

Knee Replacement Care Pathway After Discharge

__ / __	__ / __	__ / __	__ / __	__ / __	__ / __	__ / __	__ / __
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 7

Goals

The first two weeks after surgery is the most critical time for you to regain range of motion (ROM) in your new knee.

Your goal is to achieve ROM of 0-90 degrees by your two week follow-up appointment.




- Straighten Leg (0 degrees)
- Bend Leg (90 degrees)

Accomplish ROM Goal by:

- ➔ Controlling pain and swelling
- ➔ Caring for your wound
- ➔ Doing your exercises


Dos and Don'ts

Do Not Rest with a Pillow Positioned Under Your Knee




NO

Rest with Your Leg Straight




OK



OK













Don't Sit for Long Periods with Your Feet on the Floor



Avoid for Long Periods

Control Pain and Swelling

Exercises (based on therapist discretion)

Take Pain Medication	Take pain medication as directed by your surgeon for the first few days. Begin to wean off of pain meds as tolerated. (Decrease the number of pills or increase the time between pills.)	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication
Take Blood Clot Medication	Take medication to prevent blood clots as directed by your surgeon.	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>
Ice your Knee	Apply and ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
Elevate your Leg	Prop your leg when sitting throughout the day  Elevate your leg above your heart 4x/day for 20-30 minutes 	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wear TED Stockings	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore.	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>
Care for your Incision	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision while you shower. Normal: Tenderness Scabbing Pink Warm Not Normal: Pain Drainage Red Hot Fever > 101.5 deg	Call 734-936-5780 if you experience: Drainage from incision Incision is redder Incision is hotter Increased Pain Fever over 101.5 degrees							
Avoid Constipation	Take a stool softener and laxative every day that you are taking pain medications Eat a high fiber diet Drink plenty of fluids (water)	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids
Ankle Pumps	Do 10 reps every hour 	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
Thigh Squeeze	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Buttock Squeeze	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heel Slides	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Straight Leg Raises	3 times per day, work up to 5 reps 	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lying Down Gravity Knee Bends	6 times per day 	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Knee Extensions	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Scotting Knee Bend	6 times per day 	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sitting Knee Extensions	3 times per day, work up to 5 reps 	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Two-Chair Stretch	3 to 6 times per day 	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Range of Motion	Track your ROM Goal: 0 to 90 degrees by two week follow up appointment								

Knee Replacement Care Pathway After Discharge

__ / __	__ / __	__ / __	__ / __	__ / __	__ / __	__ / __	__ / __
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 14

Goals

The first two weeks after surgery is the most critical time for you to regain range of motion (ROM) in your new knee.

Your goal is to achieve ROM of 0-90 degrees by your two week follow-up appointment.





- Straighten Leg (0 degrees)
- Bend Leg (90 degrees)

Accomplish ROM Goal by:

- ➔ Controlling pain and swelling
- ➔ Caring for your wound
- ➔ Doing your exercises

Control Pain and Swelling

Take Pain Medication	Take pain medication as directed by your surgeon for the first few days. Begin to wean off of pain meds as tolerated. (Decrease the number of pills or increase the time between pills.)
Take Blood Clot Medication	Take medication to prevent blood clots as directed by your surgeon.
Ice your Knee	Apply and ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)
Elevate your Leg	Prop your leg when sitting throughout the day  Elevate your leg above your heart 4x/day for 20-30 minutes 
Wear TED Stockings	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore.

Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication
Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>
Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>

Care for your Incision

Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision while you shower.

Normal: Tenderness | Scabbing | Pink | Warm


Not Normal: Pain | Drainage | Red | Hot | Fever > 101.5 deg

Call 734-936-5780 if you experience:


Drainage from incision | Incision is redder | Incision is hotter
 Increased Pain | Fever over 101.5 degrees

Dos and Don'ts

Do Not Rest with a Pillow Positioned Under Your Knee




NO




OK

Rest with Your Leg Straight



OK

Don't Sit for Long Periods with Your Feet on the Floor



Avoid for Long Periods

Exercises (based on therapist discretion)

Avoid Constipation	Take a stool softener and laxative every day that you are taking pain medications Eat a high fiber diet Drink plenty of fluids (water)
Ankle Pumps	Do 10 reps every hour 
Thigh Squeeze	3 times per day, work up to 10 reps 
Buttock Squeeze	3 times per day, work up to 10 reps 
Heel Slides	3 times per day, work up to 10 reps 
Straight Leg Raises	3 times per day, work up to 5 reps 
Lying Down Gravity Knee Bends	6 times per day 
Knee Extensions	3 times per day, work up to 10 reps 
Scooting Knee Bend	6 times per day 
Sitting Knee Extensions	3 times per day, work up to 5 reps 
Two-Chair Stretch	3 to 6 times per day 
Range of Motion	Track your ROM Goal: 0 to 90 degrees by two week follow up appointment

<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids
10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>