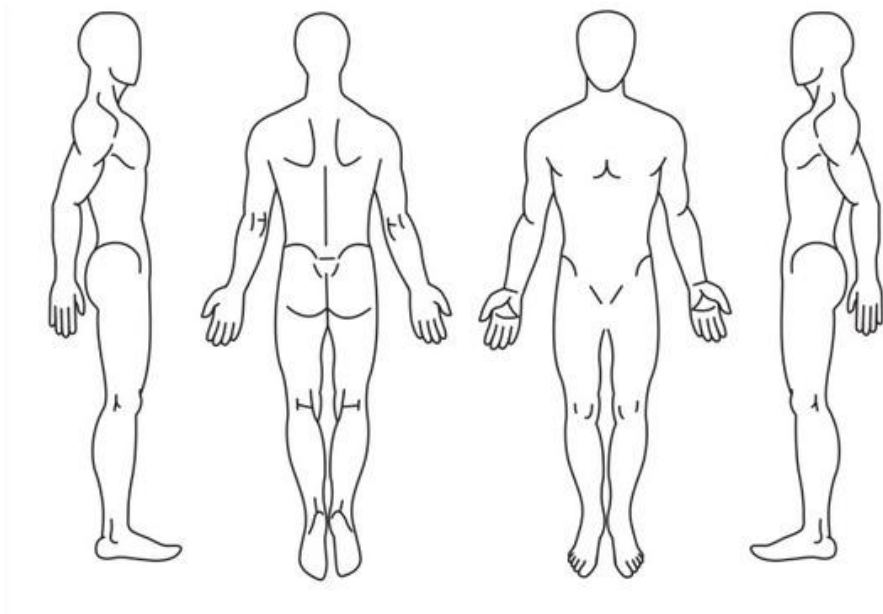


ESWT Treatment Notes

NAME: _____ DOB: _____ DATE: _____



Patient P:

Dermatomes:

T = Tenderness, **S** = Spasm, **TP** = Trigger Point

A = Absent, **D** = Decreased, **I** = Increased

P = Pain, Use **(L)** Left, **(R)** Right, or **(B)** Bilateral

(L) Left, **(R)** Right, or **(B)** Bilateral

Complaints & Functional Assessment Pre-Treatment:

Patient's subjective and objective data reviewed and primary areas being considered for treatment are:

- | | VAS (___ / 10) | Length |
|----------|-----------------|--------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Complaints & Functional Assessment Post-Treatment:

Patient's subjective and objective data reviewed and primary areas being considered for treatment are:

- | | VAS (___ / 10) | Goals |
|----------|-----------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |