

**Kid's Checklist/Cheat Sheet**

Activity	Wellness Category	Time	Daily/Weekly Checklist
<b>Nutrition</b>			
Ideal BMI/Calorie/Meal Ratio Meal	(PH Correct foods)	<i>Daily with one day off a week (3 cheat meals)</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Supplements if needed	Supplements if needed	According to Balance Body Chem, PH, Zyto	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protein drink or glycemic drink	Jay Robb or Ultrameal Shake	5 to 10 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Water bottle	6 to 8 glasses a day (1/2 body weight in ounces)	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Cardiovascular</b>		(Daily)	
aerobic	<b>Age Appropriate</b> Walking, jogging, biking, etc.	60 to 90 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
And/Or Combo			
anaerobic	Sports or High Intensity Activity	20 to 60 minutes (part of daily cardio)	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )
<b>Leave No One to Their Own Devices Challenge</b>			
<b>Flexibility</b>			
Intracell or massage device	Every body part for 20 to 40 passes	5 to 20 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
stretching	Start at minimum and work up to maximum or Yoga, personal trainer, supervised class, video	15 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
massage	Massage therapist or spouse/spa	15 to 60 minutes	<input type="checkbox"/>
<b>Strength</b>		(3 to 4 a week)	
	<b>Age Appropriate</b> Gymnastics, pushups, climbing, etc	20 to 40 minutes (part of daily cardio)	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )
<b>Leave No One to Their Own Devices Challenge</b>			
<b>Full Body Circuit Training (FB)</b>	Or personal trainer or supervised gym	36 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Posture</b>			
Sleep	Orthotic Pillow (if needed)	6 to 8 hours (minimum 20 minutes)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Back supports for chair, etc. if needed	Back supports for chair, etc. (if needed)	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wall Test & ADL		1 minute	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Synergy Exercises	Synergy Double Bands	15-20 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Nervous System-ANS</b>			
Before sleep	Meditation (CD or self)	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Journal/Affirmation	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Read	7 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Heart Math Breathing	5-10 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Meridian	5-10 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Feet-Arches</b>			
Orthotics for feet if needed	(5 years and up)	1 to 3 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>All Wellness Categories</b>			
Chiropractic Adjustment	Doctor Recommendations <i>Weekly or Monthly</i>	10 to 30 minutes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Week or <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month

**Disclaimer:** Please check with your doctor before making changes to your diet and physical activities.

Download Adult and Kid's Checklist / Cheat Sheet from Back to Life System on [www.backtolifechiropracticky.com](http://www.backtolifechiropracticky.com)