

RANGE OF MOTION LOG

Week of: _____

Patient Name: _____

Joint/Area: _____

EXERCISE / MOVEMENT	SETS/REPS	M	T	W	T	F	S	S
Neck Flexion / Extension	2 x 10							
Shoulder Abduction	3 x 12							
Wrist Rotation	2 x 15							
Ankle Dorsiflexion	3 x 10							
Hip Internal Rotation	2 x 10							

Additional Therapist Instructions or Pain Level Notes:

This document is for tracking purposes only. Consult a medical professional before beginning any exercise routine.