

Participant Logbook – Foot exercise and education

Title: Foot Exercise and Education in the Treatme	ent of plantar heel pain (FEET Trial): A feasibility trial.
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Protocol Number: 2019000772

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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:
	Bate of freek Beginning.	

Exercise	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES							
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:
Other relevant information							
Details of other activities performed							
Details of any adverse events							
Details of treatment outside of study							

For this past week, i	indicate (d	circle) the	intensity	of your	first ste	ep pain (first ste	ps out of	bed in	the morr	ning):	(Date completed:)
		0	1	2	3	4	5	6	7	8	9	10	
	١	No pain										Worst pain imaginal	ble

Date of Week Beginning: Participant ID: ____

	Exerc	cise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe pus	sh	1		Reps:						
Toe spread	*	ř		Reps:						
Great toe extension	reat toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	ess toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIMES	A WEEK								
Doming	2 leg squat	1 leg squat	Jump or hop	Reps:	Reps:	Reps:	Reps: Sets:	Reps:	Reps: Sets:	Reps:
Langton much	Cit	Ctond	Count	Sets:	Sets:	Sets:		Sets:		Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps:						
Other relevant inform	nation		_	00.0.	T Cotto.	00.0.	00.0.	00.0.	00.0.	00.0.
Details of other activiti										
Details of any adverse	Details of any adverse events									
Details of treatment or	Details of treatment outside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____)

Worst pain imaginable

No pain

Date of Week Beginning: Participant ID: _____

	Exerc	cise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe pus	sh	1		Reps:						
Toe spread	*	ř		Reps:						
Great toe extension	reat toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	ess toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIMES	A WEEK								
Doming	2 leg squat	1 leg squat	Jump or hop	Reps:	Reps:	Reps:	Reps: Sets:	Reps:	Reps: Sets:	Reps:
Langton much	Cit	Ctond	Count	Sets:	Sets:	Sets:		Sets:		Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps:						
Other relevant inform	nation		_	00.0.	T Cotto.	00.0.	00.0.	00.0.	00.0.	00.0.
Details of other activiti										
Details of any adverse	Details of any adverse events									
Details of treatment or	Details of treatment outside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____)

No pain

Week 4 Date of Week Beginning: Participant ID:

	Exerc	ise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe push	-			Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread	₩	1		Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension	Tank Tank				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	7			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:
EXERCISES TO PERFO	ORM 3 TIMES	A WEEK								
Doming	2 leg squat	1 leg squat	Jump or hop	Reps:	Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps:	Reps:
Laurata a mush	0:4	Otavad	Oment	Sets:	Sets:	Sets:			Sets:	Sets:
Long toe push	Sit	Stand	Squat	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
1	13			Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:
Seated heel raise	Sit	Band max	Band max	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
		reps	reps	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
2		No.	тах терз	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:
Other relevant informat	tion									
Details of other activities	performed									
Details of any adverse ev	Details of any adverse events									
Details of treatment outs										

For this past week, indi	cate (circle)	the in	tensity of	your :	first step	<u>pain</u> (f	first steps	out of b	ed in the	morning	J):

(Date completed: _____

No pain

Date of Week Beginning: Participant ID: ____

	Exerc	cise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe pus	sh	1		Reps:						
Toe spread	*	ř		Reps:						
Great toe extension	reat toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	ess toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIMES	A WEEK								
Doming	2 leg squat	1 leg squat	Jump or hop	Reps:	Reps:	Reps:	Reps: Sets:	Reps:	Reps: Sets:	Reps:
Langton much	Cit	Ctond	Count	Sets:	Sets:	Sets:		Sets:		Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps:						
Other relevant inform	nation		_	00.0.	T Cotto.	00.0.	00.0.	00.0.	00.0.	00.0.
Details of other activiti										
Details of any adverse	Details of any adverse events									
Details of treatment or	Details of treatment outside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____)

No pain

Date of Week Beginning: Participant ID: ____

	Exe	rcise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe pus	sh			Reps:						
Toe spread	١	W		Reps:						
Great toe extension	reat toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	s toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand	o stand				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Single leg balance	Single leg balance				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
EXERCISES TO PER	FORM 3 TIMES	S A WEEK								
Doming	2 leg squa		Jump hop	терз.	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
	2:1			Sets:						
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band	Band							
Ceated fleet false		max reps	max reps	Reps: Sets:						
Standing heel raise	2 leg	1 leg	1 leg max re	Reps:						
	7-1			Sets:						
Other relevant inforn	nation									
Details of other activiti	es performed									
Details of any adverse	Details of any adverse events									
Details of treatment ou	Details of treatment outside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____) <u>`</u>10

No pain

Week 7 Date of Week Beginning: Participant ID: _____

	Exerc	cise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe pus	sh	1		Reps:						
Toe spread	*	ř		Reps:						
Great toe extension	reat toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	ess toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIMES	A WEEK								
Doming	2 leg squat	1 leg squat	Jump or hop	Reps:	Reps:	Reps:	Reps: Sets:	Reps:	Reps: Sets:	Reps:
Langton much	Cit	Ctond	Count	Sets:	Sets:	Sets:		Sets:		Sets:
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max reps	Band max reps	Reps: Sets:	Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps:						
Other relevant inform	nation		_	00.0.	T Cotto.	00.0.	00.0.	00.0.	00.0.	00.0.
Details of other activiti										
Details of any adverse	Details of any adverse events									
Details of treatment or	Details of treatment outside of study									

For this past week, indicate (circle)) the	intensity of y	our <u>fi</u> ı	rst step i	<u>pain</u> (first steps	out o	f bed in the	mornin	g):	(I

Date completed: _____) 0 1 2 3 4 5 6 7 8 9

No pain Worst pain imaginable

Date of Week Beginning: Participant ID: _____

Exercise			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
DAILY EXERCISES										
Doming + long toe push					Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:			
Great toe extension	7			Reps:						
Less toe extension				Reps:						
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIME	S A WEEK								
Doming	2 leg	it squat	Jump or hop	Reps:						
	0:1			Sets:						
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max	Band max	Reps: Sets:	Reps:	Reps:	Reps:	Reps:	Reps: Sets:	Reps:
Otomalina hood noice	2100	reps	reps							
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:						
Other relevant inform	mation									
Details of other activities performed										
Details of any adverse events										
Details of treatment or	utside of study									

For this past week, indicate	(circle) the	intensity of	f your	first step	<u>pain</u> ((first step	s out o	f bed in t	he morr	ning):
	_		_	_	-	_	_	_	_	_

(Date completed: _____) 0 1 2 3 4 5 6 7 8 9

No pain Worst pain imaginable

Date of Week Beginning: Participant ID: ____

	Exe	rcise		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DAILY EXERCISES										
Doming + long toe push					Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread	Toe spread					Reps:	Reps:	Reps:	Reps:	Reps:
Great toe extension	Great toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Less toe extension	Less toe extension				Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Sit to stand	Sit to stand			Reps:						
Single leg balance		12		Reps:						
EXERCISES TO PER	FORM 3 TIMES	S A WEEK								
Doming	2 leg squa		Jump hop	терз.	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
	2:1			Sets:						
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band	Band							
Ceated fleet false		max reps	max reps	Reps: Sets:						
Standing heel raise	2 leg	1 leg	1 leg max re	Reps:						
	7-1			Sets:						
Other relevant information										
Details of other activities performed										
Details of any adverse events										
Details of treatment ou	utside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____) 10

No pain

Date of Week Beginning: _____ Participant ID: _____

Exercise			Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
DAILY EXERCISES										
Doming + long toe push					Reps:	Reps:	Reps:	Reps:	Reps:	Reps:
Toe spread	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:			
Great toe extension	7			Reps:						
Less toe extension				Reps:						
Sit to stand				Reps:						
Single leg balance				Reps:						
EXERCISES TO PER	FORM 3 TIME	S A WEEK								
Doming	2 leg	it squat	Jump or hop	Reps:						
	0:1			Sets:						
Long toe push	Sit	Stand	Squat	Reps: Sets:						
Seated heel raise	Sit	Band max	Band max	Reps: Sets:	Reps:	Reps:	Reps:	Reps:	Reps: Sets:	Reps:
Otomalina hood noice	2100	reps	reps							
Standing heel raise	2 leg	1 leg	1 leg max reps	Reps: Sets:						
Other relevant inform	mation									
Details of other activities performed										
Details of any adverse events										
Details of treatment or	utside of study									

For this past week, indicate (circle) the *intensity* of your <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: ____)

No pain

Date of Week Beginning: _____ Participant ID: _____

Exercise	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
DAILY EXERCISES										
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:			
EXERCISES TO PERFORM 3 TIMES A WEEK										
	Jump or Reps:	Reps:	Reps: Sets:	Reps: Sets:	Reps:	Reps: Sets:	Reps: Sets:			
Language City Chand		Sets:			Sets:	Seis.				
Long toe push Sit Stand Sq	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:	Reps: Sets:			
max A	Band Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:			
	reps Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:			
	leg nax reps Reps:	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:			
	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:	Sets:			
Other relevant information	Other relevant information									
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 <u>first step pain</u> (first steps out of bed in the morning): 0 1 2 3 4 5 6 7 8 9

(Date completed: _____)
10

No pain

Date of Week Beginning: _____ Participant ID: _____

Exercise	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
DAILY EXERCISES									
Doming + long toe push	Reps:								
Toe spread	Reps:								
Great toe extension	Reps:								
Less toe extension	Reps:								
Sit to stand	Reps:								
Single leg balance	Reps:								
EXERCISES TO PERFORM 3 TIMES A WEEK									
Doming 2 leg squat 1 leg squat hop	терз.	Reps:	Reps:	Reps:	Reps:	Reps:	Reps:		
	Sets:								
Long toe push Sit Stand Squat	Reps: Sets:								
Seated heel raise Sit Band Band									
max max	Reps: Sets:								
Standing heel raise 2 leg 1 leg 1 leg 1 leg									
max re	Reps:								
	Sets:								
Other relevant information									
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

(Date completed: _____)
10

0 1 2 3 4 5 6 No pain