PT Session Treatment Form – Exercise Program

(This form is appropriate for patients in the Exercise group, or in the Manipulation + Exercise group, Sessions 3-8.)

Subject ID:_____ **Date:**___/___/___ (mm/dd/yy) **Treating Therapist:**______________________

Co-interventions used? yes ☐ no ☐ **If yes, describe:**________________________

Treatment Group: ☐ **Exercise Group**
☐ **Manipulation + Exercise Group**

Aerobic Component	**Included in Program**	**Equipment Used**	**Time/Pace**	**Comments**
Aerobic Exercise	☐ Yes ☐ No *(if no, indicate reason in the comments)*			

ROM Component	**Included in Program**	**Repetitions**	**Comments**
1) Hand-Heel Rocks	☐ Yes ☐ No *(if no, indicate reason in the comments)*		

Strengthening Component	**Included in Program**	**Repetitions/Hold Time**	**Comments**
2a) Abdominal Bracing	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
2b) Bracing in Standing	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
2c) Bracing with Bridging	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
3a) Quadruped Single Leg Lifts	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
3b) Quadruped Opposite Arm/Leg Lifts	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
4a) Horizontal Side-Support	☐ Yes ☐ No *(if no, indicate reason in the comments)*		
4b) Advanced Side-Support	☐ Yes ☐ No *(if no, indicate reason in the comments)*		