

MODIFIED OTAGO EXERCISE CALENDAR & DIARY

Client Name								
	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Notes</u>
Date								
Staff Name								
Warm Up (Yes or no)								

STRENGTH

**Please record amount of weight and number of repetitions for each*

Front Knee								
Back Knee								
Side Hip								
Calf Raises (Support)								
Toe Raises (Support)								

BALANCE EXERCISES

**Please record number of repetitions or time, as appropriate
* Please record amount of support (no support, 1 hand, or 2 hands)*

Knee Bends								
Backwards Walk								

