



Community based rehabilitation after knee arthroplasty

Community Rehabilitation Diary

Participant _____

Study Number _____

Therapy Assistant _____

Occupational therapist _____

Physiotherapist _____

Therapy Assistant Contact Number _____

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Home exercise record sheet

Date:

Week

Strengthening, ROM and Balance Exercises: Planned Programme	Completed Activity - <u>Tick if completed as planned</u> , otherwise state in box actual exercise taken i.e.; the number of repetitions(reps) and sets						
Exercise number, sets and repetitions	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date

Walking programme

Overall walking goal:

Current distance/time:

Walking programme continued

Week number	Target distance	Target met	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date	Day/Date