

Physical Therapy and Home Exercise Program for Patients in the Manipulation + Exercise Group (Sessions 1-2)

This exercise handout contains descriptions and pictures of the exercise that you will be doing during physical therapy and at home for the first week. You will first be instructed in and perform this exercise during the first physical therapy treatment session in which your back is manipulated. You will also perform this exercise during physical therapy immediately after the second manipulation is provided. Begin performing this exercise at home on the next day after your first treatment session in which your back is manipulated. Perform this exercise at home everyday except for the days you perform this exercise when you are at physical therapy. Each time you perform this exercise during the first week, you will do 10 repetitions, 3-4 times, for a total of 30-40 repetitions in a given day. Beginning on your third session with physical therapy (beginning of the second week), you will be receiving additional exercises to perform in the remaining 3 physical therapy sessions and at home. You will also begin an aerobic exercise program during physical therapy beginning on the third physical therapy session.

You do not have to discontinue all other forms of exercise during your participation in this study (i.e. jogging program, walking program, etc.). However, do not begin any new forms of exercise during your participation in this study, and do not add any exercises to this program. You should pay particular attention to using proper technique. You should ensure you continue to breathe normally during the exercises and do not hold your breath. Counting aloud will help you to avoid holding your breath. You should not experience any significant increase in your pain while performing these exercises. Discontinue any exercise that causes you increased pain, and notify your physical therapist.

Please record your home exercise sessions in the exercise log that is provided below (See codes below). Thank you for your participation in this research study, and please let your physical therapist know if you have any questions.

<i>D: Date</i>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>
Week 2	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>
Week 3	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>
Week 4	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>
Week 5	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>	D: <input type="checkbox"/>

Comments:

Please use the following codes to record your exercise sessions:

- T: Mark if you attended Physical Therapy on this day
- Y: If you completed your exercise program
- N: If you did not complete your exercise program
- P: If you only completed some of the exercises (Please comment in the Notes section as to the reason why).

1.) Pelvic Tilt Exercise

Performance:

Lie on your back and bend your hips and knees so that your feet are flat on the surface. Attempt to flatten your lower back on the table by slightly “drawing in” your stomach and rotating your hips backwards without holding your breath. The motion is to be performed in a pain-free range.

Goals:

Perform 10 repetitions, 3-4 times per day, holding each repetition for 2-3 seconds.

