EVERCISE LOC	Name:	Study ID:		
EXERCISE LUG	Date of "Day 1":	Week in Trial:		

INSTRUCTIONS FOR CLINICIAN: APPLY STICKERS FOR APPROPRIATE EXERCISES AND MARK LEVEL OF ACTIVITY.		INSTRUCTIONS FOR CHILD/PARENT: A) CHECK BOX IF FULL EXERCISE IS COMPLETED ON EACH APPROPRIATE DAY. B) WRITE IN REASON IF EXERCISE IS NOT COMPLETED ON ANY GIVEN DAY.							
EXERCISES FOR THIS WEEK		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
FLEXIBILITY	Stick requested exercise sticker here	Beg.Inter.AdvancedDay 1Day 2Day 3Day 4Day 5Day 6Day 7	Comments:						
ANKLE STRENGTH	Stick requested exercise sticker here	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 Day 2</li> <li>Day 3 Day 4</li> <li>Day 5 Day 6</li> <li>Day 7</li> </ul>	Comments:						
LEG STRENGTH	Stick requested exercise sticker here	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 Day 2</li> <li>Day 3 Day 4</li> <li>Day 5 Day 6</li> <li>Day 7</li> </ul>	Comments:						
BALANCE	Stick requested exercise sticker here	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 Day 2</li> <li>Day 3 Day 4</li> <li>Day 5 Day 6</li> <li>Day 7</li> </ul>	Comments:						
GENERAL FITNESS	Stick requested exercise sticker here	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 Day 2</li> <li>Day 3 Day 4</li> <li>Day 5 Day 6</li> <li>Day 7</li> </ul>	Comments:						
	Deutine #1		Activity						
HEART AND LUNG	Routine #1		Number of minutes Repetitions						
			Activity						
HEART AND LUNG	Routine #2		Number of minutes						
AI			Repetitions						

	Name:	Study ID:		
	EXERCISE LUG	Date of "Day 1":	Week in Trial:	

INSTRUC APPROPR	CTIONS FOR CLINICIAN: AF IATE EXERCISES AND MARK L	PPLY STICKERS FOR EVEL OF ACTIVITY.		INSTRUCTIONS FO B	<b>r child/parent</b> : <b>A</b> j ) write in reason if	) CHECK BOX IF EXERC EXERCISE IS NOT CO	ISE IS COMPLETED ON MPLETED ON ANY GIVE	I EACH APPROPRIATE [ EN DAY.	DAY.
EXERCISES FOR THIS WEEK		DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
FLEXIBILITY	HC1. Assisted Stretch	<sup>•</sup> Beg. <sup>•</sup> Inter. <sup>•</sup> Advanced <sup>•</sup> Day 1 <sup>•</sup> Day 2 <sup>•</sup> Day 3 <sup>•</sup> Day 4 <sup>•</sup> Day 5 <sup>•</sup> Day 6 <sup>•</sup> Day 7	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:
ANKLE STRENGTH	AS4. Two-Feet Stair Lift (No Hands)	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 Day 2</li> <li>Day 3 Day 4</li> <li>Day 5 Day 6</li> <li>Day 7</li> </ul>	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:
LEG STRENGTH	Q5. Squat and Play	<ul> <li>Beg. Inter.</li> <li>Advanced</li> <li>Day 1 2 Day 2</li> <li>Day 3 2 Day 4</li> <li>Day 5 2 Day 6</li> <li>Day 7</li> </ul>	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:
BALANCE	B3. Balance Ball	Beg. ✓ Inter.         Advanced         ✓ Day 1       Day 2         ✓ Day 3       Day 4         ✓ Day 5       Day 6         ✓ Day 7	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:
GENERAL FITNESS	GM2. Two-Feet Hop	Beg.         Inter.           ✓         Advanced           Day 1         ✓         Day 2           Day 3         ✓         Day 4           Day 5         ✓         Day 6           Day 7         ✓         ✓	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:	Comments:
(7)	Routine #1		Activity	Activity	Activity	Activity	Activity	Activity	Activity
HEART AND LUNG			Number of minutes Repetitions	Number of minutes	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions
RT JNG	Routine #2		Activity	Activity	Activity	Activity	Activity	Activity	Activity
HEART AND LUNG			Number       of minutes       Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions	Number of minutes Repetitions