Home exercise program

Filled in for you by your practitioner. Keep it where you exercise and bring it to your next visit.

PatientPower
beyondmychart.com

Patient: **Date given:**

Practitioner: **Practice phone:**

Your exercises

#	Exercise and how to do it	Sets	Reps	Hold or time	How often
1					
2					
3					
4					
5					
6					

Your practitioner writes each exercise here, with any notes on how to do it.

Pain check-in

Rate your pain from 0 to 10: 0 means no pain, 10 means the worst pain you can imagine.

0	1	2	3	4	5	6	7	8	9	10

No pain — Worst pain you can imagine

When to rate it (your practitioner fills this in):

Stop and call us if

Your practitioner writes here what should make you stop an exercise and call the practice.

Practice phone:

In an emergency, call 911 or go to the nearest emergency room.

Your plan in PatientPower

QR code goes here

Scan to open PatientPower (beyondmychart.com). New to it? Follow the link in your practice's invitation email and create your account with that same email address; you then see each goal your practitioner set. If your program is set as goals, you can log them there between visits.

For the practice: paste or print a QR code for beyondmychart.com here, or leave it blank. Do not use a patient's invitation link.

Next visit **Date:** **Time:** **With:**

PatientPower is software that helps licensed practitioners organize care and share educational information. It does not diagnose or treat, and it is not for emergencies: in an emergency, call 911. Free template from PatientPower (beyondmychart.com).

Weekly log

Tick the days you did each exercise. Bring this page to your next visit.

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Patient: _____ **Week starting:** _____

Tick each exercise on the days you do it. Write your pain score (0 to 10) on the days your practitioner asked you to (see page 1). If your practitioner has set these as goals in PatientPower, you can log them in the app instead, using the control under each goal, and your practitioner sees it before your next visit.

	Day 1 date _____	Day 2 date _____	Day 3 date _____	Day 4 date _____	Day 5 date _____	Day 6 date _____	Day 7 date _____
Exercise 1	☐	☐	☐	☐	☐	☐	☐
Exercise 2	☐	☐	☐	☐	☐	☐	☐
Exercise 3	☐	☐	☐	☐	☐	☐	☐
Exercise 4	☐	☐	☐	☐	☐	☐	☐
Exercise 5	☐	☐	☐	☐	☐	☐	☐
Exercise 6	☐	☐	☐	☐	☐	☐	☐
Pain score (0 to 10)							

Questions or notes for your next visit

For the practitioner: this is a blank template. It contains no exercise recommendations or prescriptions. The exercises, sets, reps, timing, how often, what to stop and call about and when to rate pain are yours to set for each patient, and what you write is your practice's own instruction. Free to copy, edit and use in your practice; in the Word version you may replace the PatientPower header with your own.

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