

## Advanced Manual Therapy and Sports Rehabilitation at the Sports Medicine Clinic

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Draw on the figures below where you feel pain. Use the following symbols:

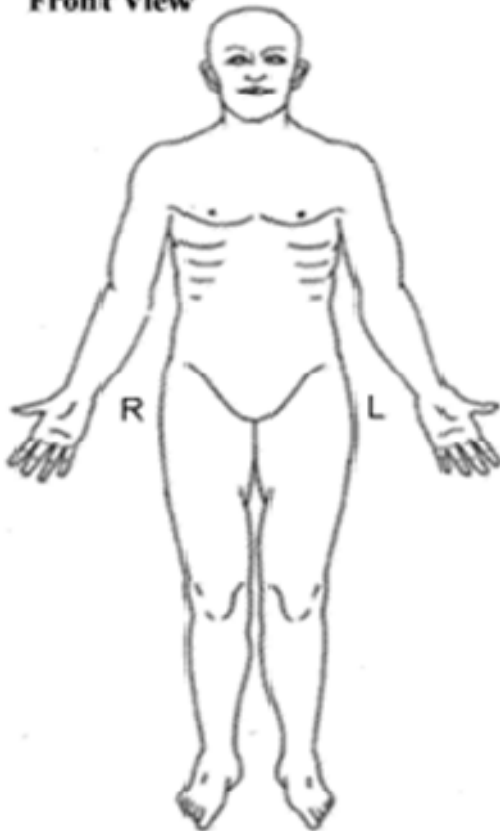
Aching  
aaaaaa

Numbness  
//////////

Burning  
XXXXXX

Shooting Pain  
→

**Front View**



**Back View**

