

Styr og styrk din genoptræning !

Trænings UGE nr. _____	TRÆNINGSPROGRAM for _____					Dato: _____
Ugedag	Øvelser					Point
Mandag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Tirsdag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Onsdag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Torsdag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Fredag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Lørdag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____
Søndag <input type="checkbox"/> : Øvedag <input type="checkbox"/> : Hviledag	1: _____/_____	2: _____/_____	3: _____/_____	4: _____/_____	5: _____/_____	_____/_____
	6: _____/_____	7: _____/_____	8: _____/_____	9: _____/_____	10: _____/_____	_____/_____
	11: _____/_____	12: _____/_____	13: _____/_____	14: _____/_____	15: _____/_____	_____/_____