

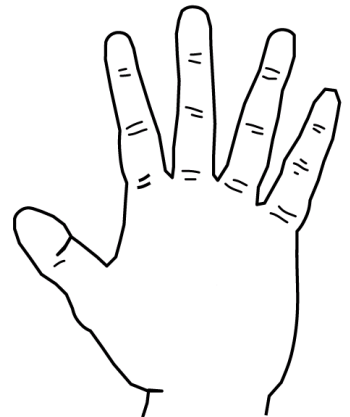
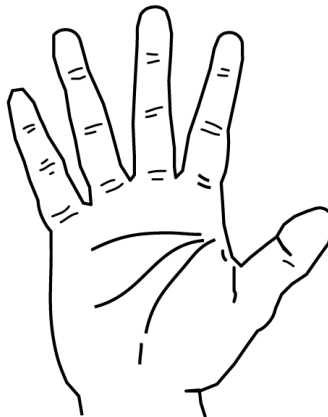
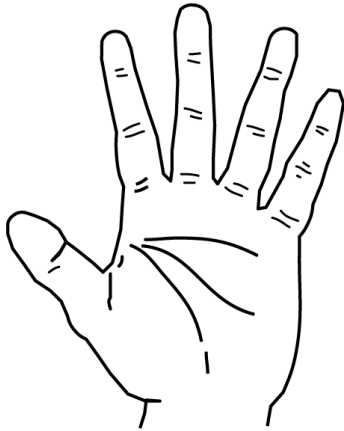
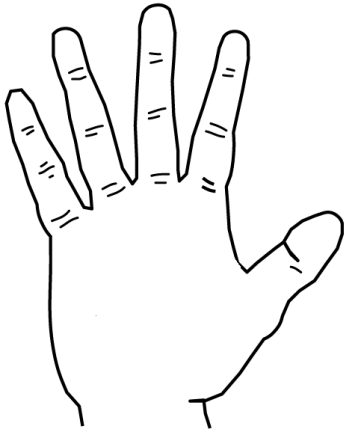
Name: \_\_\_\_\_

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

Please mark on the figures where you are experiencing discomfort.

LEFT

RIGHT



Back

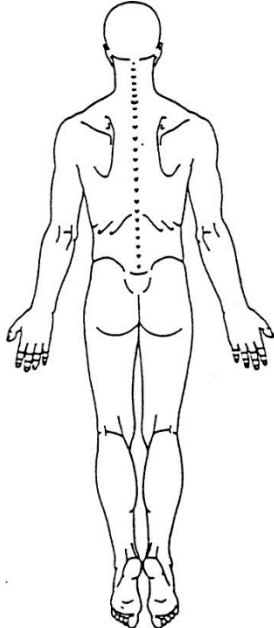
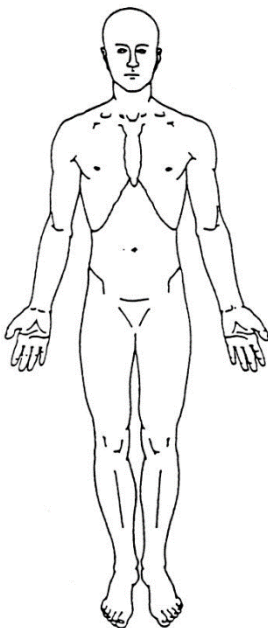
Palm

Palm

Back

R L

L R



Key:

OOOO Pin and Needles

XXXX Burning

///// Stabbing

==== Numbness