

Please state the date this patient was discharged:/...../.....

Many thanks for your help with the EASE BACK Study. Any trial treatment queries - please phone study team: 01782 733921

Details of acupuncture treatment provided

(8 needles i.e. 4 points bilaterally)

Date of visit (e.g. 13/11/12)								
Local points: (please tick)	Left	Right	Left	Right	Left	Right	Left	Right
BL26								
BL27								
BL54								
GB30								
Sensations:								
De Qi sensation achieved? (y/n)								
Patient's sensations described (e.g. 'aching', 'tingling'):								
Note any minor adverse reactions to acupuncture (e.g. feeling faint, bleeding at the needle site):								
General comments about acupuncture treatment:								
Pain Rating Scale following treatment (0=no pain, 10=pain as bad as could be):								

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EASE BACK Usual Care Plus T Acupuncture: Case Report Form



This form is to be used for each patient allocated to usual care plus T acupuncture. Please also complete the **reverse of the form** to tell us about the acupuncture treatment you delivered. You will need two forms completed for each EASE BACK patient (ie. to record the 6 to 8 treatment visits).

Patient name:	Date of birth:	Study number:	Your diagnosis:	
Physiotherapy centre:	Treating physiotherapist:			
Date of visit (e.g. 13/11/12)				
Initials of treating physiotherapist:				
Patient UTA'd or DNA' visit (please state)				
Modalities used (please tick):				
Assessment/ reassessment				
Education and advice given				
Tubigrip provided with instruction				
Pelvic support belts provided with instruction				
Heat therapy used in clinic				
Massage used in clinic				
Manual therapy used in clinic				
Issued walking aids				
Supervised exercises in department				
Home exercises given/ reviewed				
Exercises selected were (please tick):				
Transversus abdominus				
Pelvic floor				
Pelvic tilt				
Gluteal strengthening				
Lower back/ pelvic stretch				
Physical activity advice/ signposting				
Other exercises (please provide brief description):				
Other treatments used (please state, e.g. ice pack)				
Usual care adverse reactions/events (please state, e.g. injury whilst exercising, muscle soreness):				
General comments:				

Please state the date this patient was discharged:/...../.....

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Details of acupuncture treatment provided
(Between 12 and 20 needles needed in total)

Date of visit (e.g. 13/11/12)								
Local points (required depth of insertion/ needle listed): (please tick)	Left	Right	Left	Right	Left	Right	Left	Right
30-40mm/ 50mm BL23								
30-40mm/ 50mm BL24								
30-40mm/ 50mm BL25								
30-40mm/ 50mm BL26								
30-40mm/ 50mm BL27								
20-30mm/40mm BL28								
50-70mm/75mm BL54								
20-30mm/40mm BL31								
20-30mm/40mm BL32								
20-30mm/40mm BL33								
50-70mm/75mm GB30								
30-40mm/ 50mm HJJ L4								
30-40mm/ 50mm HJL5								
Distal points (required depth of insertion/ needle listed): (please tick)								
25-30mm/40mm GB34								
25-30mm/40mm ST36								
25-30mm/40mm LR3								
20-30mm/40mm-30mm LI4								
15-25mm/30mm BL60								
10-20mm/30mm BL62								
Sensations:								
De Qi sensation achieved? (y/n)								
Patient's sensations described (e.g. 'aching', 'tingling'):								
Note any minor adverse reactions to acupuncture (e.g. feeling faint, bleeding at the needle site):								
General comments about acupuncture treatment:								
Pain Rating Scale following treatment (0=no pain, 10=pain as bad as could be):								

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EASE BACK Usual Care: Case Report Form



This form is to be used for each patient who is allocated to receive usual care alone.

Patient name:	Date of birth:	Study number:	Your diagnosis:	
Physiotherapy centre:	Treating physiotherapist:			
Date of visit (e.g. 13/11/12)				
Initials of treating physiotherapist:				
Patient UTA'd or DNA' visit (please state)				
Modalities used (please tick):				
Assessment/ reassessment				
Education and advice given				
Tubigrip provided with instruction				
Pelvic support belt provided with instruction				
Heat therapy used in clinic				
Massage used in clinic				
Manual therapy used in clinic				
Issued walking aids				
Supervised exercises in department				
Home exercises given/ reviewed				
Exercises selected were (please tick):				
Transversus abdominus				
Pelvic floor				
Pelvic tilt				
Gluteal strengthening				
Lower back/ pelvic stretch				
Physical activity advice/ signposting				
Other exercises (please provide brief description):				
Other treatments used (please state, e.g. ice pack)				
Adverse events (please state, e.g. injury whilst exercising, muscle soreness):				
General comments:				
Pain Rating Scale following treatment (0=no pain, 10=pain as bad as could be):				

Please state the date this patient was discharged:/...../.....

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The EASE BACK Usual Care Protocol

- Face to face assessment
- Reinforcement of the advice and education in the self-management booklet
- An individualised and progressed home exercise programme including:
 - Stabilisation exercises
 - Pelvic floor exercises
 - Gluteal strengthening
 - Pelvic tilt exercises
 - Simple stretches
- Other treatment options include:
 - Supervised exercise therapy
 - Postural correction
 - Pelvic supports/belts and pillows
 - Heat therapy
 - Massage
 - Manual therapy (soft tissue techniques, Maitland mobilisation techniques for pain relief)
 - Provision of walking aids
- Delivered in two to four treatment sessions over 6 weeks
- Episode of care to be left 'open' for the duration of the pregnancy

NOTE: Acupuncture, group sessions and hydrotherapy are NOT permitted as part of the EASE BACK usual care protocol.

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