

# Home Activity & Exercise Response Diary

H-A-E-R

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This will help you and your physician manage your emotional response from any increased discomfort experienced after the at home performance of the assigned activities and exercises. It is important that these activities and exercises be performed just below any increased discomfort levels for the prevention of higher levels of pain.

|                                  | Discomfort After | Emotional Response | Automatic Thoughts | Replacement Thought |
|----------------------------------|------------------|--------------------|--------------------|---------------------|
| <b>Activity</b>                  |                  |                    |                    |                     |
| Sit to Stand                     |                  |                    |                    |                     |
| Half Knee Squats                 |                  |                    |                    |                     |
| Active Range of Motion           |                  |                    |                    |                     |
| Balance One Foot Lt / Rt         |                  |                    |                    |                     |
| Walking                          |                  |                    |                    |                     |
| <b>Low Back Stretch</b>          |                  |                    |                    |                     |
| One Knee to Chest                |                  |                    |                    |                     |
| Flexing in a Chair               |                  |                    |                    |                     |
| Rotation Chair                   |                  |                    |                    |                     |
| Side Bending Standing            |                  |                    |                    |                     |
| Backward Standing                |                  |                    |                    |                     |
| Hamstring ( <i>both sides</i> )  |                  |                    |                    |                     |
| Piriformis ( <i>both sides</i> ) |                  |                    |                    |                     |
| Psoas ( <i>both sides</i> )      |                  |                    |                    |                     |
| <b>Back Strengthening</b>        |                  |                    |                    |                     |
| Lunges Right & Left              |                  |                    |                    |                     |
| Abdominal Sitbacks               |                  |                    |                    |                     |
| Abdominal Obliques               |                  |                    |                    |                     |
| Side Bridges                     |                  |                    |                    |                     |
| Extension 1 Arm & Leg            |                  |                    |                    |                     |
| <b>Gymball Stabilization</b>     |                  |                    |                    |                     |
| Stabilization with Balance       |                  |                    |                    |                     |