

FORM 8.3 Muscle Balance Prescription Card

Client name:	Trainer name:
Client goals:	Assessment rationale:
1.	1.
2.	2.
3.	3.
Flexibility prescription for goal 1:	Strengthening prescription for goal 1:
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Flexibility prescription for goal 2:	Strengthening prescription for goal 2:
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Flexibility prescription for goal 3:	Strengthening prescription for goal 3:
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Exercise name and description	Exercise name and description
Program recommendations:	Safety and monitoring guidelines: