Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_        Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your room number \_\_\_\_\_\_\_\_\_ Therapist name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist instructions:

Here is a list of exercises you have to do during your session. Keep watching the clock to know when to start and stop each exercise. Cross off the exercises when you finish them.

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| --- | --- |
| Start Time | Task/Exercise |
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