

# Rehabilitation Fitness Progress Assessment

## Personal Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist/Trainer: \_\_\_\_\_

## Assessment Details

Current Phase/Stage: \_\_\_\_\_

Exercise/Therapy Performed: \_\_\_\_\_

Duration: \_\_\_\_\_

Pain Level (0-10): \_\_\_\_\_

## Progress Indicators

Range of Motion: \_\_\_\_\_

Strength Assessment: \_\_\_\_\_

Balance/Coordination: \_\_\_\_\_

Mobility: \_\_\_\_\_

## Observations & Comments

Notes: \_\_\_\_\_

## Next Steps / Goals

Planned Progression: \_\_\_\_\_