



Name: _____

CARDIO/AEROBIC TRAINING LOG

Remember, for an optimum workout, you must combine your cardio with strength training as well.

Aerobic Activity	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		
	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	

Aerobic Activity	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		
	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	Mins	HR%	

STRENGTH TRAINING LOG

Remember, for an optimum workout, you must combine your strength with cardio training as well.

UPPER BODY

Muscle Group	Exercise Name	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:	
		Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs
Back (1 set to failure-8 to 12 reps)																			
	Rhomboids																		
	Latissimus																		
Chest (1 set to failure-8 to 12 reps)																			
	Pectoralis Major																		
	Pectoralis Minor																		
Shoulders (1 set to failure-8 to 12 reps)																			
	Deltoids																		
	Trapezius																		
Arms (1 set to failure-8 to 12 reps)																			
	Biceps																		
	Triceps																		
	Forearms																		

LOWER BODY

Muscle Group	Exercise Name	Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:		Date:	
		Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs	Reps	Lbs
Glutes & Hips (1 set to failure-8 to 12 reps)																			
	Gluteals																		
Legs (1 set to failure-8 to 12 reps)																			
	Quadriceps																		
	Hamstrings																		
	Calves																		
Abdominals (1 set to failure-25 to 35 reps)																			
	Abdominals																		
	Obliques																		

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EXERCISE TRAINING INTAKE

Fitness Consultant: _____ Date: _____

Notes: _____

Would you like to be enrolled in our FREE VIP Club for Equipment discounts, free exercise videos, healthy recipes and much more? Yes No

How did you hear about 2nd Wind Exercise Equipment? Radio Ad TV Ad Print Ad Bathroom Ad Web/Internet Search Billboard Other

HOME FITNESS TRAINING

Here are several workout plans developed by our certified fitness trainers for a balanced training regimen.

- STEP 1.** Choose a 3, 4, or 5 day workout based on what you can commit to.
STEP 2. Locate your Target Heart Rate from THR Graph below.
STEP 3. Follow workout steps 1 through 5 using your chosen workout.
STEP 4. Track your progress with the Cardio/Strength Training logs on reverse.

Name: _____

3 DAY WORKOUT

3 Days of Cardio Exercise

20-60 Minutes per day

Workout to 60-70% THR* (see chart)

	M	T	W	T	F	S	S
CARDIO	X	-	X	-	X	-	-
STRENGTH	X	-	-	-	X	-	-

2 Days of Strength Training

12 Major Muscle groups

(Use Strength Training Log on reverse)

Do 2 Sets of 8-12 Repetitions

Warm-Up Set: 75% of Set 1 weight

Set 1: 8-12 Reps to MMF**

4 DAY WORKOUT

4 Days of Cardio Exercise

20-60 Minutes per day

Workout to 70-80% THR* (see chart)

	M	T	W	T	F	S	S
CARDIO	X	-	X	-	X	-	X
STRENGTH	X	-	X	-	X	-	-

3 Days of Strength Training

12 Major Muscle groups

(Use Strength Training Log on reverse)

Do 2 Sets of 8-12 Repetitions

Warm-Up Set: 75% of Set 1 weight

Set 1: 8-12 Reps to MMF**

5 DAY WORKOUT

5 Days of Cardio Exercise

20-60 Minutes per day

Workout to 70-90% THR* (see chart)

	M	T	W	T	F	S	S
CARDIO	X	X	X	-	X	X	-
STRENGTH	X	X	-	-	X	X	-

4 Days of Strength Training

12 Major Muscle Groups

(alternate upper and lower body)

Do 2 Sets of 8-12 Repetitions

Warm-Up Set: 75% of Set 1 weight

Set 1: 8-12 Reps to MMF**

1. Warm-Up

5-10 minutes of rhythmic activity to achieve optimal muscle temperature. This is important to do before stretching to avoid injury and achieve a deeper stretch.

2. Stretching

10 minutes of stretching should follow your warm-up, don't bounce. Hold each stretch for a twenty-count, at ten push your stretch a little deeper and hold for the remainder of the count.

3a. Aerobic/Cardiovascular

1. Use the chart below to figure out your Target Heart Rate.
 2. If you're trying to burn fat 60-70% of your THR is recommended, for aerobic fitness: 70-80% and for Cardiovascular: 80-90%

3b. Strength Training

1. Breathing: Exhale on positive, inhale on negative.
 2. Counting: 2 count on positive, pause, 4 count on negative.
 3. Mechanics: Never let weights touch during reps.
 4. MMF** must be achieved to reach maximum effectiveness.

4. Cool-Down

5-10 minutes of rhythmic activity in order to flush your muscles with oxygen, this will reduce lactic acid build-up, which leads to muscle soreness.

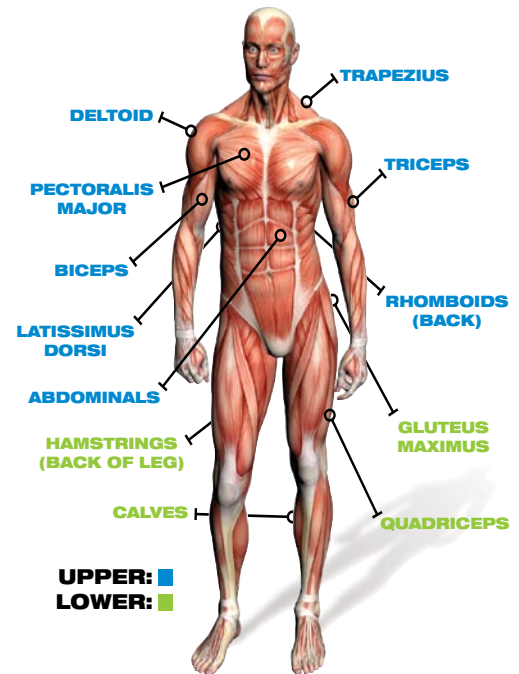
5. Stretching

At least 10 minutes of stretching should follow your cool-down, since your muscle temperature is high you will get an optimal stretch that will improve your flexibility.

FIND YOUR TARGET HEART RATE (THR)

AGE	FAT BURNER 60-70% MHR	AEROBI-CIZER 70-80% MHR	CARDIO PERFORMER 80-90% MHR
20	120-140	140-160	160-180
25	117-137	137-156	156-176
30	114-133	133-152	152-171
35	111-130	130-148	148-167
40	108-126	126-144	144-162
45	105-123	123-140	140-158
50	102-119	119-136	136-153
55	99-116	116-132	132-149
60	96-112	112-128	128-144
65	93-109	109-124	124-140
70	90-105	105-120	120-135

75+ GREAT AMBITION, BUT YOU SHOULD PROBABLY CONSULT YOUR DOCTOR FIRST.



*THR (Maximum Heart Rate): The highest number of heart beats per minute your heart can safely exercise.

** MMF (Momentary Muscle Failure): The maximum amount of weight that can be done 8-12 repetitions with proper form and range of motion.

Name: _____ Age: _____ Male Female
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ E-Mail: _____

What are your fitness goals? (you may check more than one) Lose Weight Get in Shape Build Muscle Rehabilitation Other _____
 How long have you been considering a work out program? Recently Last six months Over a year Many years
 Do you have any recent injuries and/or physical limitations? No Yes If Yes, What: _____
 Are you on any medications? No Yes If Yes, What: _____
 Do you currently own any fitness equipment? No Yes If Yes, What: _____
 If Yes, are you interested in trading in your old equipment? No Yes
 Where will your equipment be located? Basement Spare Room Office Other _____
 What is the ceiling height in this location? Below 8' 8' Exactly Above 8' Not Sure
 How many people will be using this equipment? Just Me My Partner and I 3 or more people Not Sure
 What type of equipment are you primarily interested in? Treadmill Elliptical Bike Home Gym Other _____