

AlterG Report Card



ALTER G

Patient ID: _____ Gender: M / F
 Diagnosis: _____ Age: _____
 Precautions: _____
 Physician: _____
 Therapist: _____

Date (dd/mm/yy)	Body weight (%)	Avg. speed (mph)	Incline (%)	Duration (minutes)	PT (initials)	Comments / observations

Conclusion from end of AlterG therapy:

Did the patient enjoy the therapy using AlterG? YES / NO
 Was the treatment progress positive? YES / NO / NOT SURE / N/A
 Do you recommend the patient continue AlterG therapy? YES / NO
 General conclusions: