



Exercise Program Start Date: ____/____/____		Name : _____					
Day 1 Date: ____/____/____		Day 2 Date: ____/____/____	Day 3 Date: ____/____/____	Day 4 Date: ____/____/____	Day 5 Date: ____/____/____	Day 6 Date: ____/____/____	Day 7 Date: ____/____/____
Resistance Training							
Wall squats	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball	<input type="checkbox"/> with ball / without ball
Step ups	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Chair stand	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Knee extension	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Knee flexion	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Standing plantar flexion	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Standing hip abduction	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Standing hip flexion	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Standing hip extension	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Pushups	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____	<input type="checkbox"/> Positioning: _____
Internal rotation	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
External rotation	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Biceps	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Triceps row	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg
Triceps pulldown	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg	<input type="checkbox"/> Bands Used: ____ kg
Triceps chair dip	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Shoulder raise	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg	<input type="checkbox"/> Weight/Bands Used: ____ kg
Balance Training							
One Legged Stand	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Tandem Walking	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Sideways Walking	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Cross-over Walking	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Circle Turning	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Stepping Over Obstacles							
Forwards	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Backwards	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Side to side	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____	<input type="checkbox"/> Level completed: _____
Comments/Notes:							
<div><div><div>DCRC Dementia Centre for Research Collaboration</div></div><div><div>HOM-CARE</div></div></div>							