OMT Weekly Exercise & Symptom Tracker

Patient / Case Information

- Case ID: _____
- Session #: _____ Week #: _____
- Focus Area(s): _____ Therapist: _____

Exercise Plan

Exercise 1

- Name: _____ Dosage: _____

Exercise 2

- Name: _____ Dosage: _____

Exercise 3

- Name: _____ Dosage: _____

Exercise 4

- Name: _____ Dosage: _____

Exercise 5

- Name: _____ Dosage: _____

Exercise 6

- Name: _____ Dosage: _____

Exercise 7

- Name: _____ Dosage: _____

Exercise 8

- Name: _____ Dosage: _____ ##

📊 Weekly Exercise Tracker

(Track completion each day — check off each time completed)

Exercise	Dosage	Mon	Tue	Wed	Thu	Fri	Sat	Sun
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐
__________	______	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐	☐☐☐

📝 Daily Symptom Tracker (Optional)

Symptom	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Jaw pain / tension	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
Jaw clicking / popping	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
Mouth breathing	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
Snoring	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
Tongue posture awareness	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	☐0 ☐1 ☐2 ☐3 ☐4 ☐5

🧠 End-of-Week Symptom Evaluation

Symptom	Rating (0–5)	Notes
Jaw pain / tension	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____
Jaw clicking / popping	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____
Mouth breathing	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____
Snoring	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____
Tongue posture issues	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____
Neck strain / posture	☐0 ☐1 ☐2 ☐3 ☐4 ☐5	_____

📈 Weekly Progress Reflection

- What improved this week?

- What was challenging?

- Notes for next session:

💡 Instructions for Patients:

- Complete exercises as prescribed.
- Check off each box when finished.
- Be honest with symptom ratings.
- Bring this sheet to your next session.

Template inspired by OMT Goal Builder structure filecite turn0file0