



TRAINING JOURNAL

BEFORE YOU BEGIN, WATCH THIS:

www.PNMedical.com/Fit

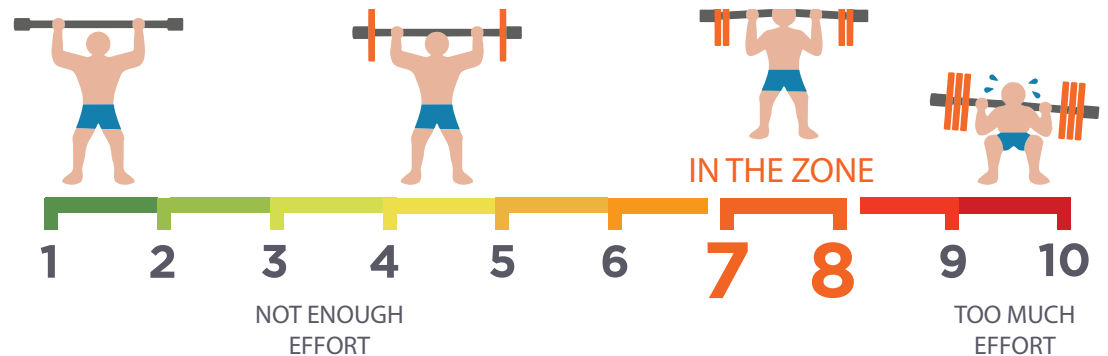
STARTING DATE: ___/___/___

PROTOCOL:

___ sets of ___ reps per session, ___ sessions per day ___ days per week with effort maintained **IN THE ZONE**.

WEEK 1	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
REPS/SETS COMPLETED	/	/	/	/	/	/	/	/	/	/	/	/	/	/
RATE YOUR EFFORT														

During respiratory Muscle Training with **Breather Fit** you will experience the greatest benefit if you keep your effort level **IN THE ZONE**. For more information on this check out the training videos at PNMedical.com/Fit.



BREATHER FIT

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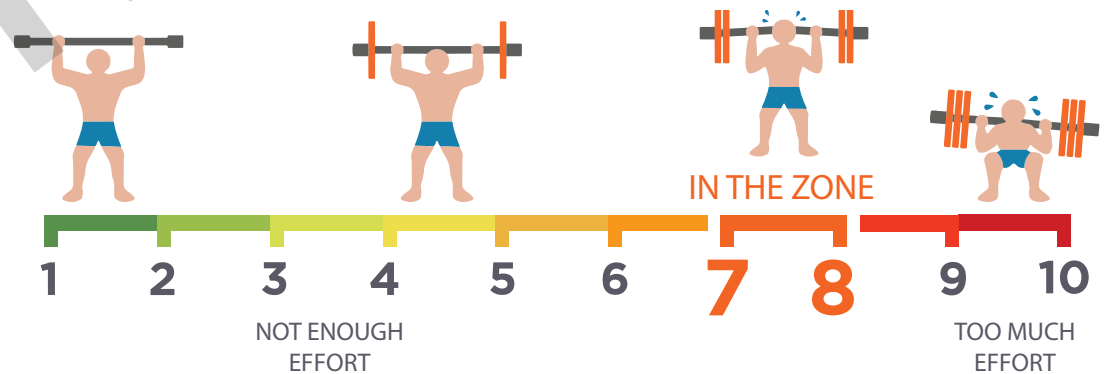
STARTING DATE: ___/___/___

PROTOCOL:

3 sets of 10 reps per session, 2 sessions per day 6 days per week with effort maintained **IN THE ZONE**.

WEEK 1	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 2	1 2
REPS/SETS COMPLETED	/	/	10 3	10 3	10 3	10 3	10 3	10 3	10 3	10 3	10 3	10 3	10 3	10 3
RATE YOUR EFFORT			8	8	8	8	8	8	7	7	7	6	8	8

During respiratory Muscle Training with **Breather Fit**, you will experience the greatest benefit if you keep your effort level **IN THE ZONE**. For more information on this check out the training videos at PNMedical.com/Fit





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STARTING DATE: ___/___/___

PROTOCOL:

___ sets of ___ reps per session, ___ sessions per day ___ days per week with effort maintained **IN THE ZONE**.

WEEK 1	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
REPS/SETS COMPLETED														
RATE YOUR EFFORT														

WEEK 2	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
REPS/SETS COMPLETED														
RATE YOUR EFFORT														

WEEK 3	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
REPS/SETS COMPLETED														
RATE YOUR EFFORT														

WEEK 4	SUN		MON		TUE		WED		THU		FRI		SAT	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
INHALE/EXHALE	/	/	/	/	/	/	/	/	/	/	/	/	/	/
REPS/SETS COMPLETED														
RATE YOUR EFFORT														