

Post Treatment Reflection

Date:

How I Felt Before:

Some things to think about:

Main concern Area of treatment Emotional state Range of motion (limitations)

Pain Level

0 1 2 3 4 5 6 7 8 9 10

Where I Was Feeling Discomfort

Circle all areas that apply

Stiffness Level

0 1 2 3 4 5 6 7 8 9 10

What I Noticed After:

Pain levels

Change in range of motion

Physical Changes I Noticed:

Range of motion

Body sensations

Other Symptoms That Arose:

Referral patterns

Areas that flared up

Emotional State:

calm focused overwhelmed grateful. curious

Any Past Medical History or New Updates?

medications childhood injuries motor vehicle accidents surgeries

Questions for Next Session:

