Progress Logbook

Date

	First meeting with healthcare professional
	Confirmed plantar fasciitis diagnosis by healthcare professional

Date	Pain Scale of (0–10) 0=No Pain	Stretch & Massage in Bed (Y/N)	Taped Foot (Y/N)	Wore Appropriate Shoes (Y/N)	Used Orthotics (Y/N)	Number of Ice & Massage Sessions	Exercise Type	Exercise Time	Total # Additional Stretching Sessions	Wore Night Splint (Y/N)

For a downloadable version of this logbook, visit www.heelingsolutions.com

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