ReStore Training Session Notes

General Session Information:

Patient ID:		Session Date:	
Patient Weight:		ReStore Session #:	
Paretic Side:		Treating Therapist:	
Treatment time:		Setup time:	

Patient Setup Information:

Insole:	☐ Small ☐ Medium ☐ Large	Calf Wrap Liner:	☐ Small ☐ Medium ☐ Large ☐ Extra Large
Lateral Support:	☐ Yes ☐ No	Cable Cartridge:	☐ Short ☐ Long
DF Loop:	☐ Midline ☐ Lateral	Initial Settings:	DF: _____% PF: _____%

Session Summary: (completed as applicable based on activities performed)

Step Count:

Assist Mode:	_____ steps	Brace Mode:	_____ steps	Slack Mode:	_____ steps

10m Walk Test(s):

	Condition	Mode	Results (middle 6m)	Notes
10m Walk #1	☐ Comfortable Speed ☐ Maximal Speed	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Speed (m/s) _____ Duration (s) _____	
10m Walk #2	☐ Comfortable Speed ☐ Maximal Speed	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Speed (m/s) _____ Duration (s) _____	
10m Walk #3	☐ Comfortable Speed ☐ Maximal Speed	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Speed (m/s) _____ Duration (s) _____	

Timed Walk Test(s):

	Condition	Mode	Results	Notes
Timed Walk #1	☐ 2 Min Walk ☐ 6 Min Walk	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Distance (m) _____	
Timed Walk #2	☐ 2 Min Walk ☐ 6 Min Walk	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Distance (m) _____	
Timed Walk #3	☐ 2 Min Walk ☐ 6 Min Walk	☐ Assist DF: ___% PF: ___% ☐ Brace ☐ Slack	Distance (m) _____	

General Session Information (copied from front):

Patient ID:		Session Date:	

Therapist Observations/Notes/Plan:

Patient Feedback:

Use the responses in this table to provide your answers to the questions below:

1	2	3	4	5
Much Worse	Somewhat Worse	The Same	Somewhat Better	Much Better

	1	2	3	4	5
In your opinion, compared to your everyday walking, how did your walking feel **during** today's session?	1	2	3	4	5
In your opinion, now that the session is over, how does your walking feel **after** today's session?	1	2	3	4	5

Additional Comments:

Therapist Signature: _____