

TAKE CONTROL OF YOUR PAIN TODAY

Create your Pain Management Plan



MAKE PERSONAL GOALS

Getting back to your regular activities is a top priority. Check the goals that matter to you.

- | | |
|---|---|
| <input type="checkbox"/> Spend time with family/friends | <input type="checkbox"/> Exercise, such as: _____ |
| <input type="checkbox"/> Go for walks | <input type="checkbox"/> Hobbies, such as: _____ |
| <input type="checkbox"/> Go back to work | <input type="checkbox"/> Other: _____ |

Use the convenient 30-Day Pain Tracker on the back of this page to monitor daily progress and key factors that may affect your pain. After 30 days, you will have a visual as to how OskA Pulse has decreased your pain and you can work with your doctor to understand what is best for your personal pain management.

Write down your goals and circle the location of pain:

I would like to reduce my pain score from _____ to _____.

I would like to reduce my medications from _____ mg to _____ mg.

My other pain reduction goals include:

Use OskA Pulse:

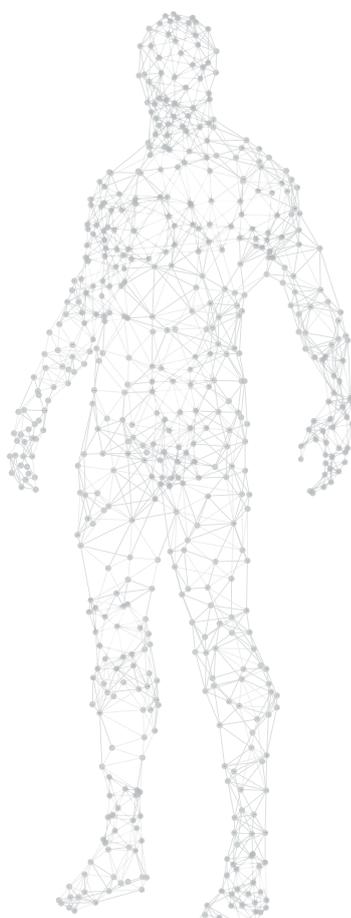
-  Turn on your OskA Pulse
-  Place it near the problem area
-  Enjoy a 90-minute session

- Drink plenty of water to maximize benefits.
- Consistency is key to get the most from your device.
- No reported side effects and the device cannot be overused.

Follow the usage guidelines:

Pain Status	Frequency of Use
I have pain	2+ times per day
My pain is improving	1-2x per day
My pain is almost gone	1x per day
Maintenance	As Needed

Evaluate your pain: Rate your pain at the beginning and end of your day and put your scores on the pain tracker to see how you're improving.



30-DAY PAIN TRACKER

DAY	PAIN	HOURS	ACTIVITY LEVEL	SLEEP	PAIN
1	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
2	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
3	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
4	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
5	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
6	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
7	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
8	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
9	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
10	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
11	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
12	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
13	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
14	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
15	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
16	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
17	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
18	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
19	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
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22	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
23	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
24	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
25	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
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27	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
28	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
29	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>
30	<input type="checkbox"/>	① ② ③ ④ ⑤ ⑥ ⊕	Less Normal More	Less Normal More	<input type="checkbox"/>