

Name _____ Place _____

Time _____ Day _____ Date _____

Your room number _____ Therapist name _____

Roll 10 times to the right

Roll 10 times to the left

Sit up at edge of bed

Twist from side to side 10 times

Lift left leg 10 times

Lift right leg 10 times

Straighten left knee 10 times

Straighten right knee 10 times

Stand up to walker

Lie back down in the bed