

HOME CARE EXERCISE CHECKLIST

Exercise 1:		
Exercise #		
Frequency _____ x weekly		
Date	Sets x Reps	Time
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

Exercise 2:		
Exercise #		
Frequency _____ x weekly		
Date	Sets x Reps	Time
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

Exercise 3:		
Exercise #		
Frequency _____ x weekly		
Date	Sets x Reps	Time
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

Exercise 4:		
Exercise #		
Frequency _____ x weekly		
Date	Sets x Reps	Time
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	



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