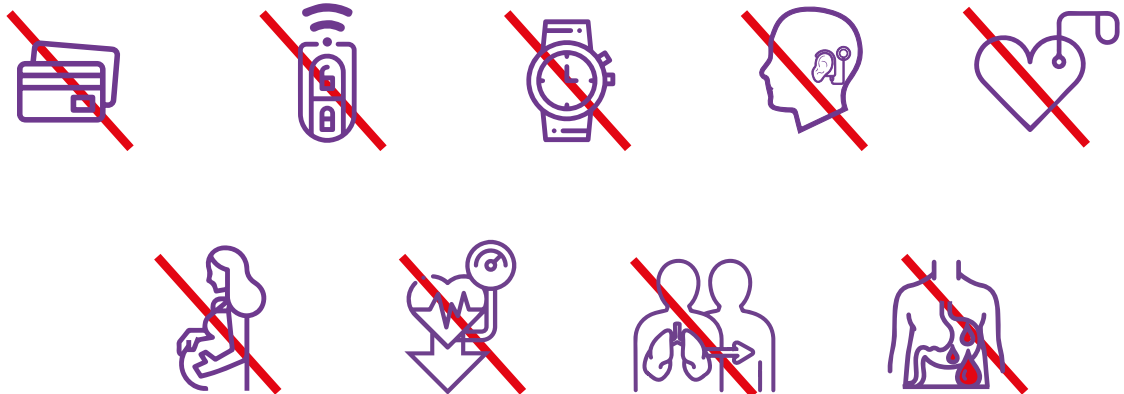


Ion-Induction-Therapy

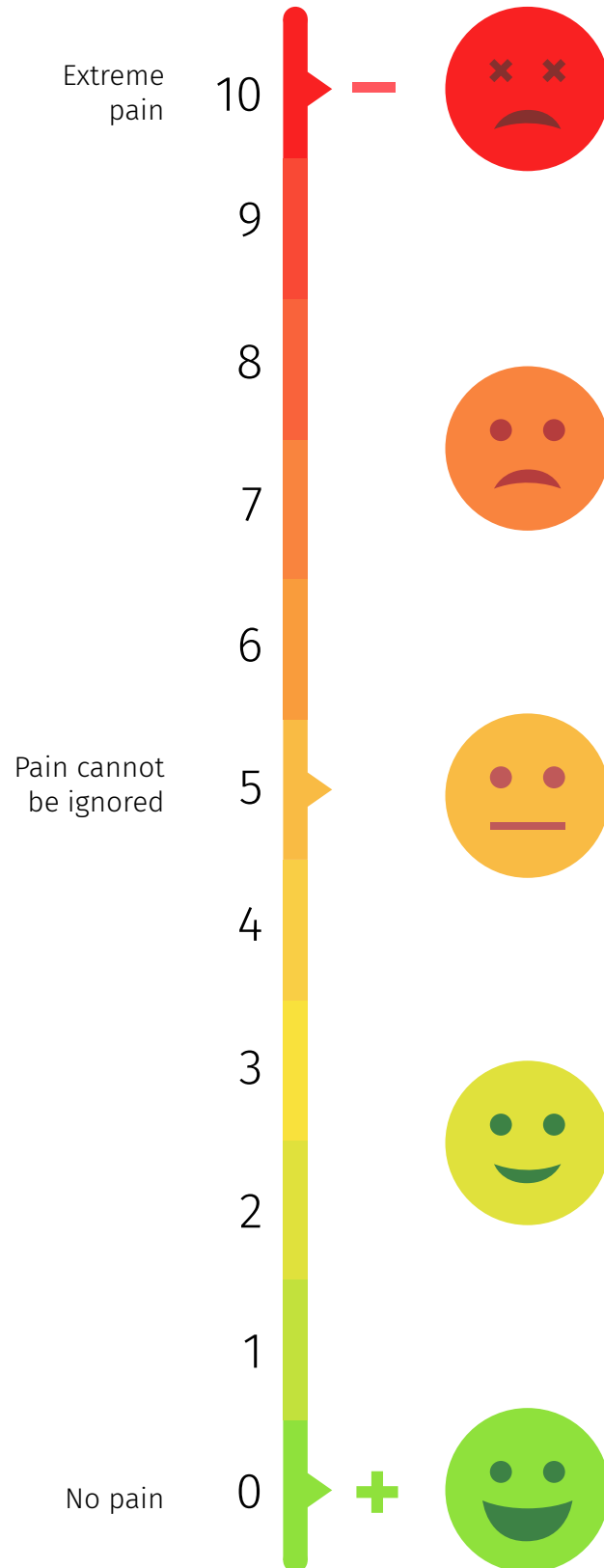
Therapy protocols



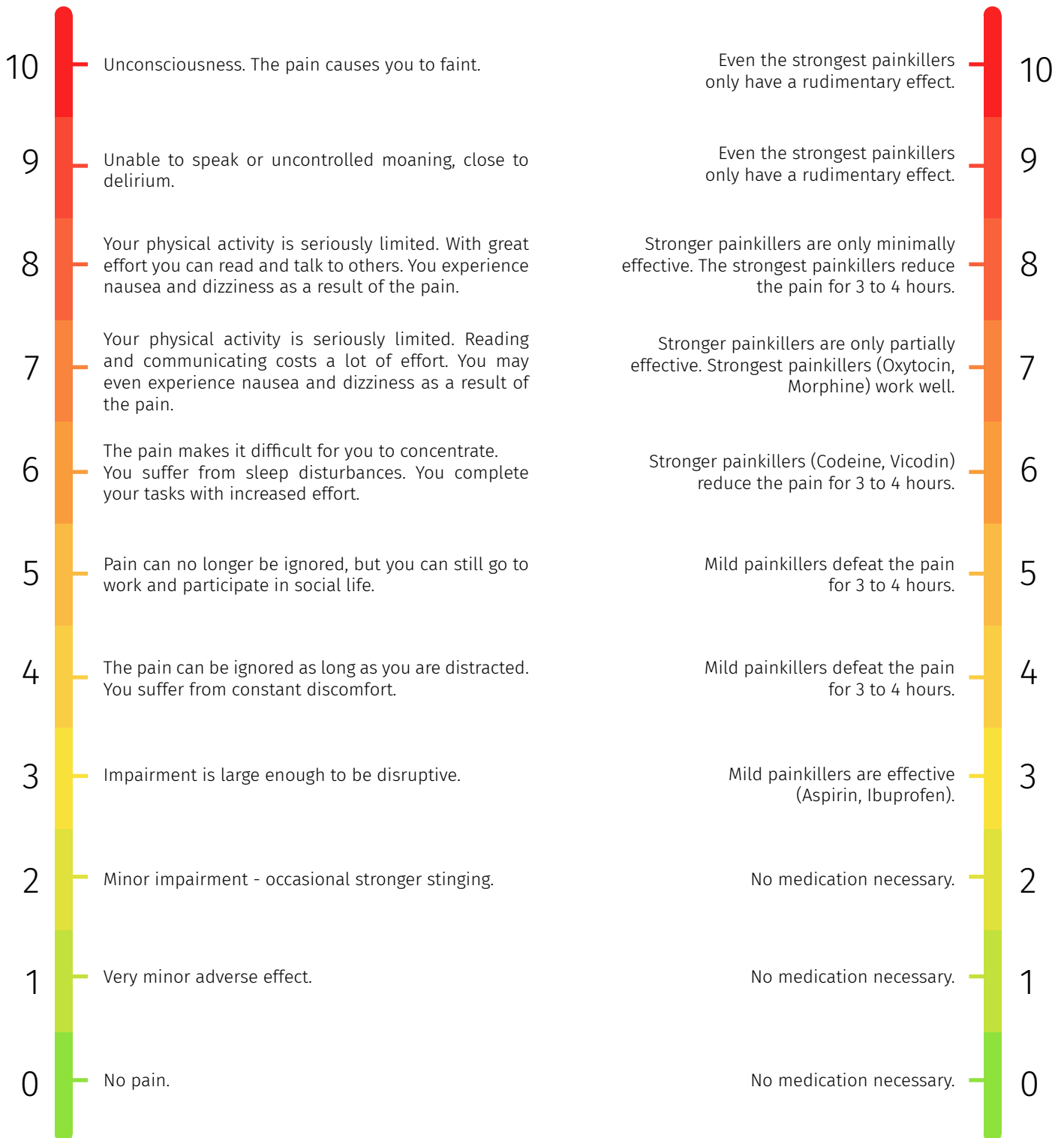
ATTENTION!
Electromagnetic Field



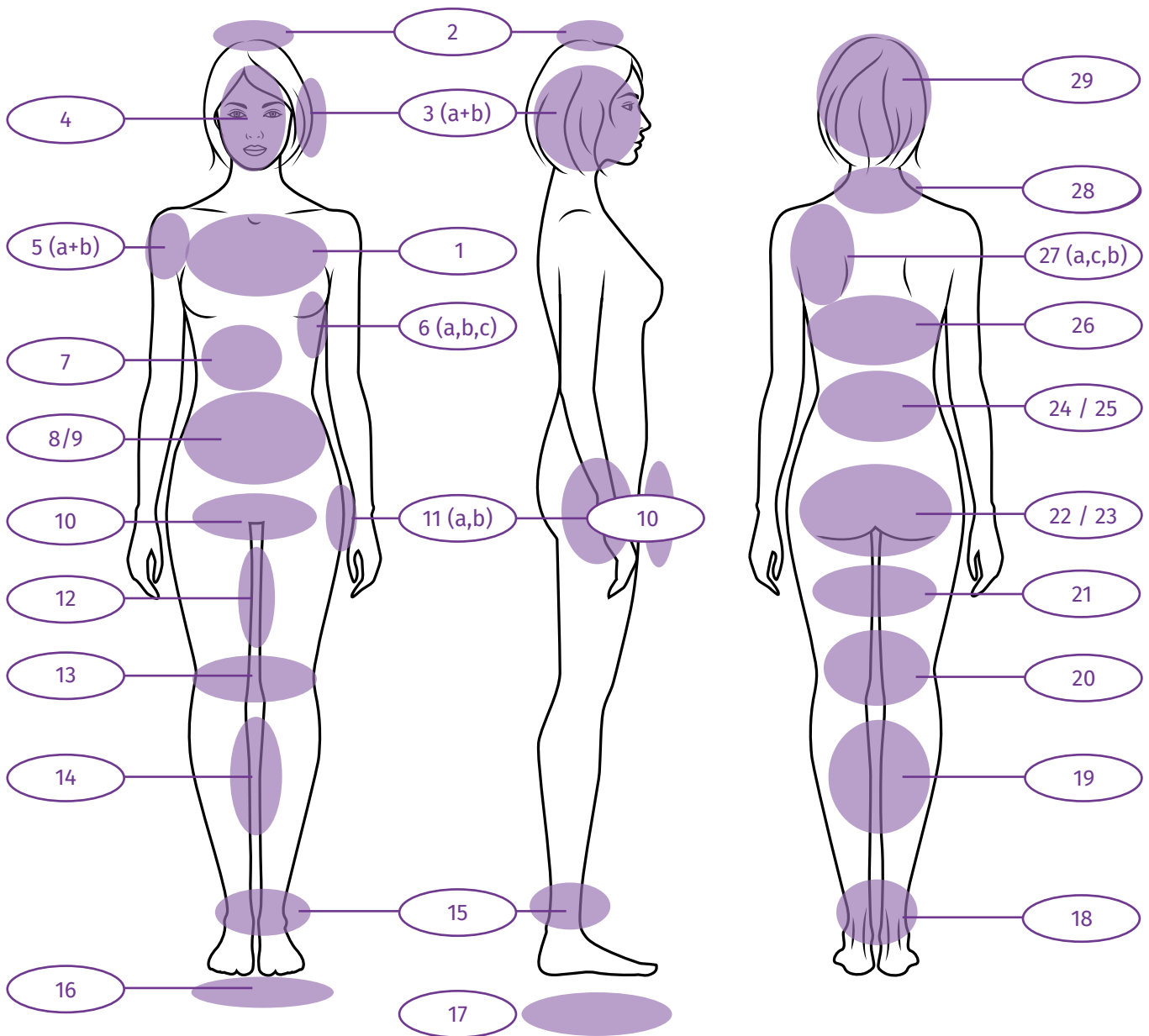
Pain scale



This pain scale can help you describe your perceived pain level to your doctor or family.



Body regions



Heart, Thyroid, Thymus	1	16	Soles
Skull	2	17	Soles with footbath
Head / a (left) / b (right)	3	18	Achilles tendon
Face, Sinuses, Eyes	4	19	Calf area
Shoulder / a (left) / b (right)	5	20	Back of the knee / Knee bend
Lung area, Glands (a, c, b), Spleen (left)	6	21	Hamstring
Liver	7	22	Buttock
Upper abdomen - Solar plexus, Pancreas	8	23	Sacral area
Intestine (around the belly, in the middle)	9	24	Lumbar region
Bladder, Groin area	10	25	Kidneys
Hip / a (left) / b (right)	11	26	Adrenal glands
Thigh	12	27	Shoulder blade / a (left) / c (centre) / b (right)
Knee joints	13	28	Neck area
Lower leg, Shinbone	14	29	Back of the head
Ankle joints	15	99	Affected position / a = left / b = right / c = centre

Title:

Name:

Surname:

Address:

Postcode:

Country:

Phone number:

Email:

Gender:

Date of birth:

Height:

Weight:

Pre-existing medical conditions:

Current medical condition:

Cause for the therapy:

Current medication:

Name:

Date:

Note:

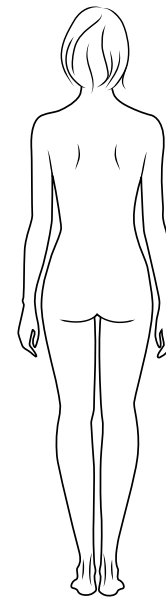
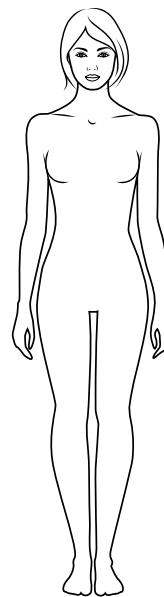
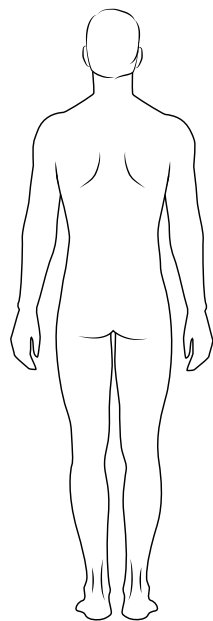
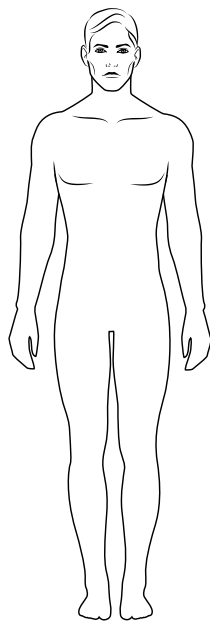


Age:

Weight:

Other:

Notation of intensity:
1 or - weak
2 or 0 medium
3 or X strong



The papimi user experience book contains the know-how of therapists, doctors, clinics and other specialists who have been sharing their knowledge with us for over 30 years. This work grows with every new user and every experience shared with us. We ask you to use this template to share your wealth of experience with your colleagues. Ideally, your details should be submitted to us in English or German.

Cause for therapy / anamnesis:

Medical condition before therapy:

Protocol:

Result / medical condition after therapy:

Performer (user/clinic/doctor):

_____ Date

_____ Signature

Please send the documents to: office@papimi.com

Name: _____

Patient no.: _____

Date																			
Time																			
Severe pain	10																		
	9																		
	8																		
	7																		
	6																		
	5																		
	4																		
	3																		
	2																		
	1																		
No pain	0																		
Localisation / Body region																			
Pain profile																			

Key:
 pungent pt
 dull d
 undulating u
 pulsating pg
 spasmodic s
 pulling pll

Comments:



📍 papimi Headquarters Vienna • MTG GmbH
☎ +43 1 5979 152
✉ info@papimi.com
🌐 papimi.com

papimi  simply effective.