



EXERCISE PRESCRIPTION

Patient name: _____ DOB: _____

Physician's Signature _____

Date: _____

AEROBIC EXERCISE _____ Days/Week Progressing to _____ min/session

Impact Exercises

- Jogging Aerobics
 Walk/Jog _____
 Rope skipping

Non/Low-Impact Bearing Exercises

- Walking Swimming Stationary bicycling
 Bicycling Rowing Aerobics
 _____ _____

Intensity Exercise Heart Rate _____ to _____ beats/min. or _____ to _____ beats/10 sec.

Perceived exertion (see chart) _____ to _____ averaging _____

Begin _____ program with _____ minutes, add _____ minutes every week.

Begin _____ program with _____ minutes, add _____ minutes every week.

Additional instructions _____

STRETCHING/FLEXIBILITY EXERCISE

_____ Days/Week

- Pre/post Exercise and Physical Activity Low Back Flexibility Program
 General Program _____

Additional Instructions _____

STRENGTH EXERCISES

_____ Days/Week

- Dumbbell/Barbell Conditioning Program Calisthenics
 Weight machine strength program Low Back Strengthening Program

Additional Instructions _____

SPORTS AND RECREATIONAL EXERCISE

Mode _____ Frequency _____ time(s)/week Duration _____ minutes

ADDITIONAL RECOMMENDATIONS AND COMMENTS

