

## Report Supplementary Material 6 Pots-Procedural Physiotherapy Logbook

### UK FROST

### Post-Procedural Physiotherapy (PPP)

Treatment Logbook for:

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(participant ID)

#### Important

1. PPP must be given by a qualified physiotherapist (not a student or assistant) in a hospital setting.
2. Please familiarize yourself with the PPP Instructions (pages 3 - 4) before starting or taking over the patient's treatment.
3. We do not anticipate that a steroid injection will normally be given as part of Post-Procedural Physiotherapy (PPP). However, if the patient reports severe or worsening pain, please urgently consult with a member of the surgical team, who may consider giving a steroid injection having reviewed the patient and ruled out serious post-operative complications. Please send a copy of the Steroid Injection Details form (page 25) with the patient to this review, so that the surgeon can complete it if they inject. Then please transcribe the details into the Logbook and securely attach the completed photocopy to the inside back cover of the Logbook.
4. The full, standard course of PPP is 12 sessions. **if you and the patient are satisfied with their progress, you do not need to use all 12 sessions; but otherwise, please encourage them to attend the full, standard course, even if there is no progress.**
5. 12 PPP Treatment Logs (corresponding to the full, standard course) are included in Section 2 of this Logbook (pages 5 – 16). However, you are not limited to 12 sessions: we have included six extra PPP Treatment Logs in the Appendix (pages 19 – 24) in case you decide that more sessions are indicated.
6. We anticipate that PPP will normally be completed within 12 weeks, but this is not essential.
7. Space the sessions at your discretion.
8. Fill in the Completion of PPP form (page 17) when you discharge the patient.
9. Refer to the Checklist (page 18) before returning the completed Logbook.
10. If you have any questions, please contact Nigel Hanchard, telephone: 01642 342770; email: [n.hanchard@tees.ac.uk](mailto:n.hanchard@tees.ac.uk).

Thank you



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## Post-Procedural Physiotherapy (PPP)

### Instructions

These Instructions have been developed from established good practice, best evidence and expert consensus to facilitate a uniform standard of care for patients receiving Post-Procedural Physiotherapy (PPP) in UK FROST.

PPP must be given by a qualified physiotherapist (not a student or assistant) in a hospital setting.

Ideally, PPP will commence within 24 hours of surgery, with the aim of reducing pain and regaining or maintaining the mobility achieved at operation. This Post-Procedural Physiotherapy is not intended to be identical to the stand-alone Structured Physiotherapy (SP) intervention, because it applies to a different context.

The full, standard course of treatment is 12 sessions. **If you and the patient are satisfied with their progress, you do not need to use all 12 sessions; but otherwise, please encourage them to attend the full, standard course, even if there is no progress.** 12 PPP Treatment Logs are provided in Section 2 of this Logbook (pages 5 – 16). A PPP Treatment Log should be filled in as soon as possible after every session.

It is essential to decide before commencing each treatment whether pain or stiffness is the predominant problem. The decision will be based on the patient's report of whether their main problem today is "pain more than stiffness" (categorized as PAIN is PREDOMINANT), "pain and stiffness equally" (also categorized as PAIN is PREDOMINANT) or "stiffness more than pain" (STIFFNESS is PREDOMINANT). Any treatments given should be recorded in the appropriate column. In either column, interventions marked ★ ★ must be given as part of the overall PPP package (but not necessarily at every session) unless contraindicated. Interventions marked ★ are not essential but are encouraged. The other interventions that are specified in each column are optional. You are not limited to these, but do record any other intervention you give in the free text box provided and note the TREATMENTS THAT ARE NOT ALLOWED and TREATMENTS THAT ARE DISCOURAGED, listed in red text in the respective columns.

We anticipate that PPP will normally be completed within 12 weeks, but this is not essential. Nor is it essential that PPP is limited to 12 sessions. In case, in your clinical judgement, more sessions would be appropriate, we have included six extra PPP Treatment Logs in the Appendix to this booklet (pages 19 – 24).

#### Advice and education

A standardized Patient Information booklet has been developed to supplement the advice and education you give. This explains frozen shoulder, gives reassurance, broadly outlines treatment approaches, and advises on pain management and use of the arm. It will have been given to the patient at baseline.

#### Home exercises

A booklet has been developed as an optional resource, to provide patients with an aide-memoire for their home exercises. The booklet contains range of motion exercises and stretches. It requires you to select the most appropriate exercises and advise on frequency, repetitions and so on, and add notes and instructions accordingly. If you use the booklet, ask the patient to bring it to each session so that your notes and instructions can be updated.

You may choose not to use the booklet, or to supplement it with other exercises tailored to the patient's specific needs, but any exercises you give should be reinforced by written material that the patient can refer to at home.

Please note that the PPP Treatment Logs ask you to say at each review whether the patient has done their home exercises adequately. Inadequacy might reflect infrequent or incorrect performance of the exercises given.

#### Steroid injection

We do not anticipate that a steroid injection will normally be given as part of Post-Procedural Physiotherapy (PPP). However, if the patient reports severe or worsening pain, please urgently consult with a member of the surgical team, who may consider giving a steroid injection having reviewed the patient and ruled out serious post-operative complications. Please send a copy of the Steroid Injection Details form with the patient to this review, so that the surgeon can complete it if they inject. Then please transcribe the details into the Logbook and securely attach the completed photocopy to the inside back cover of the Logbook.

#### Completion of PPP

The Completion of PPP form should be filled in when you discharge the patient. Please refer to the Checklist before returning the completed Logbook.

#### Contact details

If you have any questions, please feel free to contact Nigel Hanchard, telephone: 01642 342770; email [n.hanchard@tees.ac.uk](mailto:n.hanchard@tees.ac.uk)

**Section 2**  
**Post-Procedural Physiotherapy (PPP) Treatment Log**

Please complete this form as soon as possible after each treatment session.

Date  /  /       Session No       Duration of session (mins)

Name of physiotherapist       Staff grade (Please cross one box only)  5  6  7  >8

How many post-surgical frozen shoulders do you treat in a typical month? (Please place a cross in one box only)      0 - 1       2 - 3       4 or more

Ask the patient which of the following is their main problem today. (Please place a cross in one box only and proceed as indicated.)

Pain more than stiffness?       Pain and stiffness equally?       Stiffness more than pain?

**PAIN IS PREDOMINANT**  
Use the **YELLOW** column

**STIFFNESS IS PREDOMINANT**  
Use the **GREEN** column

**IMPORTANT!** Interventions marked ★★ **must** be given as part of the overall PPP package (but not necessarily at every session) unless contraindicated. Interventions marked ★ are not essential but are encouraged.

Please place a cross in the box beside any treatments given in this session. To record any treatments that are not listed, please use the free-text box provided.

Use this column if PAIN IS PREDOMINANT	Use this column if STIFFNESS IS PREDOMINANT
<input type="checkbox"/> Advice and education ★★ <input type="checkbox"/> Home exercises (instruction/review) ★★ <input type="checkbox"/> Supervised exercises (gentle active/self-assisted) ★ <input type="checkbox"/> Supervised exercises (function-based) <input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Relaxation techniques <input type="checkbox"/> Manual shoulder mobilization <input type="checkbox"/> Superficial cold <input type="checkbox"/> TENS <input type="checkbox"/> Trigger point therapy <input type="checkbox"/> Posture correction  <b>TREATMENTS THAT ARE NOT ALLOWED:</b> Brace, deep friction, laser, shockwave therapy. <b>TREATMENTS THAT ARE DISCOURAGED:</b> Craniosacral therapy, ultrasound.	<input type="checkbox"/> Advice and education ★★ <input type="checkbox"/> Home exercises (instruction/review) ★★ <input type="checkbox"/> Supervised exercises (active/self-assisted) ★ <input type="checkbox"/> Supervised exercises (function-based) ★ <input type="checkbox"/> Supervised exercises (sustained stretching) <input type="checkbox"/> Supervised exercises (strengthening) <input type="checkbox"/> Manual shoulder mobilization <input type="checkbox"/> Soft-tissue techniques <input type="checkbox"/> PNF <input type="checkbox"/> Spinal/scapulothoracic manual therapy <input type="checkbox"/> Posture correction  <b>TREATMENTS THAT ARE NOT ALLOWED:</b> Brace, craniosacral therapy, deep friction, interferential, laser, shockwave therapy <b>TREATMENTS THAT ARE DISCOURAGED:</b> Bowen therapy, electroacupuncture, graded motor imagery, mirror therapy, SWD, ultrasound.

Please record any other treatments given (e.g. gym class, neural dynamics, referral to another speciality such as Occupational Therapy).

Do you feel the patient has done his/her home exercises adequately?  Yes  No      Comments:

Please record any serious adverse effects of treatment, including surgery (e.g. joint infection, nerve injury), and notify the Research Nurse:

Please record and give reasons for any substantial deviation from the UK FROST PPP Instructions (in terms of treatments given/not given, or number of sessions) and notify the Research Nurse:

**Section 3**  
**Completion of PPP Form**

Please complete all parts of this form.

**Part 1) How many treatment sessions did the patient attend?** (Please place a cross in one box only)

0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18

**Part 2) Why was the patient discharged?** (Please place a cross in one box only)

Both you and the patient were satisfied with their progress and agreed that further treatment was not needed.

The patient declined to attend for further treatment because they were satisfied with:

- their progress;
- their ability to manage independently;
- both of the above.

The patient declined to attend for further treatment because they were not satisfied with their progress.

The allocated sessions had all been used.

The patient stopped attending for treatment without giving a reason.

Another problem intervened.

The PPP programme was not started.

**Part 3) Does the patient need any further treatment for their shoulder problem?** (Please place a cross in one box only)

Yes       No       Don't know

**Part 4) Overall, how would you rate the patient's adherence to the PPP programme (including treatment sessions, home exercises and advice)?** (Please place a cross in one box only)

Adequate       Not adequate

**Part 5) Compared to when the patient started PPP, how would you rate their shoulder now?** (Please place a cross in one box only)

Much worse       Somewhat worse       About the same       Somewhat better       Much better

Section 3

Checklist

Before you return this Treatment Logbook in the envelope provided, please check that:

1. the Participant ID has been entered on the front page;
2. if applicable, the Steroid Injection Details form is filled in and that the completed photocopy of the form is securely attached to the inside back cover of the Logbook;
3. the PPP Treatment Logs are filled in; and that
4. the Completion of PPP Form is filled in.

Thank you

Appendix

**Steroid Injection Details Form**

We do not anticipate that a steroid injection will normally be given as part of post-procedural physiotherapy (PPP). However, if an injection is given, please document it here.

Reason for steroid injection (Please place a cross in one box only)

- Severe pain  
 Worsening pain  
 Other (Please specify):

Details of the steroid injection

Date of injection  /  /   
day month year

Name of person injecting (Please print clearly)

Job title (Please print clearly)

Steroid used (Please place a cross in one box only)

- Methylprednisolone acetate (Depo-Medrone)  
 Triamcinilone acetonide (Adcortyl, Kenalog)  
 Triamcinilone hexacetonide (Lederspan)  
 Other (please specify):

Was imaging guidance used?

(Please place a cross in one box only)

- No  
 Yes: ultrasound guidance  
 Yes: x-ray guidance

Dose of steroid used (Please place a cross in one box only)

- 20 mg       30 mg       40 mg  
 Other (please specify):  mg

Did you also inject local anaesthetic? (Please place a cross in one box only)

- Yes       No

 UK FROST <small>United Kingdom Frozen Shoulder Trial</small>	United Kingdom Frozen Shoulder Trial (UK FROST) A multi-centre randomised controlled trial funded by NHS R&D Health Technology Assessment Programme. (International Standardised Randomised Controlled Trial Number 48304508)
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