

Daily Recovery Log

Name:

Date :

Days Since Surgery:



Pain & Symptoms

Time of Day

Pain (0-10)

Notes (swelling, stiffness, sleep, energy)

Exercises Completed

- Walking / minutes _____
- Bike / minutes _____
- Stretching _____
(hamstrings, glutes, hip flexors)
- Strength _____
(bridges, clamshells, squats)
- Balance drills _____
- PT-assigned exercises:

Mobility & Milestones

- Steps climbed today: _____
- Distance walked: _____
- Could I sit comfortably for _____ min?
- Could I drive today?
 Yes No
- Sleep quality:
 Poor Fair Good

Wins & Questions

“Small progress each day adds up to big results.”

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