

# WEEK 3 PLANNER

**BULLETPROOF BODY**  
21 Day Challenge

## DAY 15: Mobility Training & Cardio

Lower Body Mobility Training: Side Lying Hip CAR  
Cardiovascular Training: 30 minutes steady state cardio

## DAY 16: Resistance Training

Lower Body Workout

## DAY 17: Mobility Training & Cardio

Upper Body Mobility Training: Swimmer Hovers  
Cardiovascular Training: 30 minutes steady state cardio

## DAY 18: Resistance Training

Upper Body Workout

## DAY 19: Mobility Training & Cardio

Total Body Mobility Training: Straight Leg Lift-Offs  
Cardiovascular Training: 30 minutes steady state cardio

## DAY 20: Resistance Training

Total Body Workout

## Day 21: Rest/Catch Up

Take a rest day or catch up on training you may have missed

## DAY 15 NOTES

### Mobility Training: Side Lying Hip CAR

Do you feel pain or pinch when doing this? If so, at what point? On which side?

Do you feel any movement restrictions or tightness? On which side?

What differences do you feel between the right and left side?

### Cardiovascular Training

What type of cardio did you do?

## DAY 16 NOTES: Lower Body Workout

Bands used:

Were there any exercises that you struggled with? If so, consider decreasing the resistance the next time you do this workout so you can focus on your form and building strength.

Were there any exercises that felt too easy? If so, consider increasing the resistance the next time you do this workout.

## DAY 17 NOTES

### Mobility Training: Swimmer Hover

Do you feel pain or pinch when doing this? If so, at what point? On which side?

Do you feel any movement restrictions or tightness? On which side?

What differences do you feel between the right and left side?

### Cardiovascular Training

What type of cardio did you do?

## DAY 18 NOTES: Upper Body Workout

Bands used:

Were there any exercises that you struggled with? If so, consider decreasing the resistance the next time you do this workout so you can focus on your form and building strength.

Were there any exercises that felt too easy? If so, consider increasing the resistance the next time you do this workout.

## DAY 19 NOTES

### Mobility Training: Straight Leg Lift-Offs

Do you feel pain or pinch when doing this? If so, at what point?

Do you feel any movement restrictions or tightness? At what point?

What differences do you feel between flexion and extension?

### Cardiovascular Training

What type of cardio did you do?

## DAY 20 NOTES: Total Body Workout

Bands used:

Were there any exercises that you struggled with? If so, consider decreasing the resistance the next time you do this workout so you can focus on your form and building strength.

Were there any exercises that felt too easy? If so, consider increasing the resistance the next time you do this workout.