

Home Exercise Program



Name: _		Date:		
DO ONLY	/ TH	E ITEMS THAT ARE (✔) CHECKED		
	2.	. Pursed-Lip Breathing: ☐ With All Activities ☐ With Exertion Oxygen Therapy: flow rate at rest with exercise Walking Program: minutes warm up minutes walk at own pace or briskly minutes cool down		
	4.	Strengthening Exercises:		
		Upper Body ☐ Bicep Curls ☐ Lat. Shoulder Raises ☐ Seated Triceps ☐ Seated Cross-Overs ☐ Arm Raises - Cane ☐ Wall Push Ups Lower Body ☐ Alternating Leg Extensions ☐ Hip Flexion ☐ Heel Lifts with Half Knee Bends ☐ Knee Bends in Standing ☐ Hip & Knee Extensions	Sets/Repetitions Sets/Repetitions	
	5.	Flexibility Exercises:		
		Stretches ☐ Head Turn ☐ Side Stretch ☐ Shoulder Circles ☐ Forward Stretch ☐ Side/Trunk Stretch ☐ Calf Stretch	Repetitions	