

FIG. 1

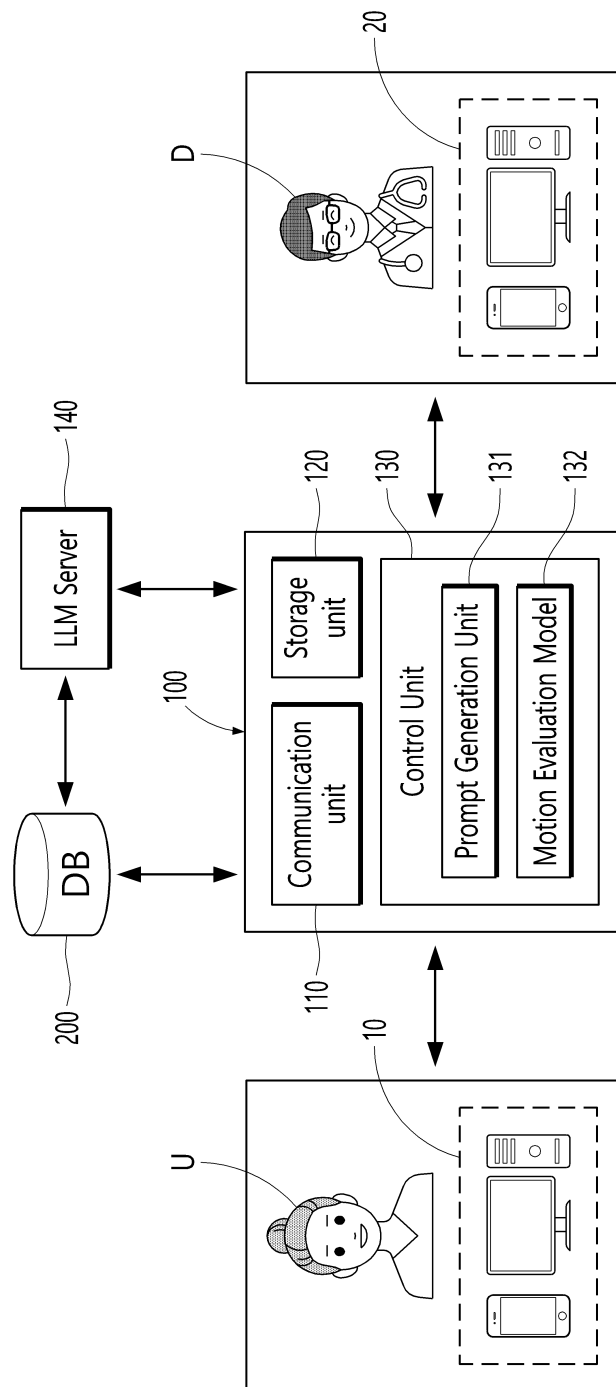


FIG. 2

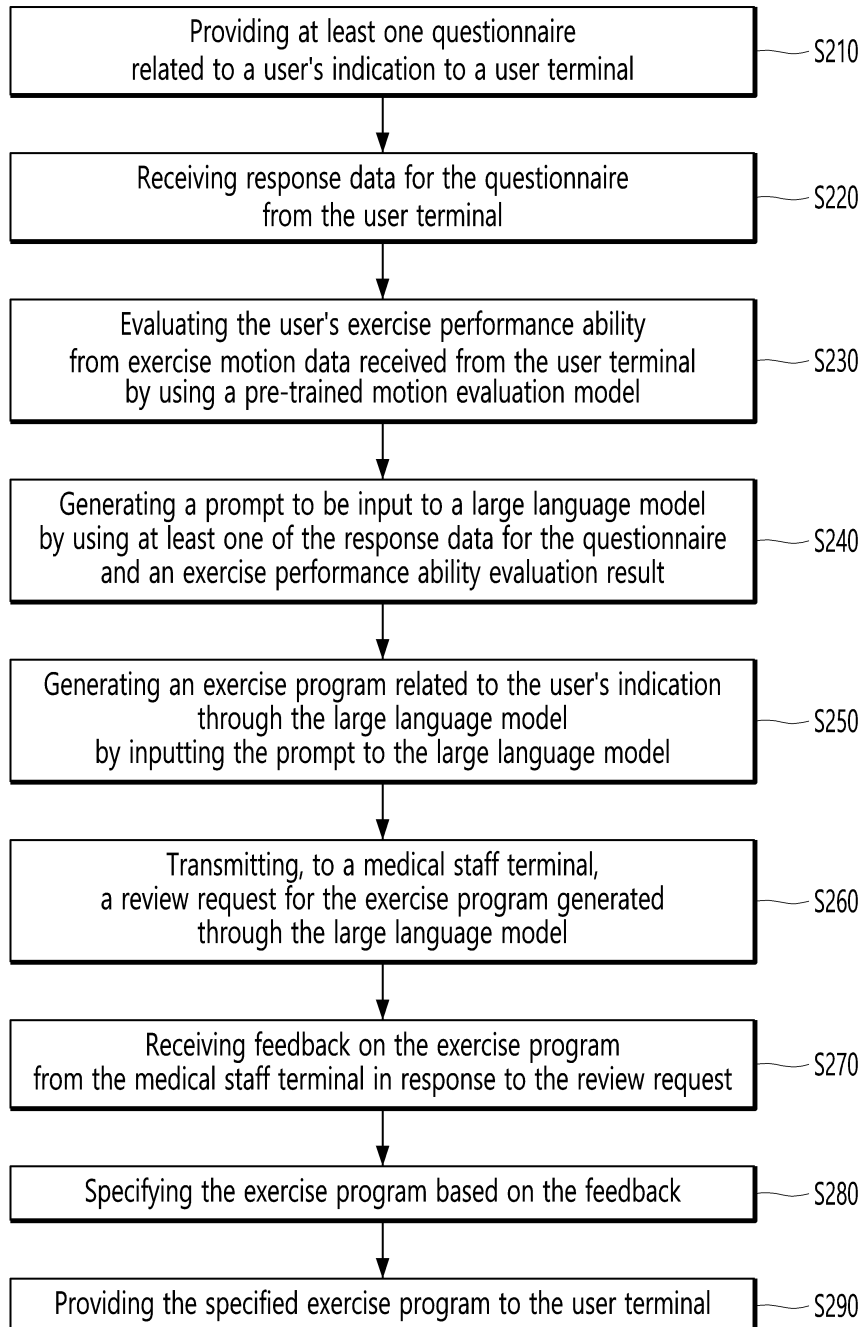


FIG. 3A

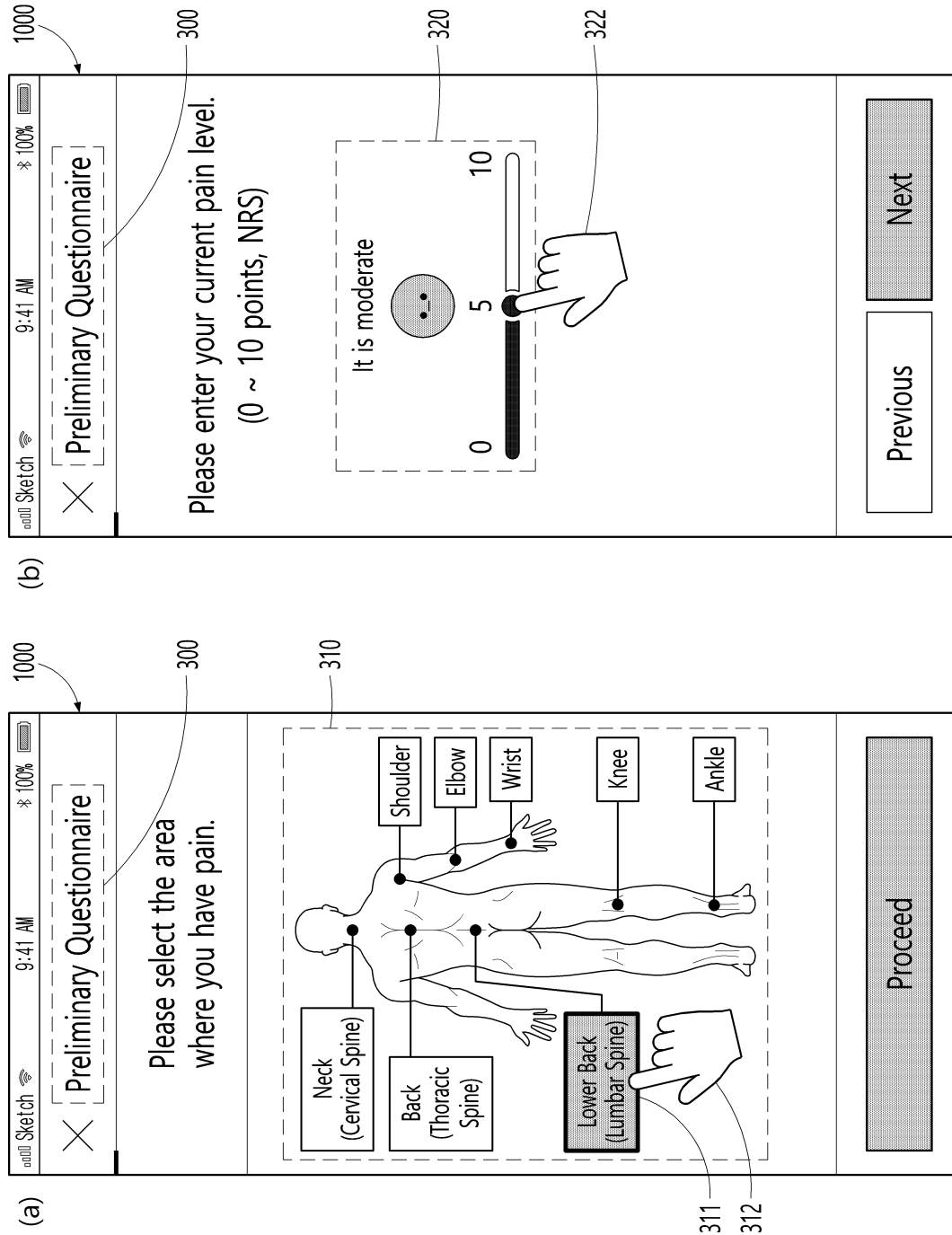


FIG. 3B

Multiple-Choice Questionnaire		330
331	1. Are you currently experiencing difficulty in daily life or exercise due to pain? a. 1 point - No discomfort b. 2 points - Almost no discomfort c. 3 points - Discomfort d. 4 points - Significant discomfort e. 5 points - Severe discomfort	
332	2. Please select the applicable item from the following. a. I sit for long periods of time. b. I stand for long periods of time. c. I frequently lift heavy objects. d. I often maintain a stooped posture. e. Other (please enter freely)	
333	3. Please enter your usual exercise frequency. a. I rarely exercise. b. 1-2 times per week c. 3-4 times per week d. 5-6 times per week e. I exercise every day.	
334	4. Please select the items that can be prepared when performing exercise. a. Stretching band b. Foam roller c. Dumbbell or water bottle d. Chair e. Towel	∴

(b)

FIG. 4A

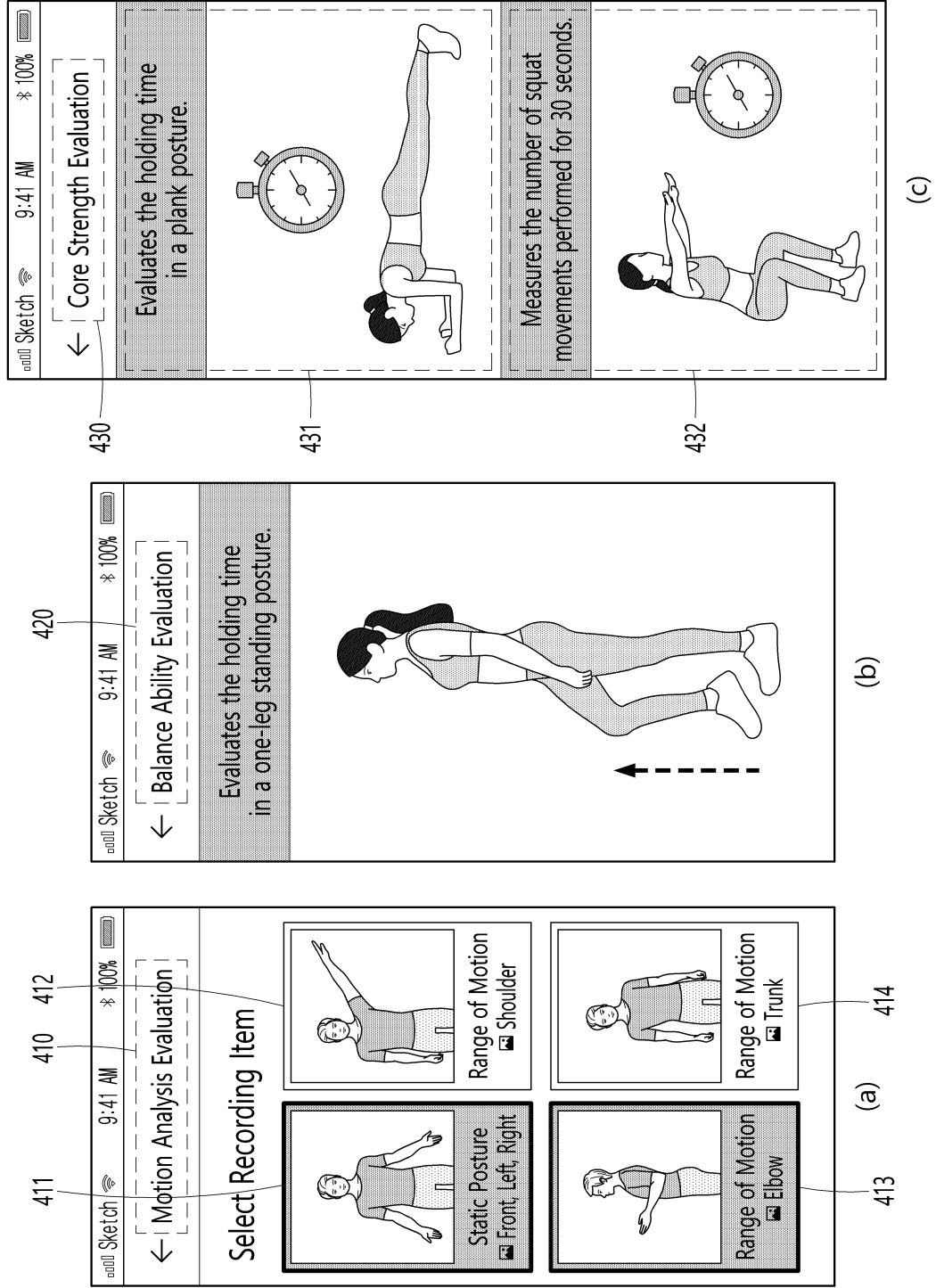


FIG. 4B

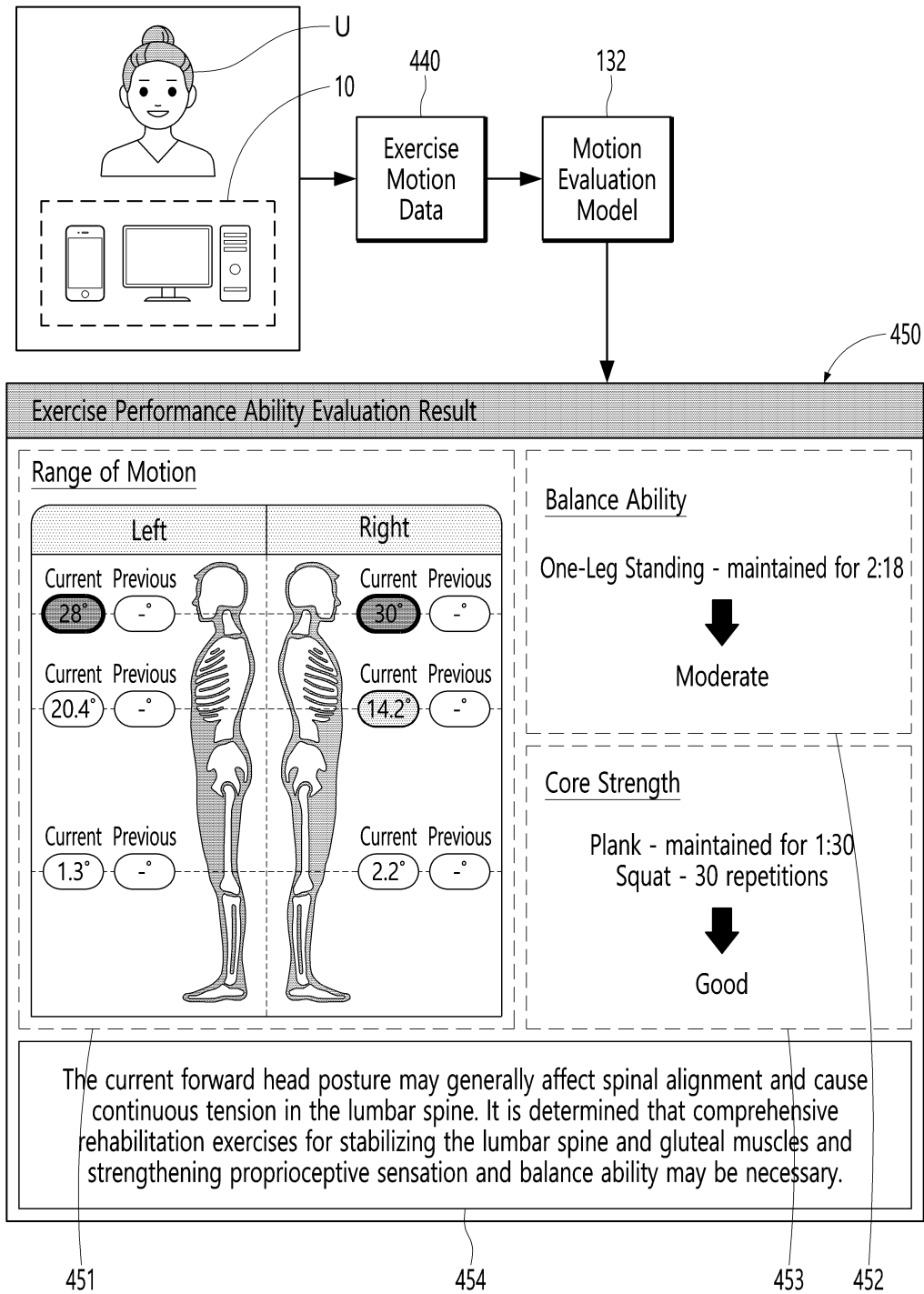


FIG. 5

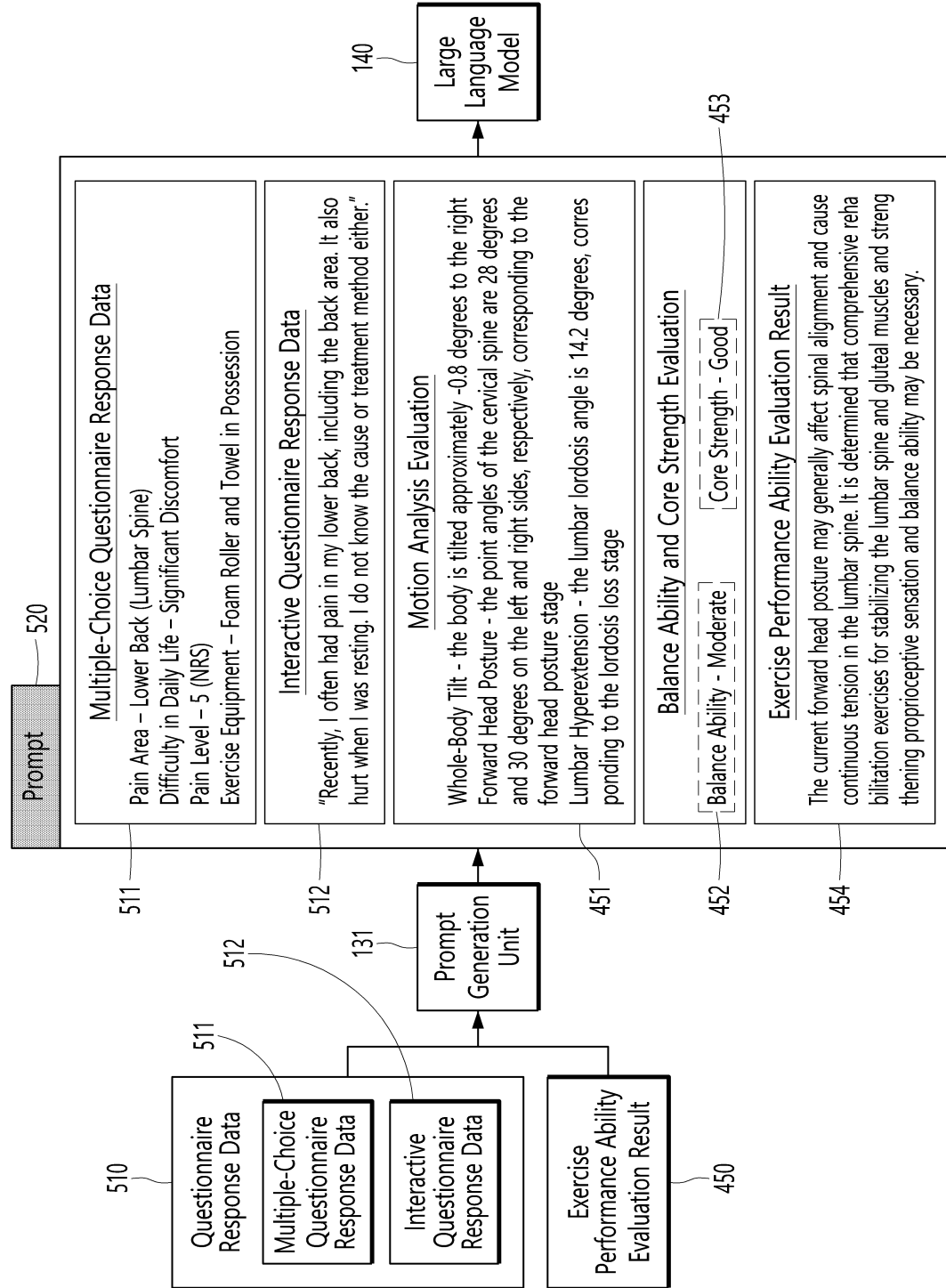


FIG. 6

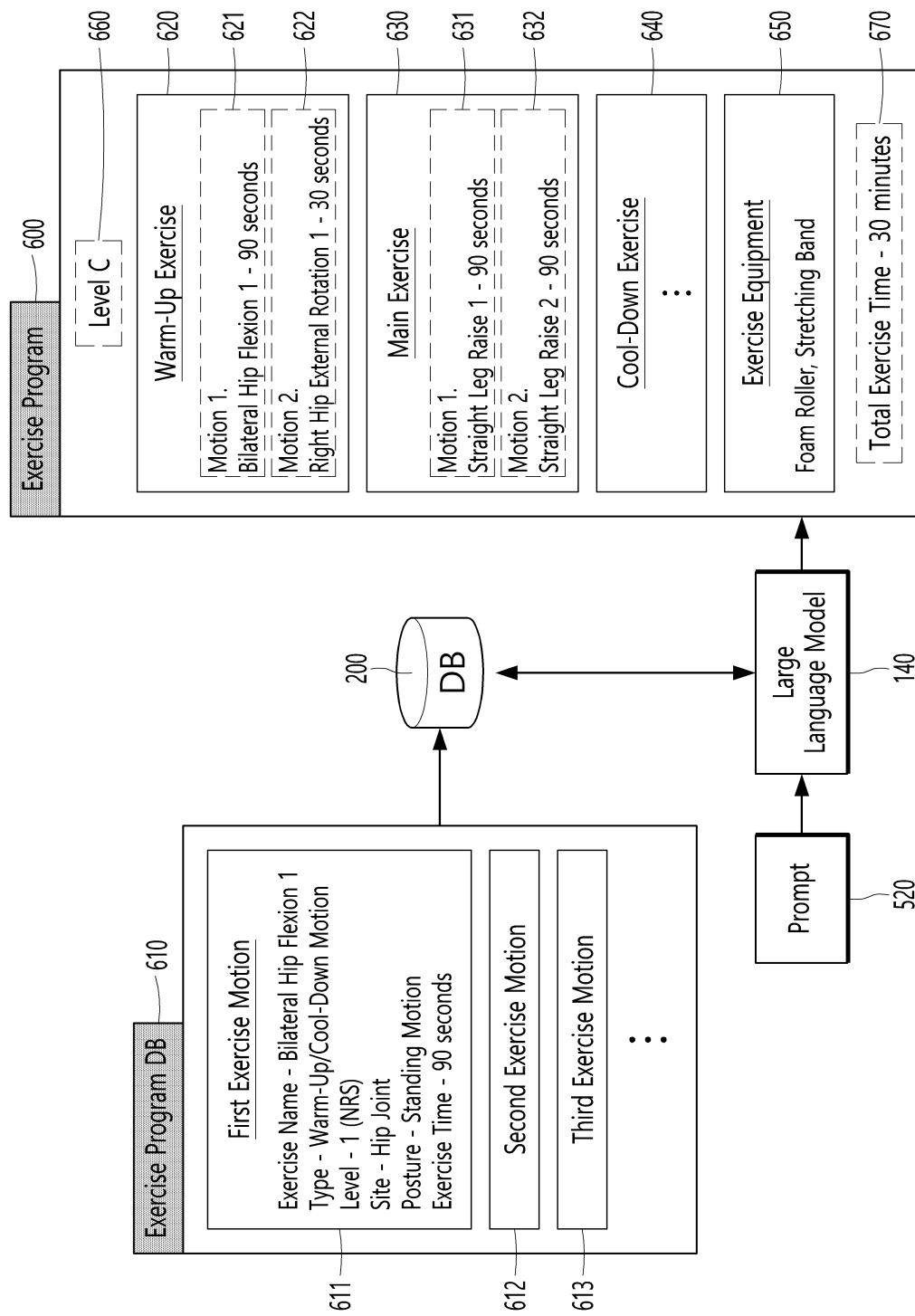


FIG. 7

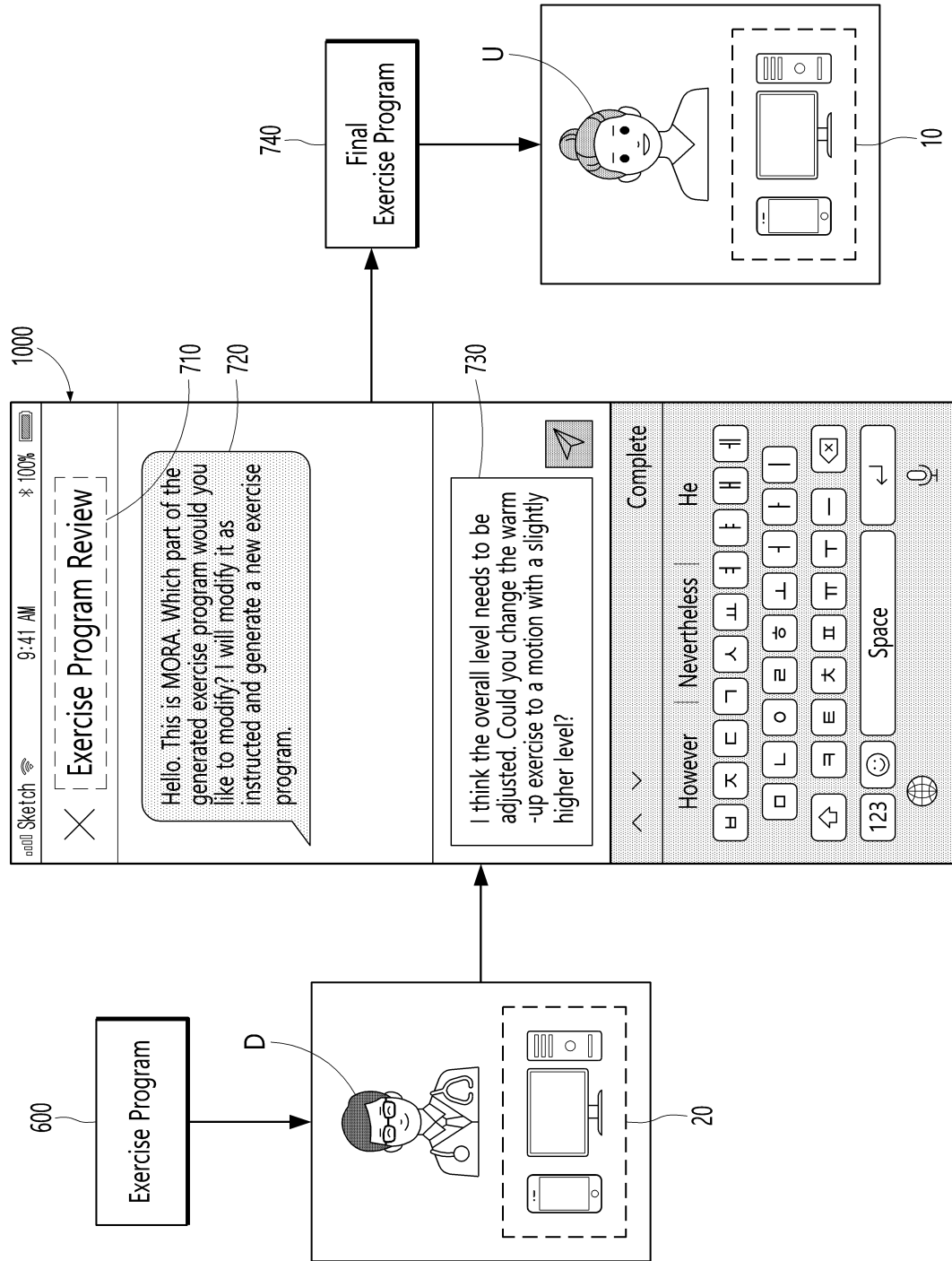


FIG. 8A

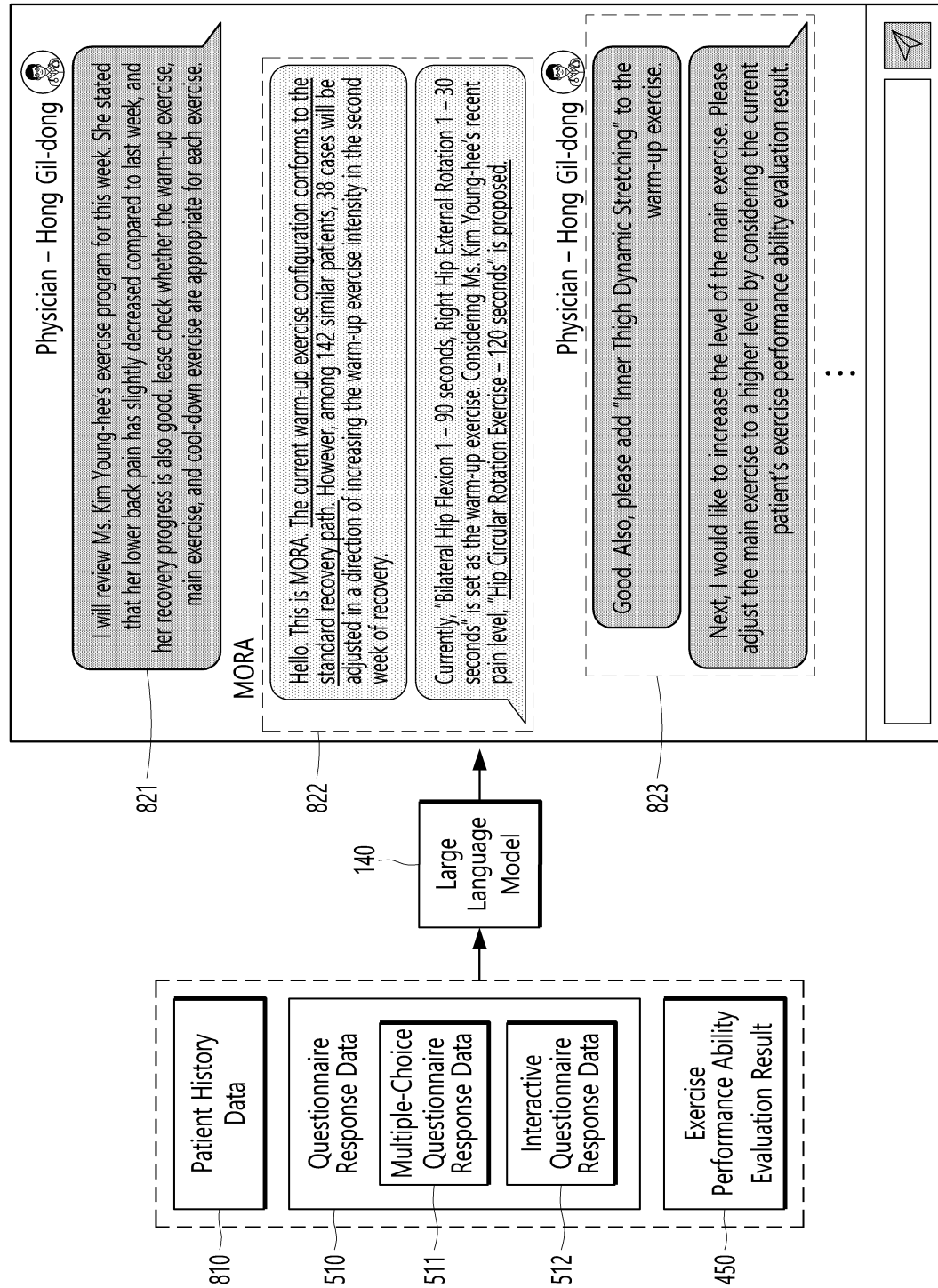


FIG. 8B

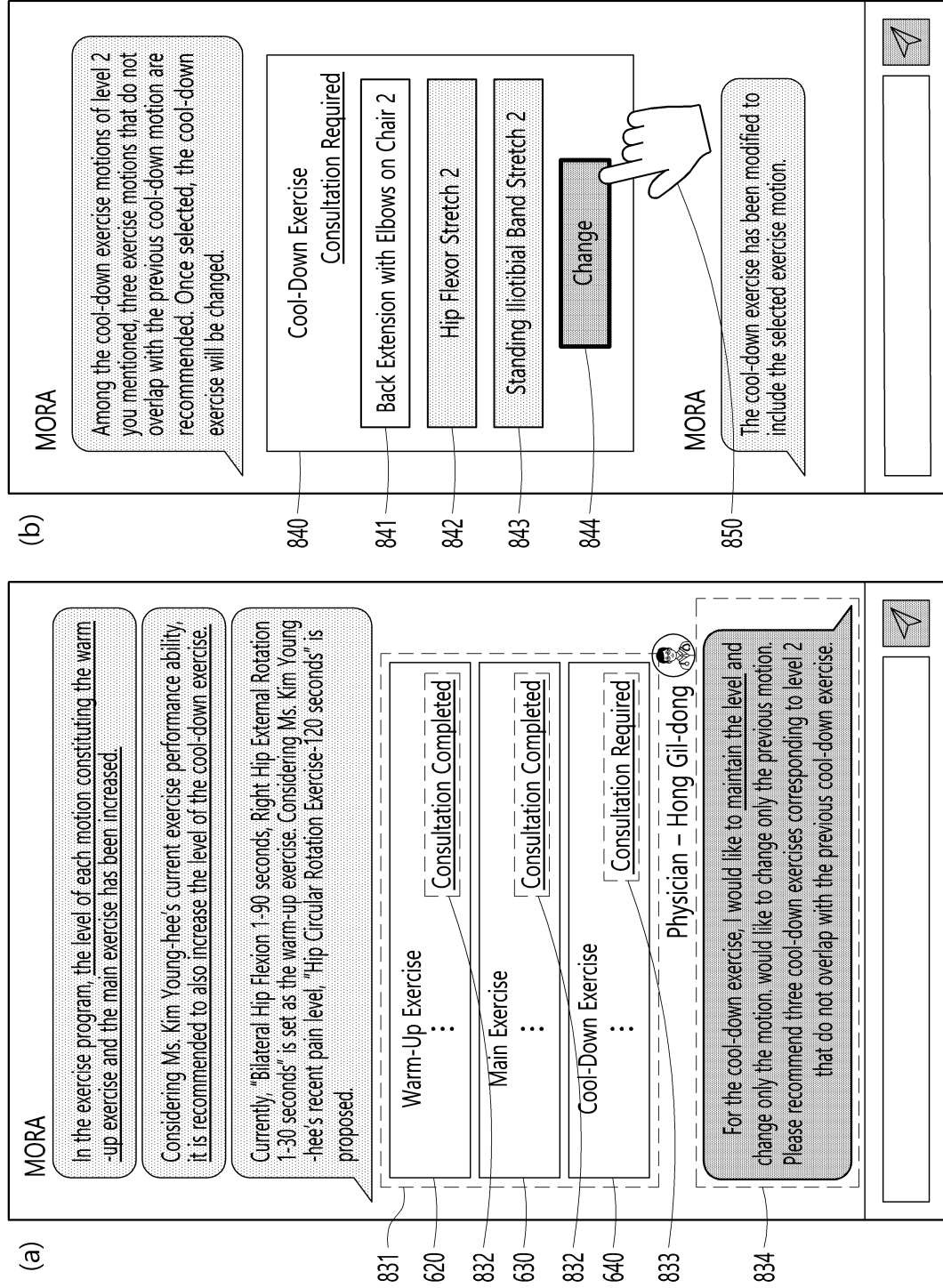


FIG. 8C

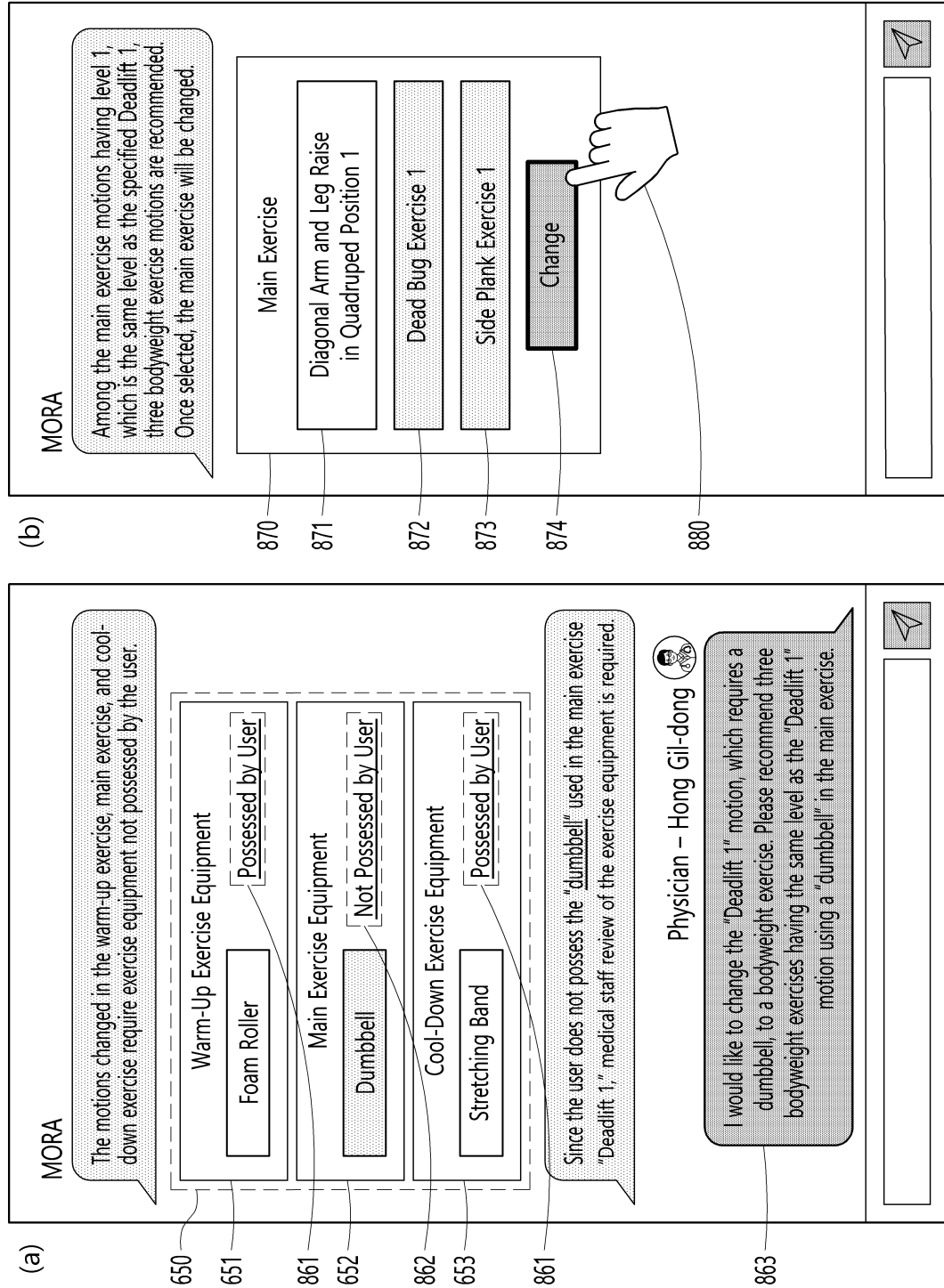


FIG. 9A

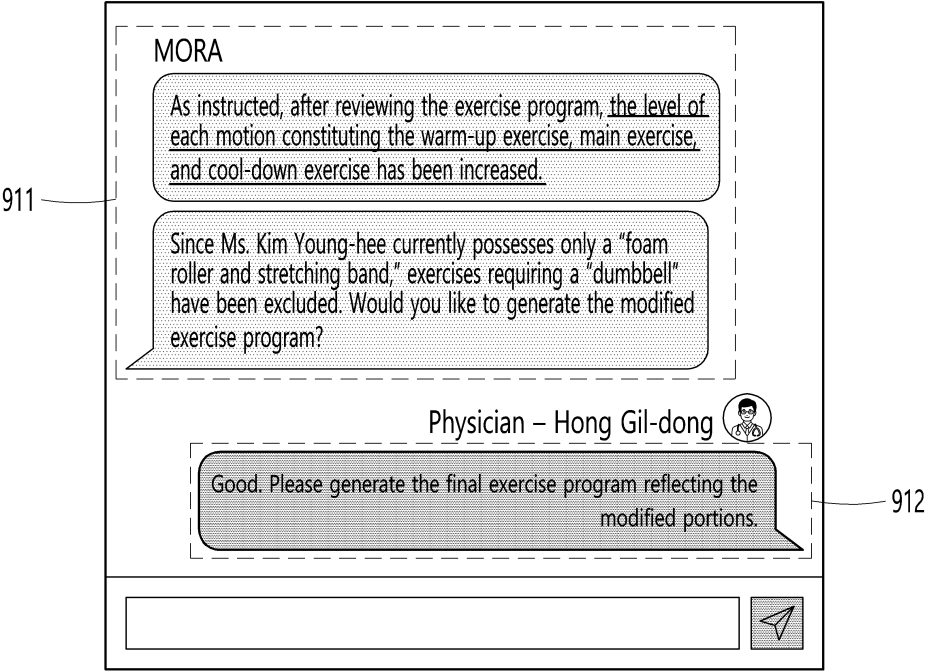


FIG. 9B

MORA

Based on the review content so far, a new exercise program has been generated. The final exercise program is as follows.

900

Final Exercise Program

960

Level B (Modified)

920

Warm-Up Exercise

921

Motion 1 (Modified). Hip Circular Rotation Exercise - 120 seconds

922

Motion 2 (Modified). Inner Thigh Dynamic Stretching - 60 seconds

:

Consultation Completed

930

Main Exercise

931

Motion 1 (Modified). Dead Bug Exercise 1 - 120 seconds

932

Motion 2 (Modified). Side Plank Exercise 1 - 120 seconds

:

Consultation Completed

940

Cool-Down Exercise

:

Consultation Completed

950

Main Exercise

Foam Roller, Stretching Band

Consultation Completed

970

Total Exercise Time - 40 minutes (Modified)

981

Approve

982

Modify

990

14/14