

# PHYSICAL THERAPY RECOVERY LOG

Week Of: \_\_\_\_\_

ATHLETE NAME  
INJURY TYPE  
PHASE

EXERCISE / MOVEMENT	SETS/REPS	FREQUENCY / DAYS	PAIN LEVEL (1- 10)
Dynamic Stretching	2 x 10	M	
		T	
		W	
		T	
		F	
		S	
		S	
Isometric Holds	3 x 30s	M	
		T	
		W	
		T	
		F	
		S	
		S	
Resistance Band Work	3 x 15	M	

**EXERCISE /  
MOVEMENT**

**SETS/REPS**

**FREQUENCY / DAYS**

**PAIN LEVEL (1-  
10)**

T

W

T

F

S

S

Proprioception /  
Balance

5 mins

M

T

W

T

F

S

S

Targeted Mobility

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M

T

W

T

F

**EXERCISE /  
MOVEMENT**

**SETS/REPS**

**FREQUENCY / DAYS**

**PAIN LEVEL (1-  
10)**

S

S

**WEEKLY PROGRESS NOTES & SYMPTOMS**

Generated Template Æ Sport Recovery Protocol Physician/PT Signature:

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