

Foam Rolling & Recovery — Workbook

This workbook is your hands-on companion to the Foam Rolling & Recovery course. Use the exercises, worksheets, and checklists after each module to apply the science to your own body and training schedule. Return to the templates weekly to track how your recovery quality evolves as rolling becomes a daily habit.

The Science of Fascia and Myofascial Release

Translate the lesson content into self-assessment and personal reflection before you pick up a roller for the first time.

Exercise: Fascial Hydration and Stiffness Self-Check

Perform this assessment first thing in the morning before any movement or rolling, and again after 5 minutes of gentle walking. Record your observations for 3 consecutive mornings to establish your personal baseline.

- Rate your overall tissue stiffness (1 = very stiff, 10 = fully mobile) immediately upon waking and after 5 minutes of walking. What is the delta?

- Identify the 2 body regions that feel most restricted in the morning. Are these the same sites where you experience DOMS after training?

- How many glasses of water did you drink the day before each assessment? Do you notice any correlation with morning stiffness?

Worksheet: My Recovery Toolkit Inventory

List every foam rolling and recovery tool you currently own. For each, note its density, condition, and the muscle groups you use it for. Identify gaps based on the tool guide from Lesson 3.

Tool name and brand

Foam density (soft / medium / firm / other)

Condition (new / good / worn / needs replacing)

Primary muscle groups used for

Gap identified (what would complement this tool)

Checklist: Before You Start — Baseline Knowledge Checks

- I can locate my PSIS (posterior superior iliac spine) and ASIS (anterior superior iliac spine) by palpation
- I understand that foam rolling affects the nervous system — not permanent collagen remodelling
- I know the difference between a Ruffini ending response (sustained pressure) and a Pacinian response (vibration)
- I have identified my 3 most chronically tight muscle groups

- I know the absolute contraindications for foam rolling and have confirmed none apply to me
- I have measured my baseline seated forward fold and overhead squat depth to track progress at 30 days

Technique Fundamentals and Major Muscle Groups

Document your first technique practice sessions, tracking pressure tolerance, tender spot locations, and response to breath-guided holds.

Exercise: Tender Spot Mapping

During your first full-body rolling session, pause whenever you find a site above 6/10 discomfort. Mark its location in the body map below (or describe it using muscle name and approximate position — e.g., proximal lateral quad, 5 cm above kneecap). Note how quickly the sensation diminishes with a 30-second hold.

- List each tender spot found (muscle group + approximate location on the muscle: proximal / mid / distal).
- Rate initial discomfort (1–10) and discomfort after 30-second hold (1–10). Calculate the drop. Sites with drops of 3+ points are highly responsive to SMR.
- Which muscle group had the most tender spots? Does this correlate with your training history or sitting posture?

Worksheet: Session Log — First 2 Weeks

Log each rolling session in the first 2 weeks to build the habit and capture how your sensitivity changes over time.

Date and time of session

Pre- or post-training (or standalone recovery)

Muscles rolled and duration per muscle (minutes)

Peak discomfort rating (1–10) per site

Post-session soreness rating (1–10) the next morning

Notes (what helped, what felt off, technique reminders)

Checklist: Technique Mastery Checklist

- I roll at a tempo of 2–5 cm per second — slow enough to feel the tissue
- I use the extended exhale (5–6 count out-breath) on tender spots and feel the tissue soften
- I offload body weight with my free limbs to keep discomfort in the 6–7/10 range
- I stop and hold — rather than rolling back and forth — when I find a spot above 6/10
- I avoid rolling directly over bony prominences, joints, and the lumbar spine
- I drink at least 500 ml of water within 30 minutes of completing a rolling session

Exercise: Upper Body Mobility Before and After

Measure thoracic extension ROM before and after a single 2-minute thoracic rolling session. Use a wall to gauge how far your upper back extension has improved.

- Stand facing away from the wall, heels 10 cm out. Before rolling: can you touch the wall with your upper back while keeping your lower back neutral? Record yes/no and approximate gap.
 - After 2 minutes of thoracic extension rolling: repeat the test. What changed?
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- Which thoracic segment (upper T1–T4, mid T5–T8, lower T9–T12) felt most restricted and most responsive?
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Glutes, Hips, and the IT Band Region

Apply targeted glute, hip flexor, and lateral hip protocols and assess the link between tissue tightness and daily posture or sport demands.

Worksheet: Hip Flexibility Baseline and Progress Tracker

Complete these three simple tests before beginning Module 3 rolling protocols and repeat at 30-day intervals. Record the raw measurement each time.

Date of assessment

Thomas test result (Right): hip extension angle estimate (0 = neutral, negative = flexion contracture)

Thomas test result (Left): hip extension angle estimate

Hip internal rotation (Right): degrees estimated (seated, tibia swings outward)

Hip internal rotation (Left): degrees estimated

Adductor flexibility: knee-to-floor distance in butterfly stretch (cm)

Notes on asymmetry or discomfort location

Exercise: Glute Activation Roll-Then-Fire Protocol

Complete this sequence after any rolling session targeting the glutes. The goal is to use the improved tissue pliability immediately for better neuromuscular recruitment.

- After 90 seconds of glute max rolling per side, perform 10 slow glute bridges. On a scale of 1–10, how strongly do you feel the glute working vs. the hamstrings taking over?
 - Repeat after 5 sessions. Has the glute-to-hamstring ratio improved? What rating shift have you noticed?
 - After piriformis lacrosse ball work, perform a single-leg hip hinge (Romanian deadlift with no weight). Does the rolling change the quality or depth of the movement?
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Checklist: Lateral Hip and IT Band Protocol Checklist

- I focus lateral thigh work on TFL, glute medius, and vastus lateralis — not the ITB itself
- I have located my TFL by palpation (2–3 cm inferior to the ASIS on the outer hip)
- I pair lateral hip rolling with at least 15 banded lateral steps to activate glute medius
- I rate my lateral knee or hip discomfort before and after each session to track trend
- I avoid rolling directly on the greater trochanter (bursitis risk)
- I have reduced ITB rolling intensity if it was producing pain above 8/10 with no relief

Building Your Complete Recovery System

Design and commit to a personalised 90-day recovery plan integrating rolling, sleep, hydration, and active recovery.

Worksheet: Weekly Recovery Score Tracker

Complete this once per week, ideally on Sunday evening. Add the three sub-scores for a weekly total out of 15. If your score falls below 8 for two consecutive weeks, reduce training volume by 20% before adding more recovery tools.

Week number and date range

Sleep quality score (1–5: 1 = chronic poor sleep, 5 = 7–9 hrs, deep and restorative)

Average morning soreness rating (1–5: 1 = severely sore, 5 = no soreness)

Subjective energy and readiness rating (1–5: 1 = exhausted, 5 = excellent)

Weekly recovery total (sum of three scores — fill in yourself)

Rolling sessions completed this week (number)

Average daily water intake (approximate litres)

Key recovery win this week

Key recovery gap to address next week

Exercise: Your 90-Day Rolling Habit Design

Use the habit-stacking principle to anchor foam rolling to an existing daily routine. Complete this exercise once at the start of the course and revisit at day 30 and day 60.

- Identify 2 existing daily habits you reliably perform (e.g., morning coffee, post-workout shower, evening TV time). Which one is the best anchor for a 5-minute rolling session? Write the specific if-then statement: "After I [existing habit], I will foam roll [specific muscles] for [duration]".
 - What is the single most common reason you have skipped recovery work in the past? Design one friction-reduction tactic to address it (e.g., leave the roller next to the yoga mat, set a phone alarm for 30 minutes post-workout).
 - At day 30: review your adherence. How many of the planned sessions did you complete? What adjusted trigger or environment change will improve day 31–60?
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Checklist: 90-Day Recovery System Completion Checklist

- I have a specific if-then habit stack written and tested for my daily rolling session
- I track my weekly recovery score each Sunday and review the trend line
- I drink at least 2 litres of water on training days and my urine colour is consistently pale yellow
- I complete at least one active recovery session per week (walk, light cycle, or swim under 120 bpm)
- I have repeated my baseline movement screen at day 30 (forward fold, overhead squat, single-leg)

balance)

- I know my 3 highest-priority rolling sites and hit them every session before adding others
- I sleep 7–9 hours at least 5 nights per week and treat sleep as a training variable
- I have shared my weekly recovery score with at least one accountability partner or training buddy

Your Action Plan

1. Complete the Fascial Hydration and Stiffness Self-Check for 3 consecutive mornings before your first rolling session
2. Purchase or confirm you own a medium-density 90 cm foam roller and one lacrosse ball — your minimum viable toolkit
3. Complete the Tender Spot Mapping exercise in your first full-body session; record every site above 6/10
4. Log every rolling session in the Session Log for the first 14 days to build accountability and spot trends
5. Add the roll-then-activate sequence (glute bridges after glute rolling, clamshells after lateral hip rolling) from day one
6. Establish your weekly recovery score baseline in week 1 and track it every Sunday for 12 weeks
7. Design and write your habit-stack if-then statement and test it for 7 consecutive days
8. Repeat your baseline mobility screen (forward fold, overhead squat, single-leg balance) at day 30 and 60
9. At day 30, review your tender spot map — sites that have normalised indicate adaptation; sites still reactive deserve tool upgrade (ball or vibration roller)
10. By day 90, you should have a streamlined 8–12 minute personalised protocol you can execute on autopilot before and after every session

