OCCUPATIONAL THERAPY EXERCISE CHART

Date: _____
Patient Name: _____
Therapist: _____

EXERCISE / ACTIVITY	SETS / REPS	INSTRUCTIONS	WEEKLY TRACKING (M T W T F S S)
Finger Opposition	3 Sets of 10	Touch thumb to each fingertip sequentially.	
Wrist Extensions	2 Sets of 15	Palm down, lift back of hand toward ceiling.	
Grip Squeeze	10 Reps	Squeeze therapy putty or soft ball; hold 5s.	

Therapist Notes & Precautions:

Stop exercises if you experience sharp pain. Maintain upright posture during all movements.

This is a template example for educational purposes.