ACTIVTRAX SAMPLE WORKOUT

Training Type: Splitbody Result Desired: Tone, Shape, Define Activity ID: W195260

Day Description: Upper Body

TODAY'S SUGGESTED WARM-UP										
Perform 5-10 minutes of cardio, then stretch.										
Exercise		SET 1		SET 2						
Equipment Name	WT	REPS	REST	WT	REPS	REST				
Bench Press Dumbbell	15	12-15	0:30	15	12-15	0:30				
*Please note: Warm-up exercise is suggested independently of your preferred restrictions										

MESSAGE CENTER: Congratulations on your commitment to fitness. Please do not hesitate to call on me if you have any questions regarding your workout.

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TODAY'S RESISTANCE WORKOUT Level One, Intro Day: 1 Estimated time to complete resistance workout: 23						Date of Workout	/	' /		Resistance Start Tir				AM PM
EXPECTED FEEL Region	SEAT	EXERCISE Manufacturer		SET 1		TODAY'S REPS		SET 2		T AY'S		SET 3		TODAY'S
Muscle	OTHER	Equipment Name	WT	REPS	REST	KEPS	WT	REPS	RE	EPS		REPS	REST	REPS
Light Chest <i>Pecs</i>	N/A	Seated Chest Press Life Fitness (#11) Chest Press	45+P	14-20	1:00		60+P	-15	:00		•			
Medium Back <i>Lat</i> s	N/A	Wide Grip Pulldown (front) Life Fitness Cable Motion (#96) Dual Pulley Pulldown	60	14-20	1:00		60	0-1	1:00					
Medium Back <i>Lower Back</i>		Seated Back Extension Life Fitness (#23) Low Back Extension	105	BEST	1.30	N								
Medium Shoulders <i>Delt</i> s	N/A	Seated Shoulder Press Life Fitness (#21) Shoulder Press		17-15	1:00		60	10-15	1:00					
Medium Arms Lower Biceps	N/A	Seated Arm Curl Hammer Strength MTS Cries (#50) MTS Bicep	10+P	14-20	1:00		10+P	10-15	1:00					
Medium Arms <i>Triceps</i>		Seated Tricep Fransion Life Fitness Arm Fransi	40	10-15	1:00		40	10-15	1:00					
* BEST means do the "best" was the polit exceed 20 repetitions								Pocietaneo				AM		

bloon't exceed 20 repetitions.

Resistance	AM
End Time	PM

TOD	rs A	Exercise	Reps	Rest	Today's		Exercise	Reps	Rest	Today's
#1	Floor ith egs Vertical		10-12	0:15		#2	90 Degree Reverse Crunch Floor	10-12	0:15	
#3	Side Oblique Crunch Floor		10-12	0:30		#4	Crunch with Legs In Stability Ball	10-12	0:15	

TODAY'S CARE	010		Record the minute	es performed on each of t	he following activities:		
Minimum Time		Stair Master		Recumbent Bike		Aerobic	
Recommended	20 Minutes	Tread Mill		Upright Bike		Spinning	
Target Heart Rate	146 - 157	Ski Machine		Elliptical Trainer		Swimming	
		Row Machine		Running		Other	

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IMPORTANT: This area is for your own notes. They will be recorded, but will NOT be sent to your coach or to ActivTrax.

te, +2P means add two supplemental plates, and so on. +P means add a s nental