Therapy Type	Patient (time - min)									
	1	2	3	4	5	6	7	8	9	10
Arrival time										
Departure time										
Time spent in gym										
Upper Limb (all)										
Trunk & Spine (all)										
Vestibular										
Mobilization & Massage										
Cardiovascular fitness training										
Lower Limb										
Stretching										
Bed based										
Balance (dynamic)										
Balance (static)										
Conventional Leg Strengthening										
Specific Ballistic Leg Strengthening										
Gait re-education										
Other mobility training										
Functional training (ie. STS)										
Other - please list										
Total Time Exercising (60mins)	0	0	0	0	0	0	0	0	0	0