PARTICIPATION SESSION LOG

PT Name _____ **Site Name** _____

Please complete at least 10 Ekso sessions between Phase 1 and Phase 2 of the Ekso Training Program. This document must be completed and returned to the Ekso Bionics clinical training specialist on first day of Phase 2 training.

Session# / Date	Participant Diagnosis & ID number	Eval Y/N	Assistive device(s) used	Session step count	Comments/Programming
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Session# / Date	Participant Diagnosis ID number	Eval Y/N	Assistive device(s) used	Session step count	Comments/Programming
21					
22					
23					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
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41					
42					
43					
44					
45					