	MC	DIFIED	OTAGO E	EXERCIS	E CALE	NDAR_8	DIARY	
Client Name								
	<u>Monday</u>	<u>Tuesday</u>	Wednesday	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Notes</u>
Date								
Staff Name								
Warm Up								
(Yes or no)								
		*Dloose	e record amount	STRENG		actitions for as	oh	
		Please	record amount	or weight and l	number of rep	elilloris for ea	CH	
Front Knee								
Back Knee								
Side Hip								
Calf Raises (Support)								
Toe Raises (Support)								
		*DI/	BAL ease record num	ANCE EXE		onnronrioto		
		* Pleas	ease record num se record amount	t of suppor <u>t (no</u>	ons or ume, as o support, <u>1 ha</u>	and, or 2 h <u>and</u>	(s)	
Knee Bends								
Backwards Walk								

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Notes</u>				
WALKING PROGRAM											
	Monday	Monday Tuesday									