

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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