



# HAVE YOU WALKED TODAY ??

*Place a check mark on the sheet each time you take a walk*

	POSTOPERATIVE DAY #1	POSTOPERATIVE DAY #2	POSTOPERATIVE DAY #3	POSTOPERATIVE DAY #4	POSTOPERATIVE DAY #5
	Date:	Date:	Date:	Date:	Date:
FIRST WALK					
SECOND WALK					
THIRD WALK					
FOURTH WALK					
FIFTH WALK					

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