

Name: _____ Date: _____

Stimulator					
Channel	Muscle	Stimulation Maximum	Stimulation Minimum	Pulse Width	Frequency
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Profile	
Spasm	
Stimulation Response	
Autonomic Dysreflexia	
Hemiplegia	
Automatic Speed Progression	
Target (rpm)	
Automatic Resistance Progression	
Target (Nm)	

Interval Training					
Duration	Control Speed	Resistance	Max Stimulation (%)	Motor Support Duration	Motor Support Speed Offset

Perform ___ times = ___ min