

After End of the session

1. Mode of Exercise ☐ Active ☐ Passive

2. Red Flags (tick if observed during/after session)

- ☐ Severe / unexpected pain increase
- ☐ Neurological symptoms (numbness, weakness, bladder/bowel issues)
- ☐ Dizziness / loss of consciousness
- ☐ Shortness of breath / chest pain
- ☐ Severe fever / Cold
- ☐ Bed sore(s) noticed
- ☐ Swelling
- ☐ Non-cooperative behaviour
- ☐ Poor hygiene issues
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Any other concerning signs: _____

3.Home Exercise Program Assigned: ☐ Yes ☐ No

4.Modalities: ☐ Yes ☐ No

(if "yes")

list of modalities: 1.TENS, 2.IFT, 3.USD, 4.WAX, 5.ICE 6.HOT
7.Weights 8.Band

Targeted Area:-----