

Name: _____

Time: _____

Date: _____

Therapist's name: _____

Time	Exercise
	Review program with therapist (5 minutes)
	Therapist stretches legs (10 minutes)
	Leg skateboard (5 minutes)
	Squats (5 minutes)
	Parallel bars (10 minutes)
	Walk with walker (10 minutes)
	Stepper (10 minutes)
	Go to next therapy