





## Participant Logbook – Foot exercise and education

**Title:** Foot Exercise and Education in the Treatment of plantar heel pain (FEET Trial): A feasibility trial.  
**Protocol Number:** 2019000772  
**Principal Investigator:** Dr Melinda Smith, School of Health and Rehabilitation Sciences, The University of Queensland  
**Associate Investigators:** Prof Bill Vicenzino, School of Health and Rehabilitation Sciences, The University of Queensland  
 Dr Natalie Collins, School of Health and Rehabilitation Sciences, The University of Queensland  
 Dr Rebecca Mellor, School of Health and Rehabilitation Sciences, The University of Queensland  
 Dr Alison Grimaldi, PhysioTec and School of Health and Rehabilitation Sciences, The University of Queensland

Please use this logbook to record the following information daily for the 12 weeks of the intervention period.

**Week 1** Date of Week Beginning: \_\_\_\_\_ **Participant ID:** \_\_\_\_\_

Exercise	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>							
Doming + long toe push 	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread 	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension 	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension 	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>Other relevant information</b>							
Details of other activities performed							
Details of any adverse events							
Details of treatment outside of study							

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning): (Date completed: \_\_\_\_\_)  
 0 1 2 3 4 5 6 7 8 9 10  
 No pain Worst pain imaginable

**Week 2**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 3**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 4**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain


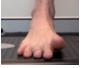
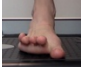

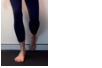










(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 5**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	 2 leg squat	 1 leg squat	 Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	 Sit	 Stand	 Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	 Sit	 Band max reps	 Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	 2 leg	 1 leg	 1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 6**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain



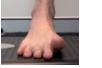
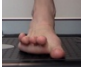









(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 7**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	 2 leg squat	 1 leg squat	 Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	 Sit	 Stand	 Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	 Sit	 Band max reps	 Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	 2 leg	 1 leg	 1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 8**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)



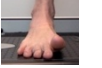
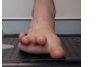













10  
Worst pain imaginable



**Week 9**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	 2 leg squat	 1 leg squat	 Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	 Sit	 Stand	 Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	 Sit	 Band max reps	 Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	 2 leg	 1 leg	 1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 10**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 11**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

**Week 12**

Date of Week Beginning: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Exercise				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DAILY EXERCISES</b>										
Doming + long toe push				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
<b>EXERCISES TO PERFORM 3 TIMES A WEEK</b>										
Doming	2 leg squat	1 leg squat	Jump or hop	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
<b>Other relevant information</b>										
Details of other activities performed										
Details of any adverse events										
Details of treatment outside of study										

For this past week, indicate (circle) the *intensity* of your **first step pain** (first steps out of bed in the morning):

0 1 2 3 4 5 6 7 8 9  
No pain

(Date completed: \_\_\_\_\_)

10  
Worst pain imaginable

