

Lower Body: Last week

Assessment of Difficulty

Name: _____ Date: _____

After completing each exercise, determine the level of difficulty by placing a checkmark in the appropriate box.

| Lower Body | | | | | | | | | |
|---------------------------------|----------------------------|----------------|-----------|--------------------|-----------|----------------|--|------|--------|
| Exercises | Can't Do Like Picture 0 | Very Hard 1 | Hard 2 | Somewhat Hard 3 | Easy 4 | Very Easy 5 | Using any modifications, how do you feel as compared to start? | | |
| | | | | | | | Worse | Same | Better |
| 1. Core strengthening | | | | | | | | | |
| 2. Clamshell strengthening | | | | | | | | | |
| 3. Hip stretch | | | | | | | | | |
| 4. "C" to "J" stretch | | | | | | | | | |
| 5. Knee extension strengthening | | | | | | | | | |
| 6. Hamstring contraction | | | | | | | | | |
| 7. Squats | | | | | | | | | |
| 8. Standing hip flexor stretch | | | | | | | | | |
| 9. Hamstring stretch | | | | | | | | | |
| 10. Calf stretch | | | | | | | | | |