

| Participant Initials 🔲 🔲 🔲 Study Number 🔲 🔲 🔲 🔲 🗀 |   |
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Exercise Therapy Diary

### Home Programme Confidence Rating Scale

#### Confidence in participation

Please show on a scale of 0 to 10 how confident you feel to continue your home programme independently (where 0 is no confidence and 10 is the most confident you could be).

| Least conf | idence |   |   |   |   |   |   |   | Most | confidence |
|------------|--------|---|---|---|---|---|---|---|------|------------|
| 0          | 1      | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9    | 10         |

PROVe: Physiotherapy Rehabilitation for Osteoporotic Vertebral fracture.

Exercise Therapy Diany: Confidence Ratine Scale Appendix 13 version 1 May 2013 ISTRN 49117867. REC 12/SC/0411

### Goal Setting and Personal Home Exercise Plan

| <u>Goal Setting</u>   |
|---|
| Please write down a goal, related to your vertebral osteoporosis, that you wish to achieve  |
|   |
| Plan (How will you achieve your goal)   |
| <ol> <li>Follow the exercise programme given</li> <li>Keep a record of the exercises and walking undertaken, and any other issues in the personal exercise diary</li> </ol> |
| <u>When</u>   |
| When do you think you can set time to do the exercises?   |
| Where   |
| Where do you plan to do the exercises?  |
| Please sign below to indicate that you agree to the above plan.   |
| Participant Physiotherapist   |
| Review planned (every 4 weeks) (date):  |

## Stretching Programme Record

| Session | Date: | Week: | Next appointment: |
|---------|-------|-------|-------------------|
|---------|-------|-------|-------------------|

| Plan                                      | 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      | <u>Mon</u> | <u>Tue</u> | Wed | Thurs | <u>Fri</u> | <u>Sat</u> | <u>Sun</u> |
|   |   | (minutes) |            |            |     |       |            |            |            |
| Trunk Stretch                             |   |           |            |            |     |       |            |            |            |
| Shoulder stretch 1<br>(arms overhead)     |   |           |            |            |     |       |            |            |            |
| Shoulder stretch 2<br>(hands behind head) |   |           |            |            |     |       |            |            |            |

# **Taping Record**

| Session | Date: | Week: | Next appointment: |
|---------|-------|-------|-------------------|
|---------|-------|-------|-------------------|

| Taping                        | Pleas |            |      | days an      |            | you wo     | re the     |
|-------------------------------|-------|------------|------|--------------|------------|------------|------------|
| Technique Used                | Mon   | <u>Tue</u> | Wed  | <u>Thurs</u> | <u>Fri</u> | <u>Sat</u> | <u>Sun</u> |
| (Physiotherapist to complete) |       |            |      |              |            |            |            |
|                               | am:   | am:        | am:  | am:          | am:        | am:        | am:        |
|                               | pm:   | pm:        | pm:  | pm:          | pm:        | pm:        | pm:        |
|                               | eve:  | eve:       | eve: | eve:         | eve:       | eve:       | eve:       |