

HOW TO COMPLETE THE WRESTLER'S TRAINING LOG

1. In the time column, insert the time the session began	<div style="border: 1px solid black; padding: 2px; text-align: center;">8:00 a.m.</div>	4. RPE TABLE					
2. In the duration column, insert each session's duration in minutes (including warm-up and cooldown)	<div style="border: 1px solid black; padding: 2px; text-align: center;">60 min</div>	Rating Scale					
3. In the activity column, insert the type(s) of training according to the following legend: C = Conditioning (aerobic, anaerobic, threshold, tempo training etc) L = Lift (includes weight training, any training that includes resistance) R = Recovery - *PLEASE note STRATEGY S = Speed (drills that involve reacting to a stimulus and moving rapidly) Plyos = Plyometrics (includes jumping drills, high impact activity & explosive medicine ball drills) P = Practice (includes SKILL OR TACTICAL practice or LIVE) Comp = (includes all competitions at all levels)	<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;">Activity A</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Activity P</div>	0 rest 1 very,very light 2 very ight 3 fairly light 4 moderate 5 somewhat hard 6 hard 7 very hard 8 very, very, hard 9 extremely hard 10 maximal					
4. In the Rating of Perceived Intensity (RPE) column, please rate the session by number to indicate how hard the session was. Make sure to do this for your off-mat training sessions AND your practices or matches. See RPE table on right for the RPE rating scale and corresponding level of intensity.							
5. DOMS (Muscle soreness). Please draw a vertical line over the line on the sheet to indicate how sore your muscles feel (0 = pain free, 10 = very sore) example: <table style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">0</td> <td style="padding: 0 5px;">no pain</td> <td style="border-left: 1px solid black; width: 100px; height: 20px;"></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">10</td> <td style="padding: 0 5px;">very sore</td> </tr> </table>		0	no pain		10	very sore	
0	no pain		10	very sore			
6. Sleep quality - please rate how well you slept THE NIGHT BEFORE on a scale of 1-10 (1 = excellent, 10 = no sleep)	<div style="border: 1px solid black; padding: 2px; text-align: center;">6</div>						
7. Life Stress - please rate how stressed you feel during that day on a scale of 1-10 (1 = no stress, 10 = extreme stress)	<div style="border: 1px solid black; padding: 2px; text-align: center;">2</div>						
8. Fatigue - please rate how tired you feel throughout the day on a scale of 1-10 (1 = rested/energetic , 10 = exhausted)	<div style="border: 1px solid black; padding: 2px; text-align: center;">8</div>						
9. Note: Recovery Strategy(s) + Injuries - Please indicate in writing any injuries that occurred or have worsened. Please indicate what body part has been injured and what side.		© Coach Bott					

WRESTLER'S NAME: _____

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Training Log						Phase: <u>Competition Season</u> <u>Special Preparation</u> <u>General Preparation</u> <u>Transition</u>
Monday	Date:	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
		Practice or	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
		Comp (spar)				
		General	Sleep	Stress	Fatigue	DOMS Rating <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">no pain</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;"> </div> </div> <div style="border: 1px solid black; padding: 2px;">very sore</div> </div>
scale 1-10						
Note: Recovery Strategy(s) + Injuries						
Tuesday	Date:	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
		Practice or	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
		Comp (spar)				
		General	Sleep	Stress	Fatigue	DOMS Rating <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">no pain</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;"> </div> </div> <div style="border: 1px solid black; padding: 2px;">very sore</div> </div>
scale 1-10						
Note: Recovery Strategy(s) + Injuries						
Wednesday	Date:	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
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scale 1-10						
Note: Recovery Strategy(s) + Injuries						
Thursday	Date:	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">rest</div> <div style="text-align: center;">0 1 2 3 4 5 6 7 8 9 10</div> <div style="border: 1px solid black; padding: 2px;">maximal</div> </div>
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		Comp (spar)				
		General	Sleep	Stress	Fatigue	DOMS Rating <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">no pain</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;"> </div> </div> <div style="border: 1px solid black; padding: 2px;">very sore</div> </div>
scale 1-10						
Note: Recovery Strategy(s) + Injuries						

Training Log						Phase: Competition Season ____		Special Preparation ____		General Preparation ____		Transition ____					
Date: Friday	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity												
					<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
	Practice or	Time	Duration	Activity	Rating of Perceived Intensity												
	Comp (spar)				<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
General	Scale 1-10	Sleep	Stress	Fatigue	DOMS Rating												
					<input type="text" value="no pain"/>	-----										<input type="text" value="very sore"/>	
Note: Recovery Strategy(s) + Injuries																	
Date: Saturday	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity												
					<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
	Practice or	Time	Duration	Activity	Rating of Perceived Intensity												
	Comp (spar)				<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
General	Scale 1-10	Sleep	Stress	Fatigue	DOMS Rating												
					<input type="text" value="no pain"/>	-----										<input type="text" value="very sore"/>	
Note: Recovery Strategy(s) + Injuries																	
Date: Sunday	Off Mat Training	Time	Duration	Activity	Rating of Perceived Intensity												
					<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
	Practice or	Time	Duration	Activity	Rating of Perceived Intensity												
	Comp (spar)				<input type="text" value="rest"/>	0	1	2	3	4	5	6	7	8	9	10	<input type="text" value="maximal"/>
General	Scale 1-10	Sleep	Stress	Fatigue	DOMS Rating												
					<input type="text" value="no pain"/>	-----										<input type="text" value="very sore"/>	
Note: Recovery Strategy(s) + Injuries																	