

Vaginal Cones Pelvic Floor Therapy

Exercise Diary

15 minutes - Twice a day

- o Indicate in each daily box the <u>cone number used</u> (1, 2, 3, 4, 5), or (-) if no cone is used.
- o Take this chart with you to discuss your progress the next time you visit your doctor.

| Week | | MON | TUE | WED | THU | FRI | SAT | SUN | COMMENT ON YOUR PROGRESS |
|------|---------|-----|-----|-----|-----|-----|-----|-----|--------------------------|
| 1 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 2 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 3 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 4 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 5 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 6 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 7 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 8 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 9 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 10 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 11 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 12 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 13 | Morning | | | | | | | | |
| | Evening | | | | | | | | |
| 14 | Morning | | | | | | | | |
| | Evening | | | | | | | | |



VISIT, BROWSE, PARTICIPATE

To know more about urinary stress incontinence, visit www.laughingwithoutleaking.ca