Date: 2016 06 10

Subject:

Subject ID: TMS

Age:

Mass:

Height:

Gender:

Leg Length:

Knee Width:

Ankle Width:

Shoulder Offset:

Elbow Width:

Wrist Width:

Hand Thickness:

Left *Gluteus Medius* EMG sensor #: 1 -

Left *Anterior Deltoid* EMG sensor #: 2 -

Left *Gastrocnemius Medialis* EMG sensor #: 3 -

Left *Peroneus Longus* EMG sensor #: 4 -

Right *Gluteus Medius* EMG sensor #: 5 -

Right *Anterior Deltoid* EMG sensor #: 6 -

Right *Gastrocnemius Medialis* EMG sensor #: 7 -

Right *Peroneus Longus* EMG sensor #: 8 -

| Trial # | condition | comment |
| --- | --- | --- |
|  | OFF |  |
|  | OFF |  |
|  | OFF |  |
|  |  |  |
|  | ON |  |
|  | OFF |  |
|  | OFF |  |
|  | ON |  |
|  | OFF |  |
|  | OFF |  |
|  | OFF |  |
|  | ON |  |
|  | ON |  |
|  | ON |  |
|  |  |  |
|  | OFF |  |
|  | OFF |  |
|  | OFF |  |
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