

MHS Physical Education Make-Up

Name\_\_\_\_\_

**PHYSICAL THERAPY LOG**

PE Teacher\_\_\_\_\_

Day/Period\_\_\_\_\_

INJURY:

Dates of Medical Excuse:

PHYSICAL THERAPY

Name/Address and Phone Number of Business where you are having therapy done:

Therapist's Name and Signature:\_\_\_\_\_

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

Time and Duration: \_\_\_\_\_

Describe in detail every exercise, stretch and activity that is done during therapy, and for how long. Be specific!!! Use the back of the paper if needed.