Post Treatment Reflection

Date:

What was my reaon for the session?

How I Felt Before:

Some things to think about:

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

Pain Level

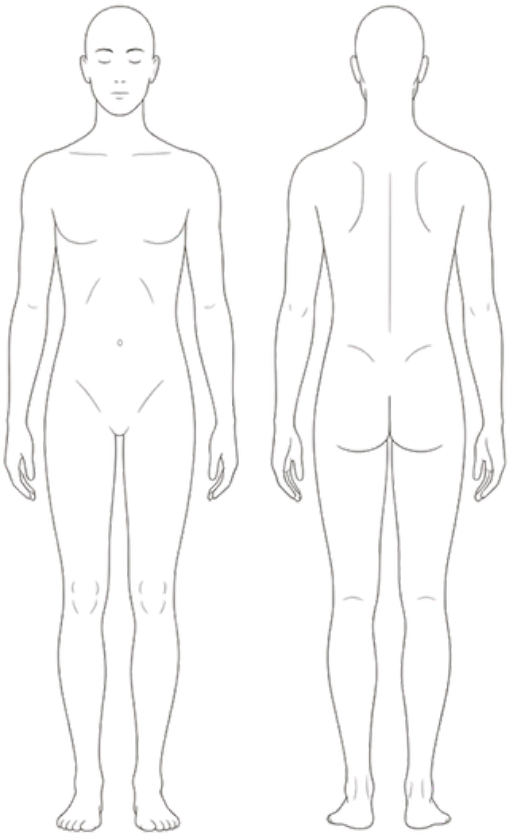
0 1 2 3 4 5 6 7 8 9 10

Stiffness Level

0 1 2 3 4 5 6 7 8 9 10

Where I Was Feeling Discomfort

Circle all areas that apply



What was the focus of the session?

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

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POSTURE POSTIVITY PERFORMANCE

Post Treatment Reflection

Updates:

how I felt in the following week, improved range of motion,
increased activities of daily living, other areas of concern that arose

Any Past Medical History or New Updates?

medications childhood injuries motor vehicle accidents surgeries

Questions for next session:

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