

## 2023 Planksgiving Challenge

Gradually build core strength and stability by completing each plank for the specific amount of time. Can't hold a plank for the designated time? Do what you can! See the handout on [How to do a Plank](#) for tips and modifications.

If you met the suggested time, check the box. If your time is different from the suggested time, record on the line.

Submit your completed calendar to:

[https://stateoftennessee.formstack.com/forms/wfhtn\\_planksgiving\\_calendar\\_submission\\_2023](https://stateoftennessee.formstack.com/forms/wfhtn_planksgiving_calendar_submission_2023) by Tuesday, Dec. 5.

Five participants chosen at random will win a prize! Winners will be notified in the wrap-up email on Dec. 7.

Keep each other motivated by sharing your photos and tagging us on social media!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			<input type="checkbox"/> 25 seconds _____	<input type="checkbox"/> 30 seconds _____	<input type="checkbox"/> Rest	<input type="checkbox"/> 35 seconds _____
<input type="checkbox"/> 35 seconds _____	<input type="checkbox"/> 40 seconds _____	<input type="checkbox"/> 40 seconds _____	<input type="checkbox"/> Rest	<input type="checkbox"/> 45 seconds _____	<input type="checkbox"/> 45 seconds _____	<input type="checkbox"/> 50 seconds _____
<input type="checkbox"/> Rest	<input type="checkbox"/> 50 seconds _____	<input type="checkbox"/> 55 seconds _____	<input type="checkbox"/> Rest	<input type="checkbox"/> 55 seconds _____	<input type="checkbox"/> 1 minute _____	<input type="checkbox"/> 1 minute _____
<input type="checkbox"/> Rest	<input type="checkbox"/> 1 min 5 sec _____	<input type="checkbox"/> 1 min 10 sec _____	<input type="checkbox"/> Rest	<input type="checkbox"/> 1 min 10 sec _____	<input type="checkbox"/> 1 min 15 sec _____	<input type="checkbox"/> 1 min 20 sec _____
<input type="checkbox"/> Rest	<input type="checkbox"/> 1 min 25 sec _____	<input type="checkbox"/> 1 min 30 sec _____	<input type="checkbox"/> 1 min 30 sec _____	<input type="checkbox"/> 1 min 30 sec _____		

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

\*Please consult with your physician before beginning an exercise program.



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