

INTERVENTION FOLLOW-UP FORM

Participant ID: _____

Complete this form at the conclusion of each therapy session. Accurately document the intervention parameters delivered, the participant's tolerance, and any deviations from the protocol. This data is essential for monitoring treatment fidelity, dosing, and safety throughout the trial.

Treatment Log & Adherence

Instructions for Therapist: Complete this table in its entirety after each participant session. This log is critical for monitoring treatment fidelity, adherence to the protocol, and participant safety.

Record the specific parameters used and the participant's response to ensure consistent and accurate dosing across all study participants.

Session Date	Treatment Received (Laser Parameters / Exercise Details)	Duration (mins)	Pain During Session (0-10)	Adverse Events / Comments	Therapist Initials

[illegible]

Adverse Events Log

Instructions for Therapist: Document any untoward medical occurrence, unintended sign, or undesirable symptom experienced by the participant during or following a session, regardless of its perceived relationship to the intervention. This includes any new pain, significant increase in usual pain, muscle soreness lasting >48 hours, or any other complaint. All entries must be dated, and follow-up actions must be recorded until the event is resolved.

Date	Description of Event	Related to Intervention? (Yes/No/Unlikely)	Severity (Mild/Moderate/Severe)	Action Taken	Resolved? (Y/N + Date)

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