

Motor Activity Log – Lower Extremities

Patient Name: _____ Date: _____
 Injury: _____ Surgery: _____
 Surgery Date: _____ Doctor Name: _____

| | Activities | Frequency (None, Little, Some, A Lot) | How Well Used (Full, Moderate, No Range) | Amount of Pain |
|-----|--------------------------|---|--|----------------|
| 1. | Sitting | | | |
| 2. | Standing | | | |
| 3. | Lying Down | | | |
| 4. | Walking with Crutches | | | |
| 5. | Walking without Crutches | | | |
| 6. | Swimming | | | |
| 7. | Climbing Stairs | | | |
| 8. | Driving | | | |
| 9. | Running | | | |
| 10. | Biking | | | |
| 11. | Jumping | | | |
| 12. | Exercise: | | | |
| 13. | Exercise: | | | |
| 14. | Exercise: | | | |
| 15. | Exercise: | | | |

Additional Comments

Comments:

Goals: