

1. Set Personal Goals

Improve Functional Ability Score by ____ points by: Date _____

Return to specific activities, tasks, hobbies, sports...by: Date _____

1. _____
2. _____
3. _____

Return to limited work/or normal work by: Date _____

2. Improve Sleep (Goal: ____ hours/night, Current: ____ hours/night)

Follow basic sleep plan

1. Eliminate caffeine and naps, relaxation before bed, go to bed at target bedtime _____

Take nighttime medications

1. _____
2. _____

3. Increase Physical Activity

Attend physical therapy (days/week _____)

Complete daily stretching (____ times/day, for ____ minutes)

Complete aerobic exercise/endurance exercise

1. Walking (____ times/day, for ____ minutes) or pedometer (____ steps/day)
2. Treadmill, bike, rower, elliptical trainer (____ times/week, for ____ minutes)
3. Target heart rate goal with exercise _____ bpm

Strengthening

1. Elastic, hand weights, weight machines (____ minutes/day, ____ days/week)

4. Manage Stress- list main stressors _____

Formal interventions (counseling or classes, support group or therapy group)

1. _____
2. _____

Daily practice of relaxation techniques, meditation, yoga, creative activity, service activity, etc.

1. _____
2. _____

Medications

1. _____
2. _____

5. Decrease Pain (best pain level in past week: ____ / 10, worst pain level in past week: ____ / 10)

Non-medication treatments

1. Ice/heat _____
2. _____

Medications

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Other interventions: (Manipulation, Injections):

1. _____
2. _____
3. _____
4. _____

6. Diagnostics (EMG, CT, MRI, X-rays, Bone Scan, Ultrasound, etc)

1. _____
2. _____
3. _____
4. _____

7. Consultations (Ortho, Ortho Surgeon, PT, PMR, Neuro, Rheum, Chiro, Pain, etc.)

1. _____
2. _____
3. _____
4. _____

Physician name: _____ Date: _____