

AI PT Rehab Intake

▶ - n8n

Your AI Rehab Plan - lilsergiopiii@

FileC:/Users/lilze/OneDrive/Desktop/AI-PT-Website/Index.html

Update...

AI PT Rehab Intake

Tell us what's going on. We'll email you a rehab plan + exercise visuals.

AI-PT Lv. 1

AGE

p2

ACTIVITY LEVEL

Choose one

MAIN AREA

Where is the main issue?

HOW DID IT START?

Pick one

PAIN TYPE

Pick one

TIMEFRAME

How long?

ANYTHING WORRYING? (RED FLAGS)

Very large swelling, can't walk, numbness, fever, weird symptoms

WHAT CAN YOU DO RIGHT NOW?

Barely weight-bearing, can walk with limp, only stairs hurt, etc.

MOVEMENT GOALS

Get back to powerlifting / pickleball 3x per week, walk without pain, etc.

EMAIL TO SEND YOUR PLAN

you@example.com

GENERATE MY REHAB PLAN

Not medical advice. For educational use only.

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Your AI Rehab Plan - ilsergiopiii

localhost:5678/workflow/fpCvWa43lcH2ZgO

Personal / AI-PT Lv1 + Add tag

0 / 3 Active Share Saved ...

Star 159,792

Editor Executions Evaluations

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graph LR; Webhook --> NormalizeIntake[Normalize Intake]; NormalizeIntake --> PerplexityOutput[Perplexity output]; PerplexityOutput --> RootCauseSafety[Root Cause & Safety]; RootCauseSafety --> OllamaOutput[Ollama / rehab plan output]; OllamaOutput --> ExercisePlan[Exercise Plan (Model 2)]; ExercisePlan --> ImagePrompts[Image Prompts (for ComfyUI)]; ImagePrompts --> EditFields[Edit Fields]; EditFields --> ComfyUI[ComfyUI]; ComfyUI --> Merge[Merge]; Merge --> CodeJS[Code in JavaScript]; CodeJS --> SendMessage[Send a message];
```

Execute workflow

Logs

Clear execution

Send a message Success in 3.012s

Input Output

1 item

Success in 3.463s

Image Prompts (for ComfyUI)

Edit Fields

ComfyUI

rehab video

Merge

Code in JavaScript

Send a message

OUTPUT

T id 19ae2f1ee0c1a959

T threadid 19ae2f1ee0c1a959

labels

labels[0] UNREAD

labels[1] SENT

labels[2] INBOX

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https://mail.google.com/mail/u/0/#inbox/FMfcgZQdzcsqvVQQkMCZpRbCkFgksvW

Active ?

1 of 20,705

Compose

Inbox 17,073

Starred

Snoozed

Important

Sent

Drafts 49

Purchases 734

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Your AI Rehab Plan

Summarize this email

ilsergiopiii@gmail.com

to me

10:41 PM (0 minutes ago)

1. Emergency medical assessment.**

Urgent medical evaluation is necessary to assess the severity of the injury and determine the potential for underlying fractures.

Consider immediate imaging (X-rays, MRI) to rule out any fractures or other structural damage.

2. Pain management.

Administer analgesics (pain medication) to manage the severe pain.

Ice pack application to reduce swelling.

3. Immobilization.

Ankle immobilization with a brace or cast to:

Maintain alignment and prevent further damage.

Allow for healing and pain reduction.

4. Physical therapy referral.

Once medical evaluation is complete and any underlying fractures are ruled out, physical therapy should be initiated.

Physical therapy will focus on:

Improving range of motion and flexibility.

Regaining strength and power in the ankle.

Returning to functional walking.

5. Additional considerations.

Monitor swelling and pain levels.

Avoid weight-bearing activities until recovery.

Seek support from a healthcare professional for pain management and rehabilitation.

===== Detailed Exercise Plan =====

Exercise 1: Ankle Pumps (Plantarflexion/Dorsiflexion)

Target area: ankle, plantarflexors, dorsiflexors

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monitor sweating and pain levels.

Avoid weight-bearing activities until recovery.

Seek support from a healthcare professional for pain management and rehabilitation.

===== Detailed Exercise Plan =====

Exercise 1: Ankle Pumps (Plantarflexion/Dorsiflexion)

Target area: ankle, plantarflexors, dorsiflexors

Sets / Reps: 3 x 15–20

Frequency: daily (2–3 times per day)

Key cues: Seated or supine position with leg elevated. Gently bend foot downward (plantarflex), then pull toes toward shin (dorsiflex). Move slowly and within pain-free range. No resistance, active or active-assisted only. Keep knee extended to also stretch calf.

Stop if: Sharp or stabbing pain, significant increase in swelling, or feeling of instability. Reduce range of motion or frequency if pain worsens.

Exercise 2: Ankle Circles

Target area: ankle, ankle joint mobility

Sets / Reps: 2 x 10–15 circles each direction

Frequency: daily (2 times per day)

Key cues: Seated with leg elevated or supine. Draw small circles with your toes/ankle in clockwise direction, then counterclockwise. Move only within pain-free range. No external resistance.

Stop if: Sharp pain, increased swelling, or feeling of ankle giving way. Stop and elevate if swelling increases.

Exercise 3: Isometric Inversion/Eversion (Seated, Non-Weight-Bearing)

Target area: ankle lateral ligaments, peroneals, tibialis posterior

Sets / Reps: 2–3 x 8–10 per direction

Frequency: 3–5 times per week (start mid-week 1 if pain and swelling permit)

Key cues: Seated with affected leg elevated. Place opposite hand against outside of foot and press foot inward (inversion) against your hand resistance without moving the foot (isometric). Hold 3–5 seconds, rest. Then place hand on inside of foot and resist outward movement (eversion) for 3–5 seconds. Use minimal force, focus on controlled muscle engagement, not maximal strength. Pain-free range only.

Stop if: Sharp ligamentous pain, sudden swelling increase, or instability sensation. Reduce intensity or discontinue if symptoms worsen.

Exercise 4: Towel Crunches / Toe Curls

Target area: intrinsic foot muscles, plantar fascia, toe flexors

Sets / Reps: 2 x 10–15

Frequency: daily

Key cues: Seated with affected leg elevated. Place towel flat on floor under your toes. Curl toes downward to scrunch/bunch the towel toward you. Do not weight-bear through the ankle; movement should be isolated to the toes. Perform slowly and deliberately.

Stop if: Sharp pain in foot arch or toes, increased ankle swelling, or cramping. Reduce repetitions if cramping occurs.

Exercise 5: Calf Stretch (Long-Sitting with Strap, Passive)

Target area: gastrocnemius, soleus, ankle plantarflexors

Sets / Reps: 1 x 3–4 repetitions

Frequency: daily (or 5–6 times per week after day 3)

Key cues: Long-sitting position with affected leg extended. Loop a strap, towel, or belt around the ball of the foot. Gently pull toes toward shin (dorsiflex) to stretch the calf. Hold stretch at mild tension (not pain). Maintain for 20–30 seconds. Keep knee straight to maximize gastrocnemius stretch. Breathe steadily.

Stop if: Sharp calf pain, foot cramping, or increased ankle swelling. Reduce intensity of stretch or hold time if discomfort increases.

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knee straight to maximize gastrocnemius stretch. Breathe steadily.

Stop if: Sharp calf pain, foot cramping, or increased ankle swelling. Reduce intensity of stretch or hold time if discomfort increases.

Exercise 6: Seated Heel Raises (Pain-Free ROM, Non-Weight-Bearing)

Target area: calf, plantarflexors, ankle stabilizers

Sets / Reps: 2–3 x 10–15

Frequency: 3–5 times per week (begin week 2 if swelling decreases)

Key cues: Seated in a chair with affected foot flat on floor (or just lightly touching). Press down through toes/forefoot to lift heel off ground (plantarflex). Hold 1–2 seconds at top, then lower heel slowly. Avoid hopping or quick movements. Use minimal plantarflexion range if swelling is present.

Stop if: Sharp ankle or calf pain, instability, or increased swelling. This exercise is optional early on, prioritize ankle pumps and circles if pain limits tolerance.

Exercise 7: Balance – Supported Standing (Double Leg → Single Leg Progression)

Target area: ankle proprioception, balance, stabilizers

Sets / Reps: 2–3 x hold 20–30 seconds; repeat 2–3 times

Frequency: 3–5 times per week (begin when able to weight-bear with minimal pain, typically week 2–3)

Key cues: Week 2: Stand with both feet on floor, hands on countertop or wall for support. Keep weight evenly distributed. Progress to standing on affected leg only once pain and swelling resolve sufficiently. Hold static balance for 20–30 seconds with hands available for support but minimal pressure. Eyes open. Progress to eyes-closed balance only after good single-leg control is achieved.

Stop if: Feeling of ankle giving way, sharp pain, loss of balance requiring full hand-support, or increased swelling. Return to double-leg or seated position immediately if ankle feels unstable.

You'll also find a visual guide attached to this email.

This is not a substitute for seeing a doctor. If your pain worsens or doesn't improve, please see a healthcare professional.



– AI PT Rehab Assistant

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<https://n8n.io>

2 Attachments • Scanned by Gmail



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