



PARAGON ORTHOPEDIC CENTER

EXERCISE RECONCILIATION SHEET

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Standing Low Impact Aerobics	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
Strength and *ROM #1							
Strength and *ROM #2							
Strength and *ROM #3							
Strength and *ROM #4							
Standing Low Impact Aerobics	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES
Strength and *ROM #1							
Strength and *ROM #2							
Strength and *ROM #3							
Strength and *ROM #4							

RECORD THE NUMBER OF MINUTES YOU DO YOUR AEROBIC PROGRAM. SET A GOAL OF 4-6 HOURS PER WEEK.

CHECK THE BOX EACH TIME YOU PERFORM YOUR STRENGTHENING AND ROM EXERCISES THROUGHOUT THE DAY.

***ROM stands for range of motion.**