

*PT Hot Pack Repeat*

Name: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist's name: \_\_\_\_\_

Your therapist is going to start you on this exercise \_\_\_\_\_.  
You will have to watch the clock while you are doing the exercise.  
At certain times you will have to stop.  
You will need to get a hot pack cover from the storage room.  
Write down the time after when you are finished.  
Then go back and continue your exercise.

Time	What color hot pack cover?	Time finished

Primary exercise suggestions for therapist:

- Walking on treadmill*
- Using recumbent stepper*
- Mat exercises*

Options:

- Have patient push cart*
- Carry hot packs in wheelchair*
- Carry hot packs in walker bag*