






EXERCISE LOG	Name:	Study ID:
	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	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
ANKLE STRENGTH	Stick requested exercise sticker here	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
LEG STRENGTH	Stick requested exercise sticker here	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
BALANCE	Stick requested exercise sticker here	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
GENERAL FITNESS	Stick requested exercise sticker here	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
HEART AND LUNG	Routine #1		Activity	Activity	Activity	Activity	Activity	Activity	Activity
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>
			Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>
HEART AND LUNG	Routine #2		Activity	Activity	Activity	Activity	Activity	Activity	Activity
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>	Number of minutes <input type="text"/>
			Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>	Repetitions <input type="text"/>

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EXERCISES FOR THIS WEEK			DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
FLEXIBILITY	 HC1. Assisted Stretch	<input checked="" type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input checked="" type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input checked="" type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input checked="" type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
ANKLE STRENGTH	 AS4. Two-Foot Stair Lift (No Hands)	<input checked="" type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input checked="" type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input checked="" type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input checked="" type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
LEG STRENGTH	 Q5. Squat and Play	<input checked="" type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input checked="" type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input checked="" type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input checked="" type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
BALANCE	 B3. Balance Ball	<input type="checkbox"/> Beg. <input checked="" type="checkbox"/> Inter. <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> Day 1 <input type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Day 4 <input checked="" type="checkbox"/> Day 5 <input type="checkbox"/> Day 6 <input checked="" type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
GENERAL FITNESS	 GM2. Two-Foot Hop	<input type="checkbox"/> Beg. <input type="checkbox"/> Inter. <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Day 1 <input checked="" type="checkbox"/> Day 2 <input type="checkbox"/> Day 3 <input checked="" type="checkbox"/> Day 4 <input type="checkbox"/> Day 5 <input checked="" type="checkbox"/> Day 6 <input type="checkbox"/> Day 7	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:	<input type="checkbox"/> Comments:
HEART AND LUNG	Routine #1		Activity	Activity	Activity	Activity	Activity	Activity	Activity
	<input type="text"/>		<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>
HEART AND LUNG	Routine #2		Activity	Activity	Activity	Activity	Activity	Activity	Activity
	<input type="text"/>		<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>	<input type="text"/> Number of minutes <input type="text"/> Repetitions <input type="text"/>