LOG SHEET [5]

PHYSIOTHERAPIST: (Name)				**O** Ostenil **S** Synvisc **H** Hyalgan **P** Orthovisc **T** Supartz **X** Other	**K** Kenalog **A** Adcortyl **D** Depomedrone **H** Hydrocortistab **O** Other	**L** Lidocaine **M** Marcain **O** Other **X** None	RESULTS **PAIN or PARASTHESIA** **0** None --> **10** Severe			**0** Normal **1** Much better **2** Slightly better **3** The same **4** Worse **5** Referred
Pt ID	**Diagnosis**	**Age**	**M/F**	**Type**	**Steroid Name/Dose**	**Local Name/Dose**	**Pre-Inj**	**Re-test**	**Follow –up (1-2 weeks)**	**DISCHARGE RESULT**
e.g. PH	***SAB***	***44***	***F***		***K 20mg***	***L 1% 2ml***	***8***	***3***	***2***	***0***