EXERCISE TRACKER

Week Of: _____

Patient Name:
Therapist:

EXERCISE / ACTIVITY	FREQUENCY/REPS	DAILY COMPLETION (CHECK BOX)
		M T W T F S S
		M T W T F S S
		M T W T F S S
		M T W T F S S
		M T W T F S S

Therapist Notes & Goals:
Template for educational purposes only. Always consult with a licensed healthcare professional.