

Body Chart

Please mark the areas where you feel symptoms on the chart below with the following symbols to describe your symptoms:

↓ : Shooting/Sharp Pain

o :Dull/Aching Pain

||| :Numbness

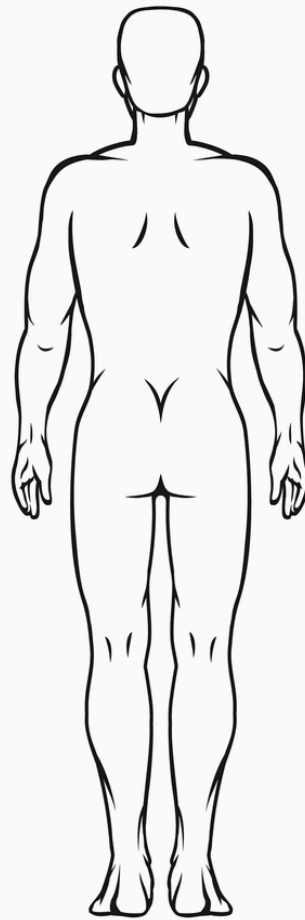
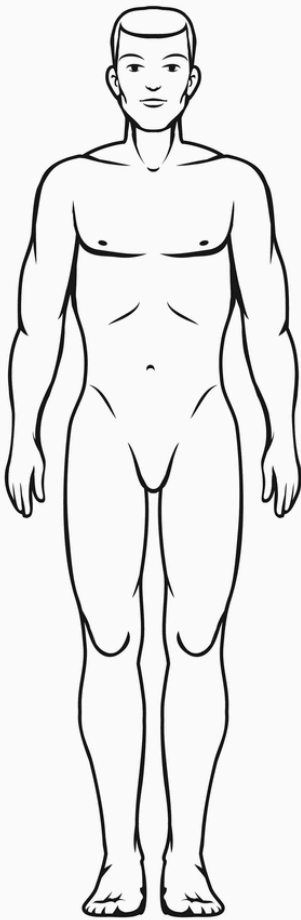
= :Tingling

My symptoms currently:

Come and Go

Are Constant

Are constant, but change with activity



TIMBERLANE
PHYSICAL THERAPY