



COMMUNITY THERAPY SERVICES INC.

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Basic Exercise Program

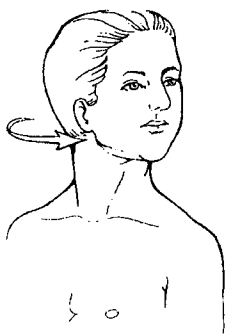
Date: _____

Name: _____

Therapist: _____

Do these exercises ____ times each, ____ times per day, ____ times per week

1. Neck



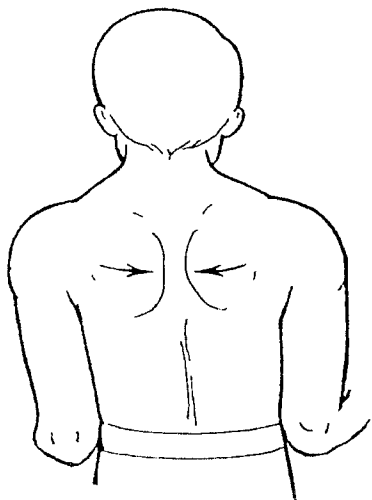
Sit with good posture.

Turn head to the right, back to middle, and then to the left and back to middle.



Bend your head to the right, stop in the middle then left bringing your ear towards your shoulder.

2. Shoulder Squeezing



Sit with arms at sides.

Squeeze shoulder blades together as shown.

Hold _____ seconds.

Do not hold your breath.