



POSTPARTUM GUIDE

# WORKOUT TRACKER

EXPECTING AND EMPOWERED

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## WEEK 1

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES
<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING
<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING

## WEEK 2

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES
<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING
<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING

## WEEK 3

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES
<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING
<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING

## WEEK 4

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES
<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING
<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING

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## WEEK 5

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES	<input type="checkbox"/> EXERCISES
<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING	<input type="checkbox"/> ICING
<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING	<input type="checkbox"/> WALKING

## WEEK 6

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 7

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 8

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 9

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 10

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 11

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 12

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 13

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 14

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 15

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 16

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 17

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 18

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 19

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

## WEEK 20

☐ LOWER  
☐ UPPER  
☐ CIRCUIT

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<b>WEEK 21</b>	<b>WEEK 22</b>	<b>WEEK 23</b>	<b>WEEK 24</b>	<b>WEEK 25</b>
<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT
<b>WEEK 26</b>	<b>WEEK 27</b>	<b>WEEK 28</b>	<b>WEEK 29</b>	<b>WEEK 30</b>
<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT
	<b>WEEK 31</b>	<b>WEEK 32</b>	<b>WEEK 33</b>	
	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	<input type="checkbox"/> LOWER <input type="checkbox"/> UPPER <input type="checkbox"/> CIRCUIT	

YOU DID IT MAMA!

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