

# UML Grade 9

Date: \_\_\_\_\_

## Upper, Middle, Lower Body Workout

Heart Rate before workout: \_\_\_\_\_ beats per minute

Type	Activity	Number or time		
U	Push-up	Knees	Toes	Ball
M	Kayak Twist	Hands High	Medium	Low
L	Jump Squat across VB court			
U	Military Push-up	Knees	Toes	Ball
M	Fifer Scissors			
L	Super Skater	Left	Right	
U	Wide Push-ups	Knees	Toes	Ball
M	Bicycles Forward Reverse	Hands High	Medium	Low
L	Calf Raises	Regular	Heels in	Heels out
U	Side-Tri-Rise	Left	Right	
M	Oblique V-up	Left	Right	
L	Wall Squat with ball			
U	Triceps lifts (chair)			
M	Toe Stackers	Hands high	Medium	Low
L	Balance Lunge (chair)	Left	Right	

Heart Rate at end of workout: \_\_\_\_\_ beats per minute

How are you feeling?