



SKOLIOSKAN

ortopedia i fizjoterapia

2026

Kalendarz ćwiczeń pacjenta:

Imię i Nazwisko



SKOLIOSKAN

ortopedia i fizjoterapia

INFORMACJE

Lekarz prowadzący: _____

Fizjoterapeuta: _____

Typ skrzywienia: _____

Kąt skrzywienia Th: _____































































Kąt skrzywienia L: _____

Gorset: _____

Klasyfikacja BSPTS: _____

























































Styczeń

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

			czw	pt	sob	nd			
			1  	2  	3  	4  			
pon	wt	śr	5  	6  	7  	8  	9  	10  	11  
12  	13  	14  	15  	16  	17  	18  			
19  	20  	21  	22  	23  	24  	25  			
26  	27  	28  	29  	30  	31  				

Luty

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

						nd						
						1  						
pon	wt	śr	czw	pt	sob	2  	3  	4  	5  	6  	7  	8  
9  	10  	11  	12  	13  	14  	15  						
16  	17  	18  	19  	20  	21  	22  						
23  	24  	25  	26  	27  	28  							

Marzec

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

pon

wt

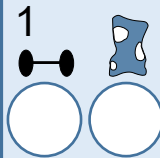
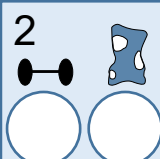
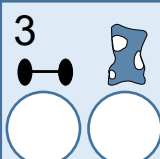
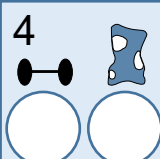
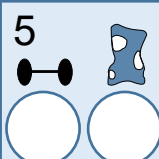
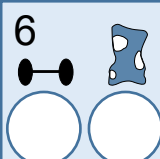
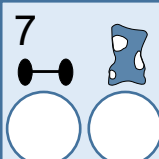
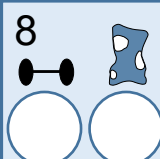
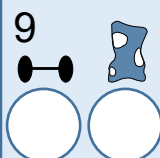
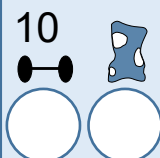
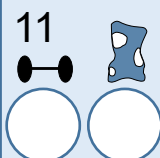
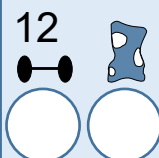
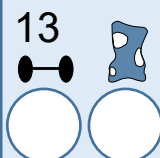
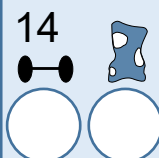
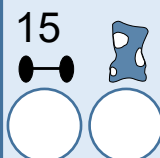
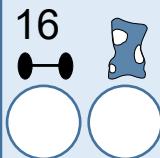
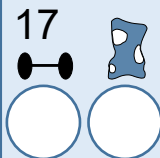
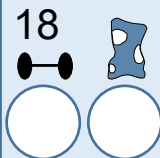
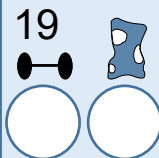
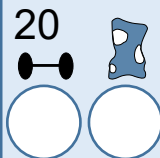
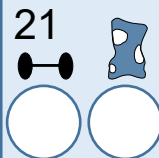
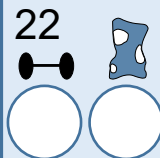
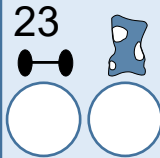
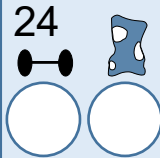
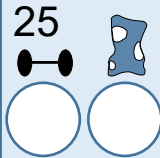
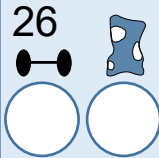
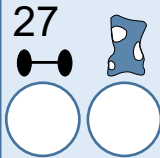
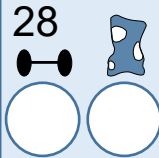
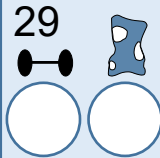
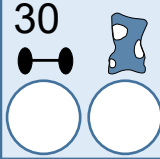
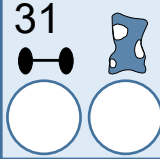
śr

czw

pt

sob

nd

1 	2 	3 	4 	5 	6 	7 	8 
9 	10 	11 	12 	13 	14 	15 	16 
17 	18 	19 	20 	21 	22 	23 	24 
25 	26 	27 	28 	29 	30 	31 	

Kwiecień

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

śr

czw

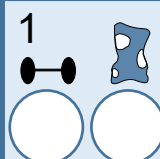
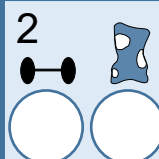
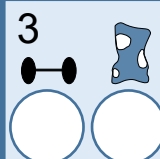
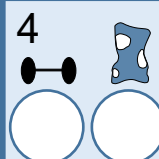
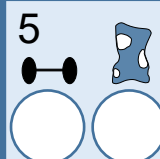
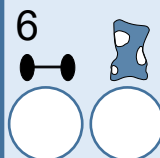
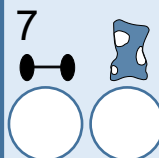
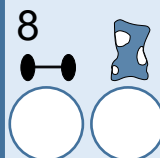
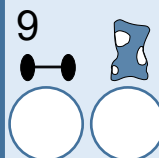
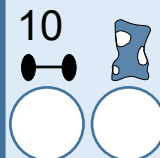
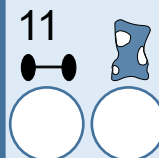
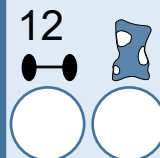
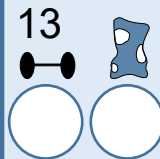
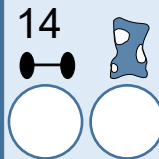
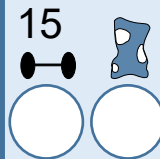
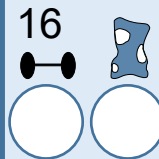
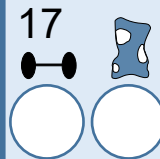
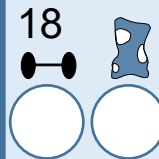
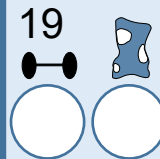
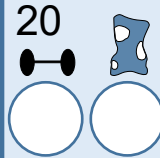
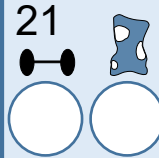
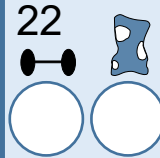
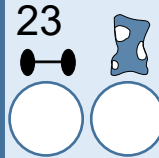
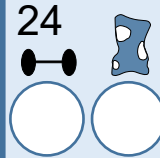
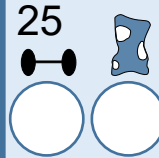
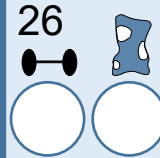
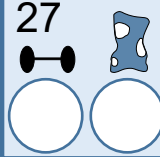
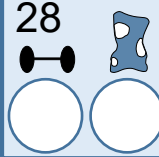
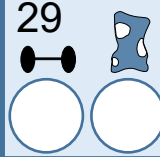
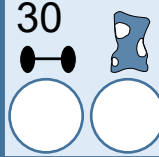
pt

sob

nd

pon

wt

		1 	2 	3 	4 	5 
6 	7 	8 	9 	10 	11 	12 
13 	14 	15 	16 	17 	18 	19 
20 	21 	22 	23 	24 	25 	26 
27 	28 	29 	30 			

Maj

Zalecany czas noszenia gorsetu: _____

Zalecana częstotliwość ćwiczeń: _____

				pt	sob	nd
				1	2	3
pon	wt	śr	czw			
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Czerwiec





















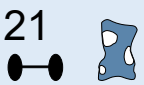

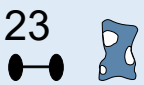

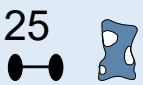
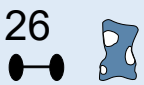





Zalecany czas noszenia gorsetu: _____

Zalecana częstotliwość ćwiczeń: _____

pon	wt	śr	czw	pt	sob	nd
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					




















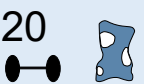











Lipiec

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

		śr	czw	pt	sob	nd
		1 	2 	3 	4 	5 
pon	wt					
6 	7 	8 	9 	10 	11 	12 
13 	14 	15 	16 	17 	18 	19 
20 	21 	22 	23 	24 	25 	26 
27 	28 	29 	30 	31 		

Sierpień





























































Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

					sob	nd
					1 	2 
pon	wt	śr	czw	pt		
3 	4 	5 	6 	7 	8 	9 
10 	11 	12 	13 	14 	15 	16 
17 	18 	19 	20 	21 	22 	23 
24 	25 	26 	27 	28 	29 	30 
31 						

Wrzesień

Zalecany czas noszenia gorsetu: _____































































Zalecana częstotliwość ćwiczeń: _____

	wt	śr	czw	pt	sob	nd
pon	1   <input type="checkbox"/> <input type="checkbox"/>	2   <input type="checkbox"/> <input type="checkbox"/>	3   <input type="checkbox"/> <input type="checkbox"/>	4   <input type="checkbox"/> <input type="checkbox"/>	5   <input type="checkbox"/> <input type="checkbox"/>	6   <input type="checkbox"/> <input type="checkbox"/>
7   <input type="checkbox"/> <input type="checkbox"/>	8   <input type="checkbox"/> <input type="checkbox"/>	9   <input type="checkbox"/> <input type="checkbox"/>	10   <input type="checkbox"/> <input type="checkbox"/>	11   <input type="checkbox"/> <input type="checkbox"/>	12   <input type="checkbox"/> <input type="checkbox"/>	13   <input type="checkbox"/> <input type="checkbox"/>
14   <input type="checkbox"/> <input type="checkbox"/>	15   <input type="checkbox"/> <input type="checkbox"/>	16   <input type="checkbox"/> <input type="checkbox"/>	17   <input type="checkbox"/> <input type="checkbox"/>	18   <input type="checkbox"/> <input type="checkbox"/>	19   <input type="checkbox"/> <input type="checkbox"/>	20   <input type="checkbox"/> <input type="checkbox"/>
21   <input type="checkbox"/> <input type="checkbox"/>	22   <input type="checkbox"/> <input type="checkbox"/>	23   <input type="checkbox"/> <input type="checkbox"/>	24   <input type="checkbox"/> <input type="checkbox"/>	25   <input type="checkbox"/> <input type="checkbox"/>	26   <input type="checkbox"/> <input type="checkbox"/>	27   <input type="checkbox"/> <input type="checkbox"/>
28   <input type="checkbox"/> <input type="checkbox"/>	29   <input type="checkbox"/> <input type="checkbox"/>	30   <input type="checkbox"/> <input type="checkbox"/>				

Październik

Zalecany czas noszenia gorsetu: _____

Zalecana częstotliwość ćwiczeń: _____

			czw	pt	sob	nd
pon	wt	śr	1   <input type="checkbox"/> <input type="checkbox"/>	2   <input type="checkbox"/> <input type="checkbox"/>	3   <input type="checkbox"/> <input type="checkbox"/>	4   <input type="checkbox"/> <input type="checkbox"/>
5   <input type="checkbox"/> <input type="checkbox"/>	6   <input type="checkbox"/> <input type="checkbox"/>	7   <input type="checkbox"/> <input type="checkbox"/>	8   <input type="checkbox"/> <input type="checkbox"/>	9   <input type="checkbox"/> <input type="checkbox"/>	10   <input type="checkbox"/> <input type="checkbox"/>	11   <input type="checkbox"/> <input type="checkbox"/>
12   <input type="checkbox"/> <input type="checkbox"/>	13   <input type="checkbox"/> <input type="checkbox"/>	14   <input type="checkbox"/> <input type="checkbox"/>	15   <input type="checkbox"/> <input type="checkbox"/>	16   <input type="checkbox"/> <input type="checkbox"/>	17   <input type="checkbox"/> <input type="checkbox"/>	18   <input type="checkbox"/> <input type="checkbox"/>
19   <input type="checkbox"/> <input type="checkbox"/>	20   <input type="checkbox"/> <input type="checkbox"/>	21   <input type="checkbox"/> <input type="checkbox"/>	22   <input type="checkbox"/> <input type="checkbox"/>	23   <input type="checkbox"/> <input type="checkbox"/>	24   <input type="checkbox"/> <input type="checkbox"/>	25   <input type="checkbox"/> <input type="checkbox"/>
26   <input type="checkbox"/> <input type="checkbox"/>	27   <input type="checkbox"/> <input type="checkbox"/>	28   <input type="checkbox"/> <input type="checkbox"/>	29   <input type="checkbox"/> <input type="checkbox"/>	30   <input type="checkbox"/> <input type="checkbox"/>	31   <input type="checkbox"/> <input type="checkbox"/>	

Listopad

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

nd

pon

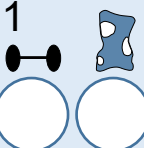
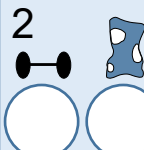
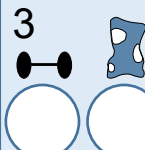
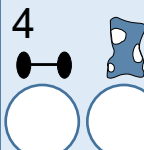
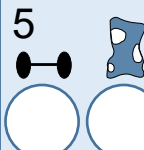
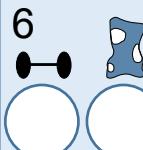
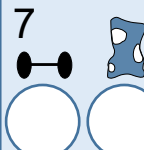
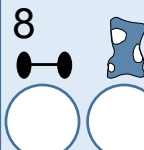
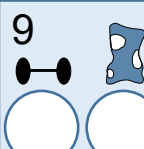
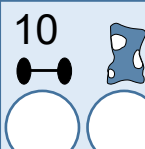
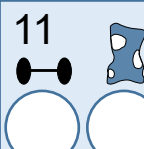
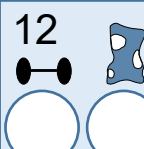
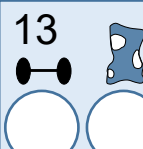
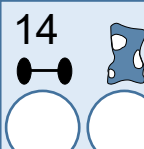
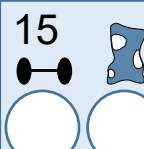
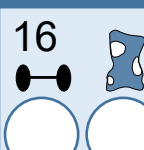
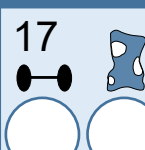
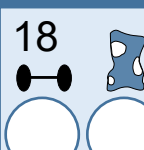
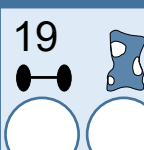
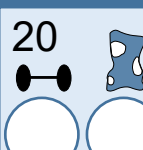
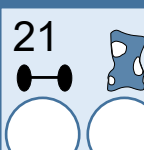
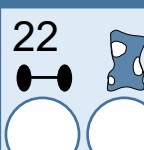
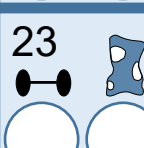
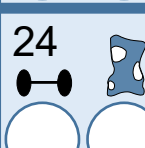
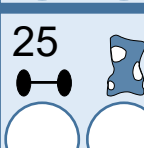
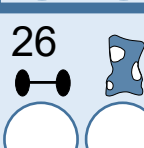
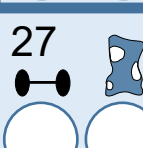
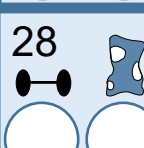
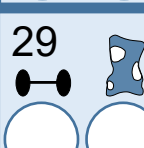

wt

śr

czw

pt

sob

1 	2 	3 	4 	5 	6 	7 	8 
9 	10 	11 	12 	13 	14 	15 	16 
17 	18 	19 	20 	21 	22 	23 	24 
25 	26 	27 	28 	29 	30 		

Grudzień

Zalecany czas noszenia gorsetu: _____
Zalecana częstotliwość ćwiczeń: _____

wt

śr

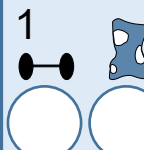
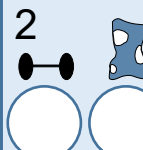
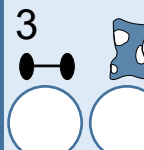
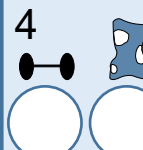
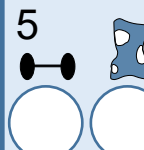
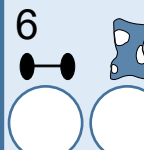
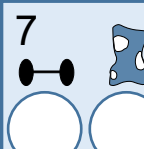
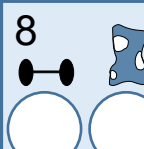
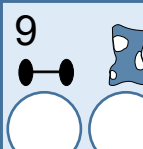
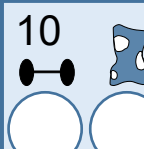
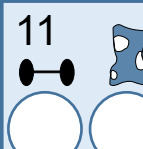
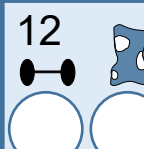
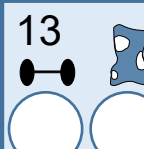
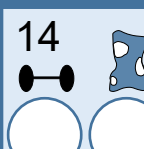
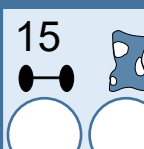
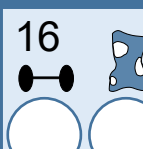
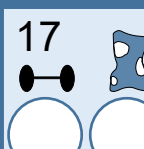
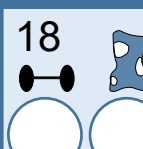
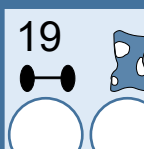
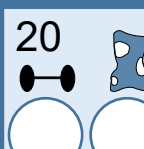
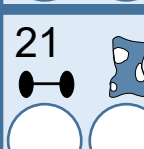
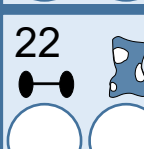
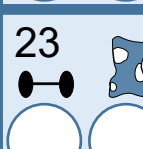


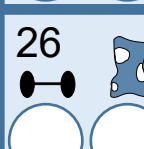


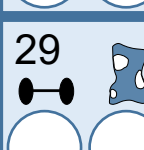
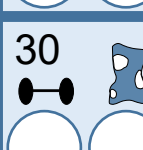
czw

pt

sob

nd

pon

	1 	2 	3 	4 	5 	6 
7 	8 	9 	10 	11 	12 	13 
14 	15 	16 	17 	18 	19 	20 
21 	22 	23 	24 	25 	26 	27 
28 	29 	30 	31 