GERIATRIC PT EXERCISE TRACKER

Week Of: _____
Patient Name: _____
Therapist: _____

EXERCISE NAME / DESCRIPTION	SETS/REPS	DAILY COMPLETION (M T W T F S S)	PAIN LEVEL (0-10)
Seated Leg Extensions Hold for 3 seconds at top	2 x 10		
Sit-to-Stand Use chair arms only if needed	3 x 8		
Single Limb Stance Hold kitchen counter for safety	30 Sec		
Wall Push-ups Keep back straight	2 x 12		

Progress Notes & Observations:
Please stop exercise if you experience sharp pain, dizziness, or shortness of breath.