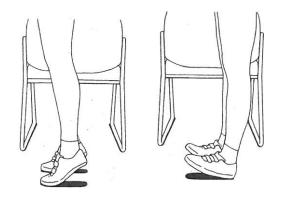


Standing Leg Range of Motion and Balance Exercise Program

Patient Name:_	
Date:	

This exercise program was designed for you by your Physical Therapist.

- Do only the exercises that have been marked.
- Unless directed otherwise, do all exercises holding onto a stable surface such as a counter top or a heavy chair.
- Do the exercises slowly and smoothly.
- Never hold your breath while doing the exercises as it may increase your blood pressure.
- If you feel pain or discomfort, tell your therapist.
- Push up on toes then rock back on heels.
 Repeat _____times.



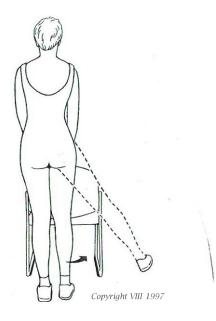
2) Lift each knee up and down in a marching pattern.

Hold for _____seconds.

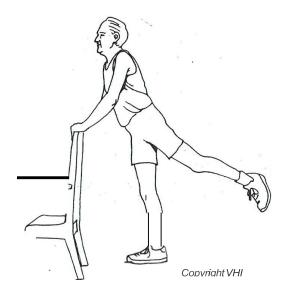
Repeat _____times.



 With knee straight, lift leg out to the side. Repeat with other leg. Repeat _____times.



4) With knee straight, lift leg backwards. Repeat with other leg.Repeat _____times.



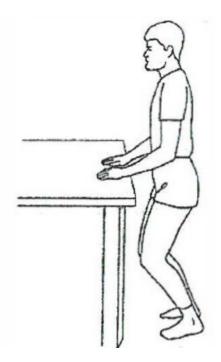
5) With knee straight, lift leg forward. Repeat with other leg. Repeat _____times.



6) While standing with back straight, bend one knee back, bringing your foot toward your buttock. Repeat with other leg.
 Repeat _____times.

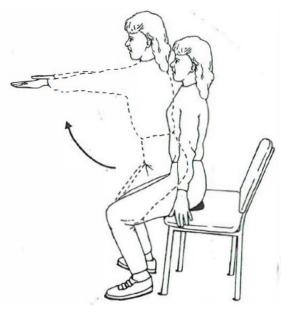


Mini knee bends: Keep your heels flat on the floor and feet shoulder width apart. Bend your knees then straighten back up.
 Repeat _____times.



8) Sit to stand exercise: Sit on edge of chair with arms resting on your lap or at your side. Stand up.

Repeat _____times. (If you need to use your arms, you may use them.)



9) Calf stretch: With right foot in front, left foot behind, lean forward, keeping left heel touching the ground. Hold _____seconds. Repeat with other leg.



Michigan Visiting Nurses Standing Leg Range of Motion and Balance Exercise Program

10) Practice standing on one leg at a time for _____seconds/minutes. Try not to hold on but keep your hands near the surface if needed.



Walking program

Perform a walking program as advised by your therapist. Time yourself and keep a chart

- Begin with _____minutes.
- Repeat _____times per day.
- Use the following chart to record your times.
- \Box Walk inside your home
- \square Walk on sidewalks
- □ Have someone with you when walking
- \Box Use a cane
- □ Use a walker

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
#1							
#2							
#3							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
#1							
#2							
#3							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
#1							
#2							
#3							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
#1							
#2							
#3							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
#1							
#2							
#3							

Michigan Visiting Nurses Standing Leg Range of Motion and Balance Exercise Program

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan Health for the typical patient with your condition. It may include links to online content that was not created by University of Michigan Health and for which University of Michigan Health does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

> Reviewers: Leslie Pierce DPT Edited by: Karelyn Munro BA

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