Strength Exercises for Older Adults

Patient Name:	Age:	
Date of Birth:		
Physician/Clinician:		
Date of Evaluation:		
Date of Last Update:	Next Appointment:	

Exercise Name	Description	Repetitions	Sets	Rest Interval

Note: Perform each exercise at a comfortable intensity and range of motion. If you experience any pain or discomfort, stop immediately and consult with your healthcare provider.