



**CHRONICLE**

Skip &gt;



## Pain Logging

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.



Next

[Skip >](#)

# Medicines Reminders

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

[Next](#)



# Community Chat

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.



[Get Started](#)



# New Account

Full name

example@example.com

Password

\*\*\*\*\*



Email

example@example.com

Mobile Number

example@example.com

Date Of Birth

DD / MM / YYYY

By continuing, you agree to [Terms of Use](#) and [Privacy Policy](#).

**Sign Up**

or sign up with



already have an account? [Log in](#)



# Set Password

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

## Password

\*\*\*\*\*



## Confirm Password

\*\*\*\*\*



**Create New Password**



# Log In

## Welcome

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

### Email or Mobile Number

example@example.com

### Password

\*\*\*\*\*



[Forget Password](#)

**Log In**

or sign up with



Don't have an account? [Sign Up](#)



# Hello!

## Welcome

Email or Mobile Number

example@example.com

Password

\*\*\*\*\*



[Forget Password](#)

**Log In**

or



Don't have an account? [Sign Up](#)



# Add Record

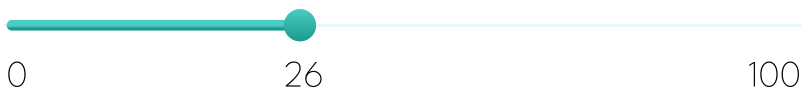
What is your gender

Male

Female

Other

How old are you



What is your weight



What is your height



What is your blood type

AB +

Next



# Pain Record

If you are having a medical emergency, close this app and dial 911 immediately



**Do You Want To  
Add Any Pain  
Record?**

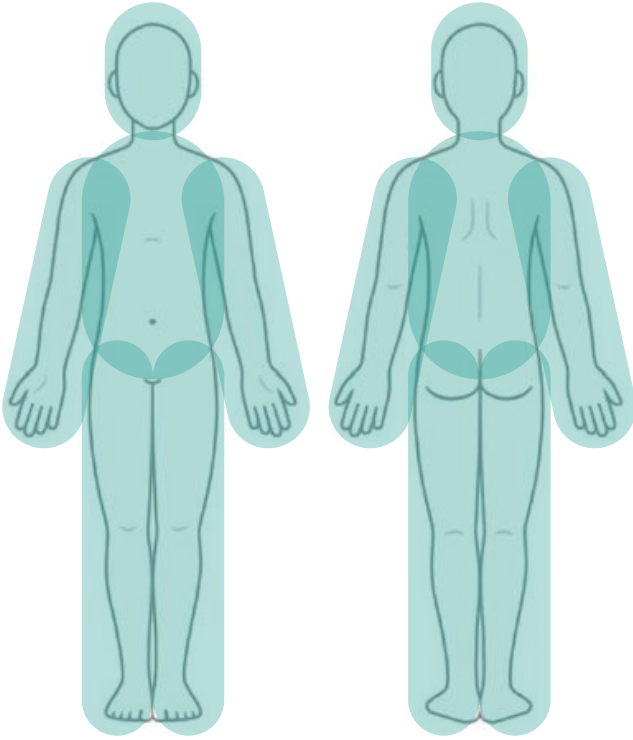
**Add Pain**

[Skip](#)



# Pain Entry

Please indicate on the figure any areas where you are feeling pain today



Or select from the list below

Doctor



Head

Neck

Left Shoulder

Right shoulder

Next



# Left Arm

Select the correct body part or press < to choose a different area of the body



Allergies



Forearm



Shoulder



Finger

**Confirm**



# Shoulder Pain Scale

On a scale from 0 to 10, rate the pain in your **Left Shoulder** and provide a short description of the pain

What is your pain rate



Description

Enter Some Specifics About Your Pain...

**Submit**



# Prescription

On a scale from 0 to 10, rate the pain in your **Left Shoulder** and provide a short description of the pain

## Medications

Ibuprofen 200-400 mg  
1 tablet for 15 days after meal

Ibuprofen 200-400 mg  
1 tablet for 15 days after meal

Ibuprofen 200-400 mg  
1 tablet for 15 days after meal

## Physical Therapy

Ice therapy  
1 tablet for 15 days after meal

Ice therapy  
1 tablet for 15 days after meal

Ice therapy  
1 tablet for 15 days after meal

## Lab Test

Complete Blood Test

## Notes

Lorem Ipsum the hksy ifum

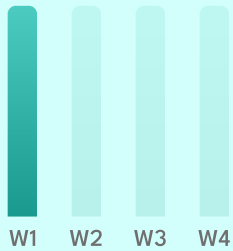
**Submit**

# Good Morning Heath



## Pain Stats

Left Arm



Your shoulder pain has gone down this month

[View your history](#)



### DAILY ACTIVITIES

Daily Survey

Daily Journal

Daily Treatment

### Personal

Information

Reminder

Pain History

### Chat Group

[See all](#)

GMI Chat

Left Arm Chat

Physical Therapy

Good Morning  
**Heath**



## Pain Stats

You haven't made pain entry  
last month

[Add Pain](#)



### DAILY ACTIVITIES



Daily Survey



Daily Journal



Daily Treatment

### Personal



Information



Reminder



Pain History

### Chat Group

[See all](#)



GMI Chat



Left Arm Chat



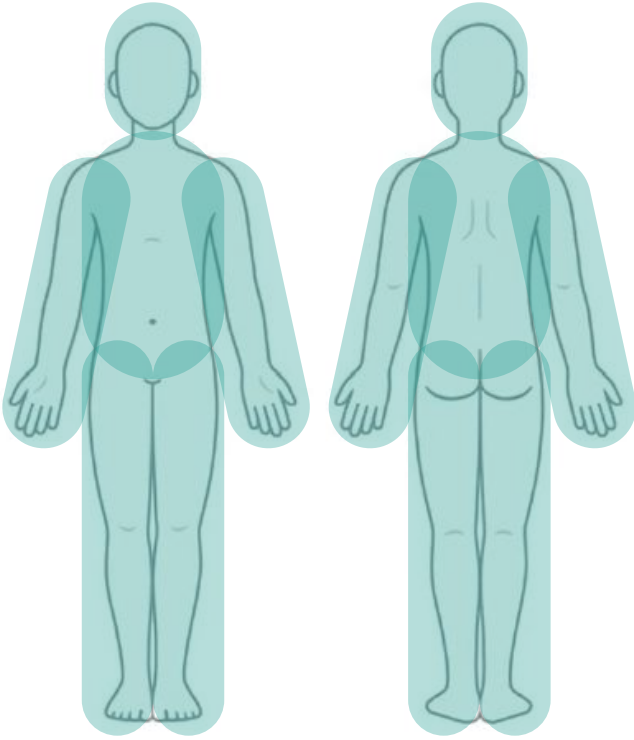
Physical  
Therapy





# Daily Survey

Please indicate on the figure any areas where you are feeling pain today



Or select from the list below

Doctor



Head

Neck

Left Shoulder

Right shoulder

Next



# Daily Treatment

Keep track of the treatments you participate in. Contact your physician if a treatment does not appear

## Daily



### Medications

- |                                     |                      |           |
|-------------------------------------|----------------------|-----------|
| <input type="checkbox"/>            | RINVOQ Dose 1        | Post-noon |
| <input checked="" type="checkbox"/> | Ibuprofen 200-400 mg | Pre-noon  |

### Physical Therapy

- |                                     |                       |       |
|-------------------------------------|-----------------------|-------|
| <input type="checkbox"/>            | GMI Mirror Exercise 1 | 5 min |
| <input checked="" type="checkbox"/> | Ice Therapy           | 5 min |

## Weekly

no weekly treatments found yet...

**Submit**



# Daily Journal

Keep a daily log of your activity level, tasks and more. Resets at 12:00AM CST

How many minutes did you walk for today?

## Physical Therapy

- |                                     |                     |       |
|-------------------------------------|---------------------|-------|
| <input type="checkbox"/>            | Sitting to standing | 5 min |
| <input checked="" type="checkbox"/> | Light chores        | 5 min |
| <input type="checkbox"/>            | Heavy chores        | 5 min |
| <input type="checkbox"/>            | Exercise            | 5 min |

Is there anything else you would like to record about your day?

**Submit**



# GMI Chat

**Anthony**

lorem ipsum dolor sit amet,  
consectetur adipiscing elit, sed  
do eiusmod tempor incididunt ut  
labore et dolore magna aliqua.

09:00

**Rushi**

lorem ipsum dolor sit amet,  
consectetur adipiscing elit, sed  
do eiusmod tempor incididunt ut  
labore et dolore magna aliqua.

09:30

**William**

lorem ipsum dolor sit amet,  
consectetur adipiscing elit, sed  
do eiusmod tempor incididunt ut  
labore et dolore magna aliqua.

09:43

**Ruhi**

lorem ipsum dolor sit amet,  
consectetur adipiscing elit.

09:55



Write Here...





# Information

## Therapy

### GMI (Graded Motor Imagery)



What is Graded Motor Imagery



GMI Info Sheet

### Isometric Stretches

### Exercises

## Medication

### RINVOQ

### Some Other Medication



# My Profile



**Jane Doe**

+123 567 89000

Janedoe@example.com



Profile



Medical Record



Privacy Policy



Settings



Help



Logout



# Profile



## Full Name

Jane Doe

## Phone Number

+123 567 89000

## Email

janedoe@example.com

## Date Of Birth

DD / MM /YYY

**Update Profile**



# Settings



Notification Setting



Password Manager



Delete Account





## < Notification Setting

General Notification

Sound

Sound Call

Vibrate

Special Offers

Payments

Promo And Discount

Cashback

# < Password Manager

## Current Password

\*\*\*\*\*



[Forgot Password?](#)

## New Password

\*\*\*\*\*



## Confirm New Password

\*\*\*\*\*



**Change Password**



# Privacy Policy

**Last Update: 14/08/2024**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent pellentesque congue lorem, vel tincidunt tortor placerat a. Proin ac diam quam. Aenean in sagittis magna, ut feugiat diam. Fusce a scelerisque neque, sed accumsan metus.

Nunc auctor tortor in dolor luctus, quis euismod urna tincidunt. Aenean arcu metus, bibendum at rhoncus at, volutpat ut lacus. Morbi pellentesque malesuada eros semper ultrices. Vestibulum lobortis enim vel neque auctor, a ultrices ex placerat. Mauris ut lacinia justo, sed suscipit tortor. Nam egestas nulla posuere neque tincidunt porta.

## Terms & Conditions

1. Ut lacinia justo sit amet lorem sodales accumsan. Proin malesuada eleifend fermentum. Donec condimentum, nunc at rhoncus faucibus, ex nisi laoreet ipsum, eu pharetra eros est vitae orci. Morbi quis rhoncus mi. Nullam lacinia ornare accumsan. Duis laoreet, ex eget rutrum pharetra, lectus nisi posuere risus, vel facilisis nisi tellus ac turpis.
2. Ut lacinia justo sit amet lorem sodales accumsan. Proin malesuada eleifend fermentum. Donec condimentum, nunc at rhoncus faucibus, ex nisi laoreet ipsum, eu pharetra eros est vitae orci. Morbi quis rhoncus mi. Nullam lacinia ornare accumsan. Duis laoreet, ex eget rutrum pharetra, lectus nisi posuere risus, vel facilisis nisi tellus.
3. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent pellentesque congue lorem, vel tincidunt tortor placerat a. Proin ac diam quam. Aenean in sagittis magna, ut feugiat diam.
4. Nunc auctor tortor in dolor luctus, quis euismod urna tincidunt. Aenean arcu metus, bibendum at rhoncus at, volutpat ut lacus. Morbi pellentesque malesuada eros semper ultrices. Vestibulum lobortis enim vel neque auctor, a ultrices ex placerat. Mauris ut lacinia justo, sed suscipit tortor. Nam egestas nulla posuere neque.



# Help Center

How Can We Help You?



Search...

**FAQ**

**Contact Us**

**Popular Topic**

**General**

**Services**

**Lorem Ipsum Dolor Sit Amet?**



Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent pellentesque congue lorem, vel tincidunt tortor placerat a. Proin ac diam quam. Aenean in sagittis magna, ut feugiat diam.

**Lorem Ipsum Dolor Sit Amet?**



**Lorem Ipsum Dolor Sit Amet?**



**Lorem Ipsum Dolor Sit Amet?**



**Lorem Ipsum Dolor Sit Amet?**



**Lorem Ipsum Dolor Sit Amet?**



**Lorem Ipsum Dolor Sit Amet?**





# Help Center

How Can We Help You?



Search...

**FAQ**

**Contact Us**



Customer Service



Website



Whatsapp



Facebook



Instagram





# Pain History

## History

Search By:

Newest

Oldest

Date:

D

M

Y

### Left Arm

**Active** – Pain is currently ongoing or recently experienced.

Added 10 Febraury 20XX

### Left Arm

**Active** – Pain is currently ongoing or recently experienced.

Added 06 June 20XX

### Left Arm

**Active** – Pain is currently ongoing or recently experienced.

Added 20 October 20XX

### Left Arm

**Active** – Pain is currently ongoing or recently experienced.

Added 20 October 20XX



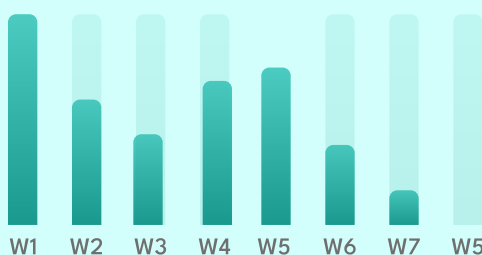
# Pain History

## Left Arm

Started: DD/MM/YYYY

Ended: DD/MM/YYYY

### Pain Stats



### In Control

Paroxysmal Tachycardia

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.

### Treatment Plan

Lorem ipsum dolor 5mg (Morning)

Lorem ipsum dolor 15mg (Night)



# Reminder

Today



Search...

[Mark all](#)



## Ibuprofen 200-400 Mg

2 M

take one tablet every 4–6 hours as needed for pain, with food to prevent stomach upset.



## Ice Therapy

2 H

apply an ice pack wrapped in a cloth to the sore area for 15–20 minutes, three times a day.



## Rest

3 H

avoid heavy lifting or repetitive activities that may worsen the pain for a few days.

Yesterday



## Ibuprofen 200-400 Mg

1 D

take one tablet every 4–6 hours as needed for pain, with food to prevent stomach upset.

15 April



## Ibuprofen 200-400 Mg

5 D

take one tablet every 4–6 hours as needed for pain, with food to prevent stomach upset.