Annual & Monthly/Weekly OPT Programming

NASM — NATIONAL ACADEMY OF SPORTS MEDICINE

Client Name _____ **Date** _____

Professional Name _____

Goal _____ **Phase** _____

ANNUAL PLAN

LEVEL	MONTH / PHASE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Stabilization	1												
Strength	2												
Strength	3												
Strength	4												
Power	5												
Cardio													

MONTHLY/WEEKLY PLAN

WEEK	1							2							3							4						
DAY / PHASE	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
1																												
2																												
3																												
4																												
5																												
Cardio																												
Re-assessment																												