

Individualized Exercise Plan

Patient Name: [Patient's Name]

Date: [Date]

Physiotherapist: [Physiotherapist's Name]

Patient Goals:

- [Goal 1]
- [Goal 2]
- [Goal 3]

Assessment Summary:

[Brief assessment summary including relevant findings]

Exercise Plan:

Exercise 1:

[Description of Exercise 1]

Repetitions: [Number]

Sets: [Number]

Exercise 2:

[Description of Exercise 2]

Repetitions: [Number]

Sets: [Number]

Exercise 3:

[Description of Exercise 3]

Repetitions: [Number]

Sets: [Number]

Frequency:

[Recommended frequency of exercises]

Additional Recommendations:

[Any other recommendations or notes]

Follow-up Appointment:

[Date and time of follow-up appointment]

Signature: _____

Physiotherapist: [Physiotherapist's Name]

Contact Information: [Physiotherapist's Contact Info]