PAIN MANAGEMENT EXERCISE LOG

Week of: _____

Name:

Primary Focus Area:

Daily Goal (Mins):

DAY	EXERCISE / MOVEMENT	DURATION	PAIN LEVEL (1-10)	OBSERVATIONS & MOBILITY NOTES
Monday			Pre: □ Post: □	
Tuesday			Pre: □ Post: □	
Wednesday			Pre: □ Post: □	
Thursday			Pre: □ Post: □	
Friday			Pre: □ Post: □	
Saturday			Pre: □ Post: □	
Sunday			Pre: □ Post: □	

WEEKLY SUMMARY / FLARE-UP TRIGGERS:

Note: This document is for personal tracking. If pain increases significantly during exercise, stop and consult your healthcare provider.