

ARTHRITIS MANAGEMENT | PT LOG

Week of: _____

Patient Name: _____

Joint Focus: _____

Therapist: _____

Exercise / Movement	Sets/Reps	M	T	W	T	F	S/S
Range of Motion: _____	10 Reps						
Strengthening: _____	3 Sets						
Flexibility: _____	30s Hold						
Low Impact: _____	20 Mins						
Functional: _____	15 Reps						

Daily Pain & Stiffness Tracking

0 - No Pain 5 - Moderate 10 - Severe

MON

TUE

WED

THU

FRI

SAT

SUN

Therapist Notes / Goals for Next Session:

Always consult your physician before beginning a new exercise regimen. Stop if you experience sharp or worsening pain.