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Reason:

Yes, Therapist's Assent

03/11

4. Do you have any conditions or pathologies which limit the range of motion of your muscles

According to my general health condition, I can walk

without pain.



When I walk, I do not experience any pain or discomfort.



When I walk, I do not experience any pain or discomfort.



When I walk, I do not experience any pain or discomfort.



When I walk, I do not experience any pain or discomfort.

When I walk, I do not experience any pain or discomfort.



When I walk, I do not experience any pain or discomfort.

When I walk, I do not experience any pain or discomfort.



When I walk, I do not experience any pain or discomfort.



APPRAISAL? _____

RISK FACTOR APPRAISAL to the best of my ability. I have understood all the
information and questions asked of me and have any of my concerns clear
ly stated in my responses. I further understand that there will be no
penalty for not answering any of the questions.

I have answered the preceding questions and the RISK FACTOR
questions asked of me and have any of my concerns clearly
stated in my responses. I further understand that there will be no
penalty for not answering any of the questions.