

Logbook

USER NAME, PATIENT ID



Password/PIN number	
Parameters	Notes
Warmup (min)	
Active cycling (backwards/forwards) (min/min)	
Cool down (min)	
Resistance (Nm)	
Control speed (rpm)	
Motor (Nm)	
Global frequency	40Hz
Global pulse width	250 μ s
Bike height	
Wheelchair height	
Distance from pedals	
Time of day	

Channel	Muscle stimulated	Amplitude(mA)
L1		
L2		
L3		
L4		
L5		
L6		
R1		
R2		
R3		

Notes: (How did you feel before, during, after the session? How did you feel the next day? Helpful medications and dosage details. Concerns that I should talk to the healthcare providers about next time.)