

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 take a box and put it in the cabinet.

Write down the time when you are finished.

Then go back and continue your exercise.

Time	Box Number	Time finished

Primary exercise suggestions for therapist:

Walking on treadmill

Using recumbent stepper

Mat exercises

Options:

Have patient push cart

Carry box in wheelchair

Carry box in walker bag