EXERCISE COMPLIANCE LOG

Week Beginning: _____
Patient Name:
ID Number:
Prescribed Routine/Frequency:
Therapist:

DAY	COMPLETED?	SETS/REPS	PAIN LEVEL (0-10)	NOTES / BARRIERS TO COMPLETION
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Weekly Summary & Goals

Therapist feedback or patient self-reflection...

Pain Scale: 0 = No Pain | 5 = Moderate Pain | 10 = Worst Imaginable