Home Activity & Exercise

Patient's Name:	Date: /	I	/

It is important that these activities and exercises be performed just below any increased discomfort levels for the prevention of higher levels of pain. To help you and your physician manage your emotional response from any increased discomfort from the performance of these assigned activities and exercises, be sure to record what you are feeling on your **Home Activity & Exercise Response Diary**.

	Quota / Instructions	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm
Activity												
Sit to Stand												
Half Knee Squats												
Active Range of Motion												
Balance One Foot Lt / Rt												
Walking												
Low Back Stretch												
One Knee to Chest												
Flexing in a Chair												
Rotation Chair												
Side Bending Standing												
Backward Standing												
Hamstring (both sides)												
Piriformis (both sides)												
Psoas (both sides)												
Back Strengthening												
Lunges Right & Left												
Abdominal Sitbacks												
Abdominal Obliques												
Side Bridges												
Extension 1 Arm & Leg												
Gymball Stabilization												
Stabilization with Balance												