

PHYSICAL THERAPY LOG

Date: _____

Patient Name: _____

Therapist: _____

Focus Area: _____

Pain Level (1-10): [] Pre [] Post

EXERCISE / MOVEMENT	SETS/REPS	HOLD TIME	DONE
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	
4. _____	_____	_____	
5. _____	_____	_____	
6. _____	_____	_____	

Daily Mobility Goals

Therapist Notes / Feedback

Daily Wellness PT Template • Consistency is Key to Recovery