

FIG. 1

CLINICAL EHR

SYSTEMGUIDEPATIENT SELECTIONBASIC INFORMATIONPRESCRIPTIONRESULTS(PAST)SURGERY/PROCEDURE MANAGEMENT

FAVORITES

MENU

System

NOTICE

VISUALIZATION ANALYSIS

HELP

CONTACT

REMOTE SUPPORT

SETTINGS

PRESCRIPTION INPUT (MAIN)

REGISTRATION NUMBERNAME

DIAGNOSIS NAME

☐ 2024-03-06

PATIENT

EMERGENCY

ALL PRESCRIPTIONS

RESULTS

PRESCRIPTION

VACCINATION

RESERVATION

EMERGENCY

HOSPITALIZATION

DISCHARGE

GROUP

PRESCRIPTION NAME

EMERGENCY

	PRESCRIPTION CLASSIFICATION	PRESCRIPTION CLASSIFICATION	DRUG INGREDIENT NAME
1	ORAL MEDICATION	Lexapro 10mg [10 mg/7]	Escitalopram oxalate
2	ORAL MEDICATION	Lexapro 20mg [20 mg/7]	Escitalopram oxalate
3	ORAL MEDICATION	Lexapro 5mg [5 mg/7]	Escitalopram oxalate

LLM-BASED EXERCISE CURRICULUM RECOMMENDATION SERVICE

Answer

THE RECOMMENDED EXERCISE CURRICULUM IS AS FOLLOWS.

WEEK 1 : ANKLE MOVEMENT IN SUPINE POSITION (DIFFICULTY LEVEL 1)
PASSIVE ANKLE DORSIFLEXION (DIFFICULTY LEVEL 1)

WEEK 2 : KNEE EXTENSION IN SITTING POSITION (DIFFICULTY LEVEL 3)

⋮

Query

RECOMMEND A 3-WEEK EXERCISE PROGRAM

USE LLM

FIG. 2

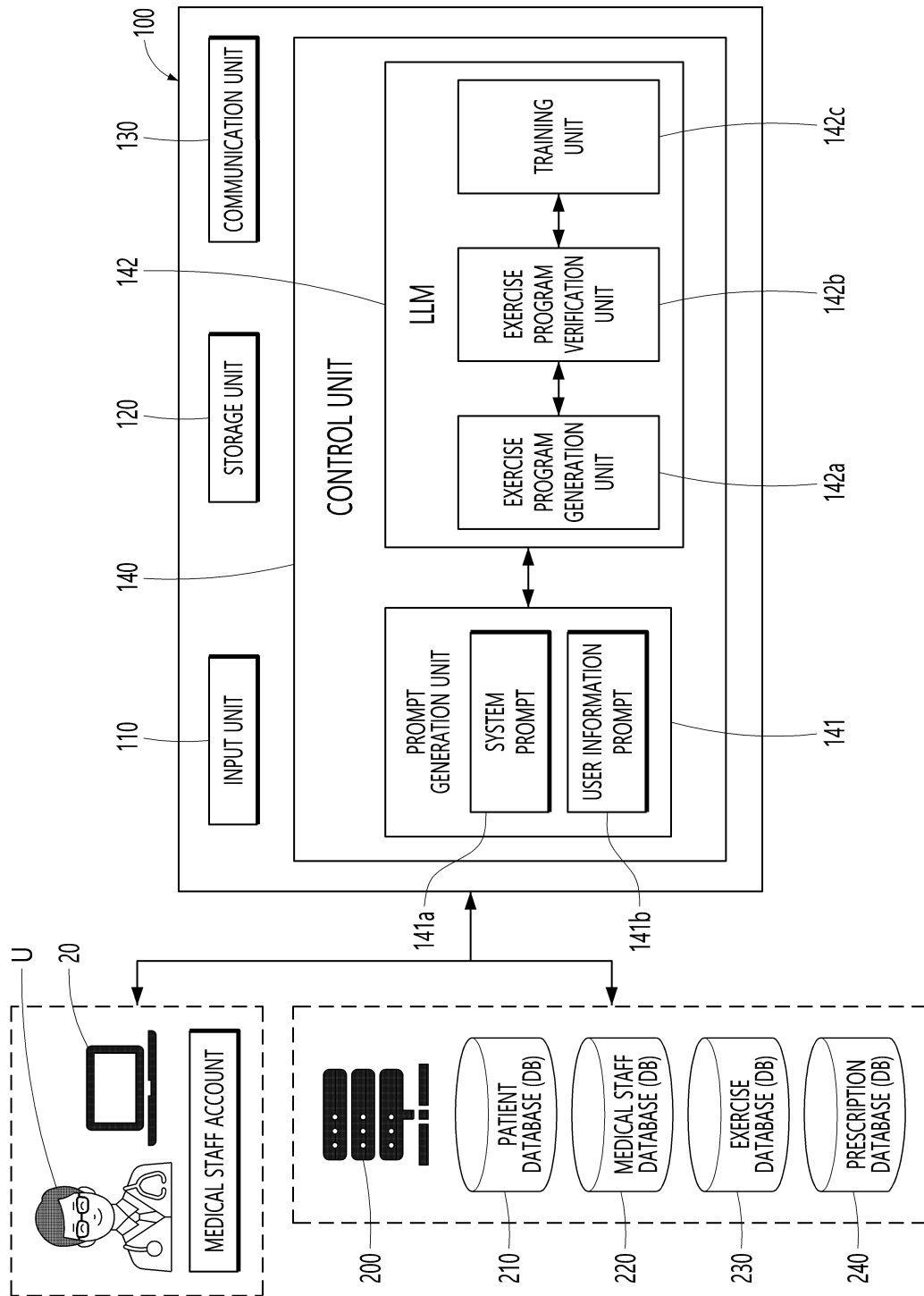


FIG. 3

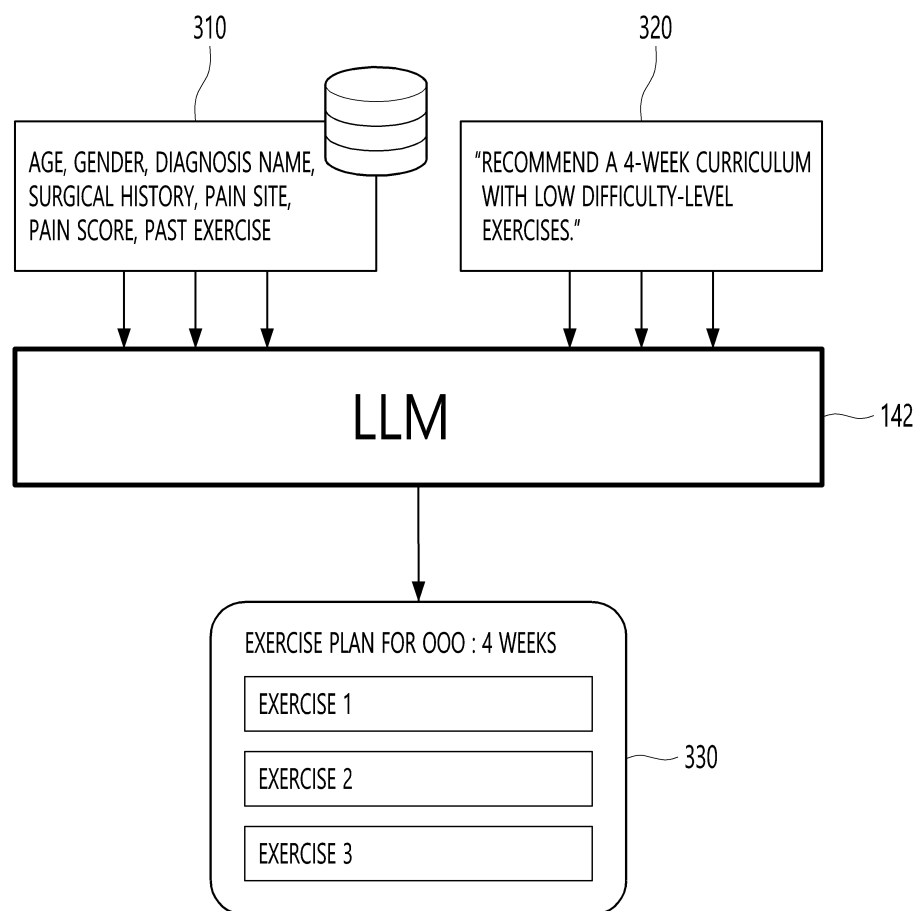


FIG. 4

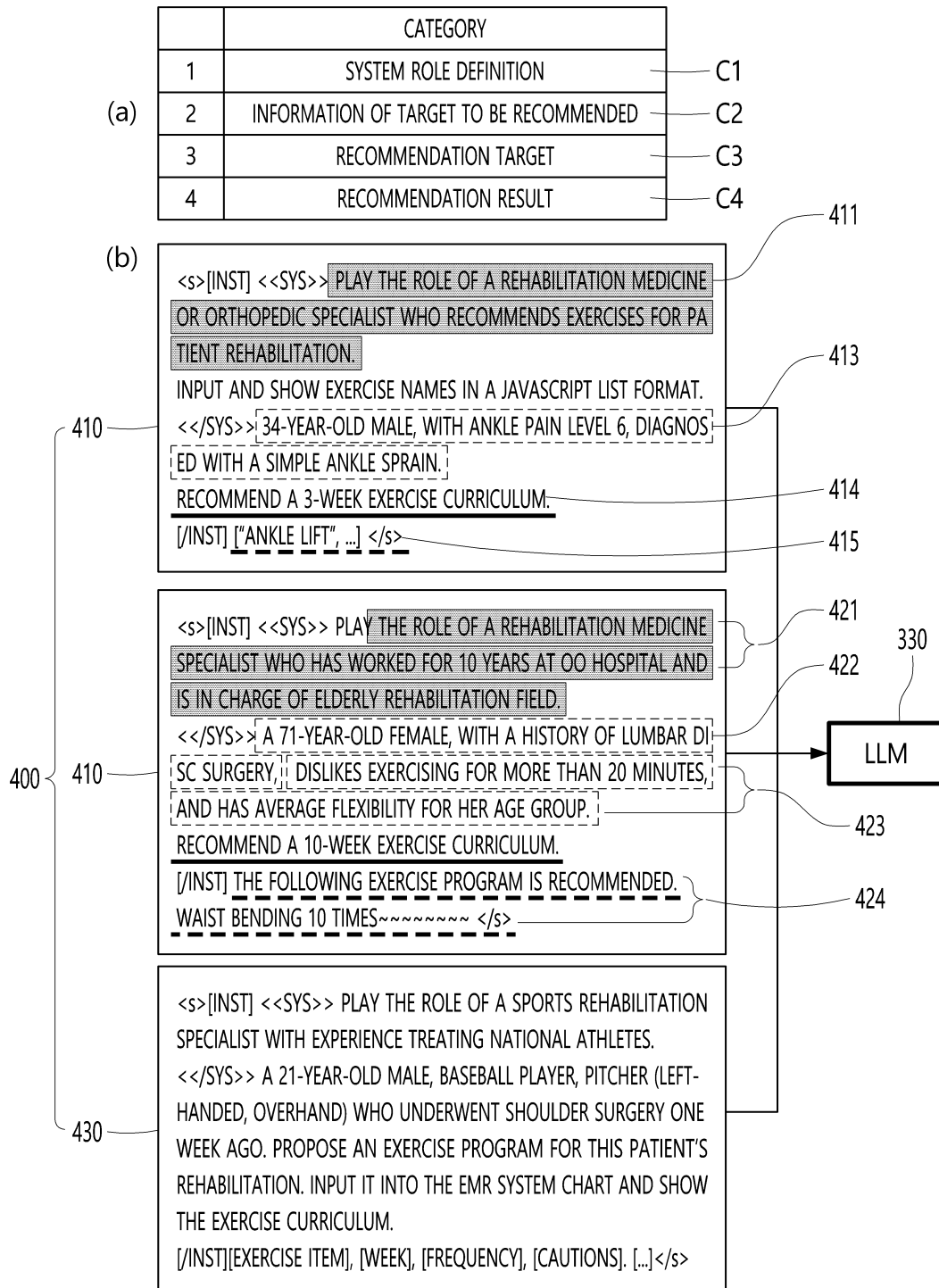


FIG. 5A

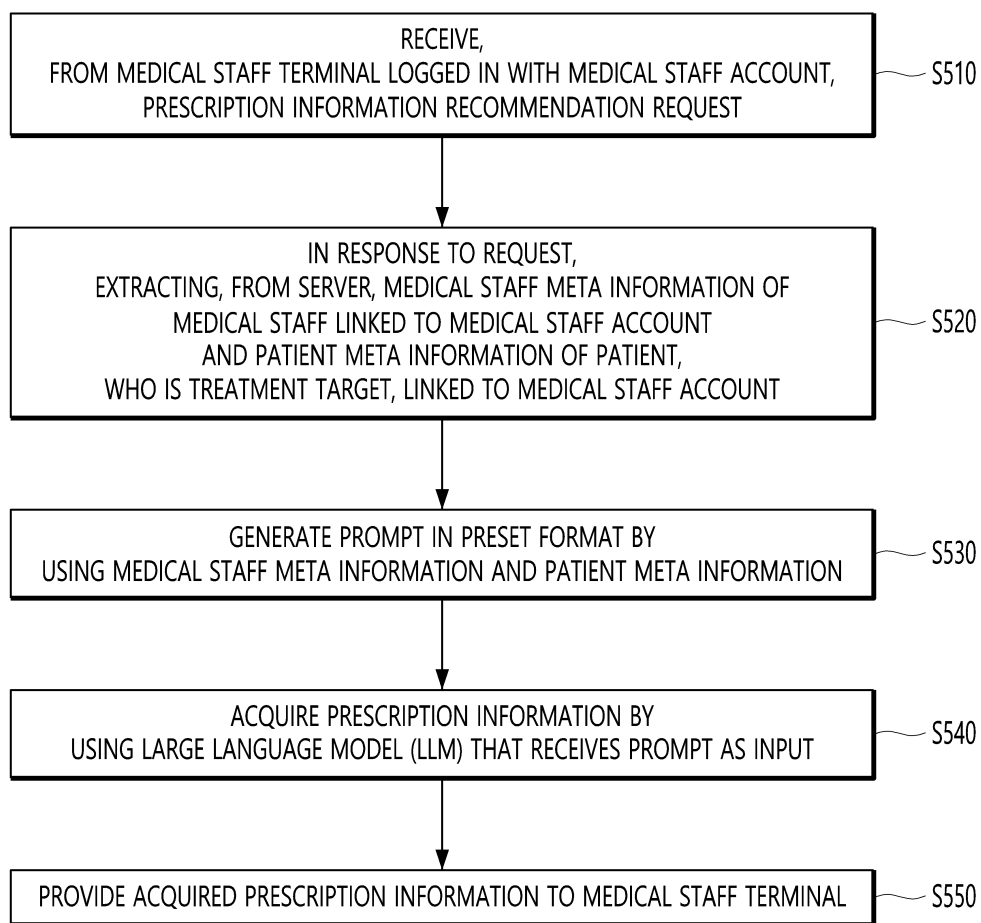


FIG. 5B

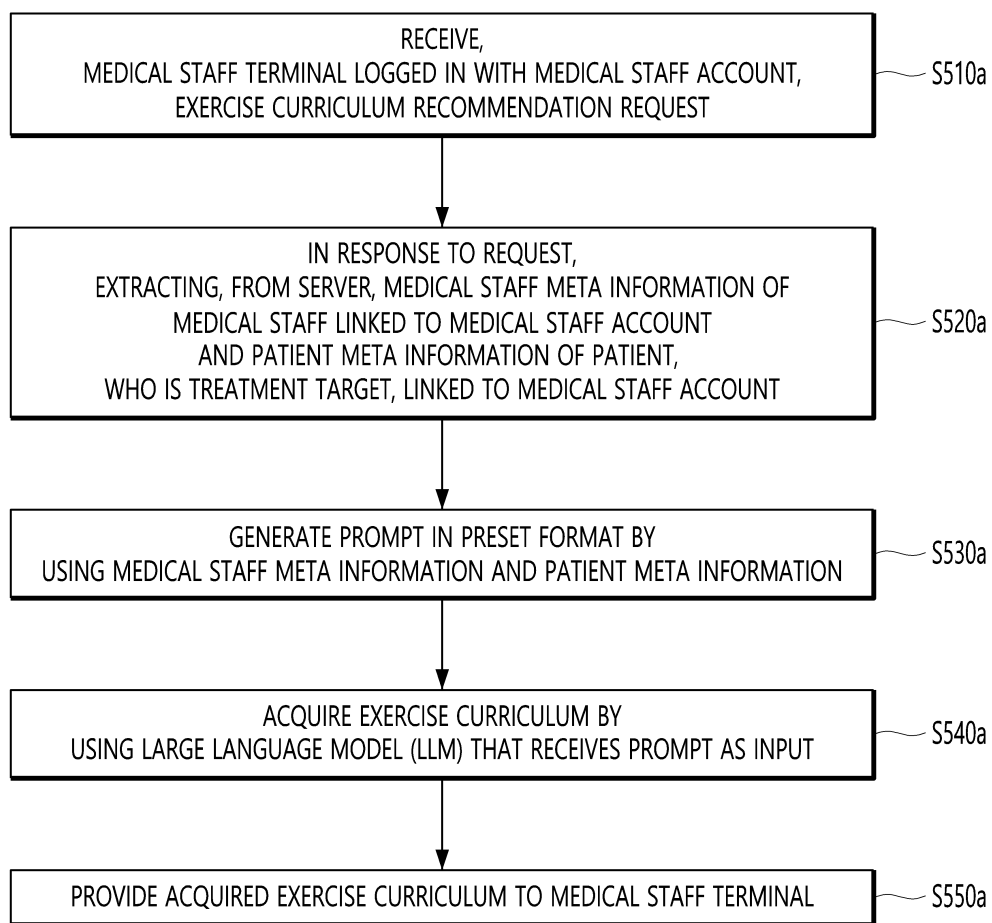


FIG. 6

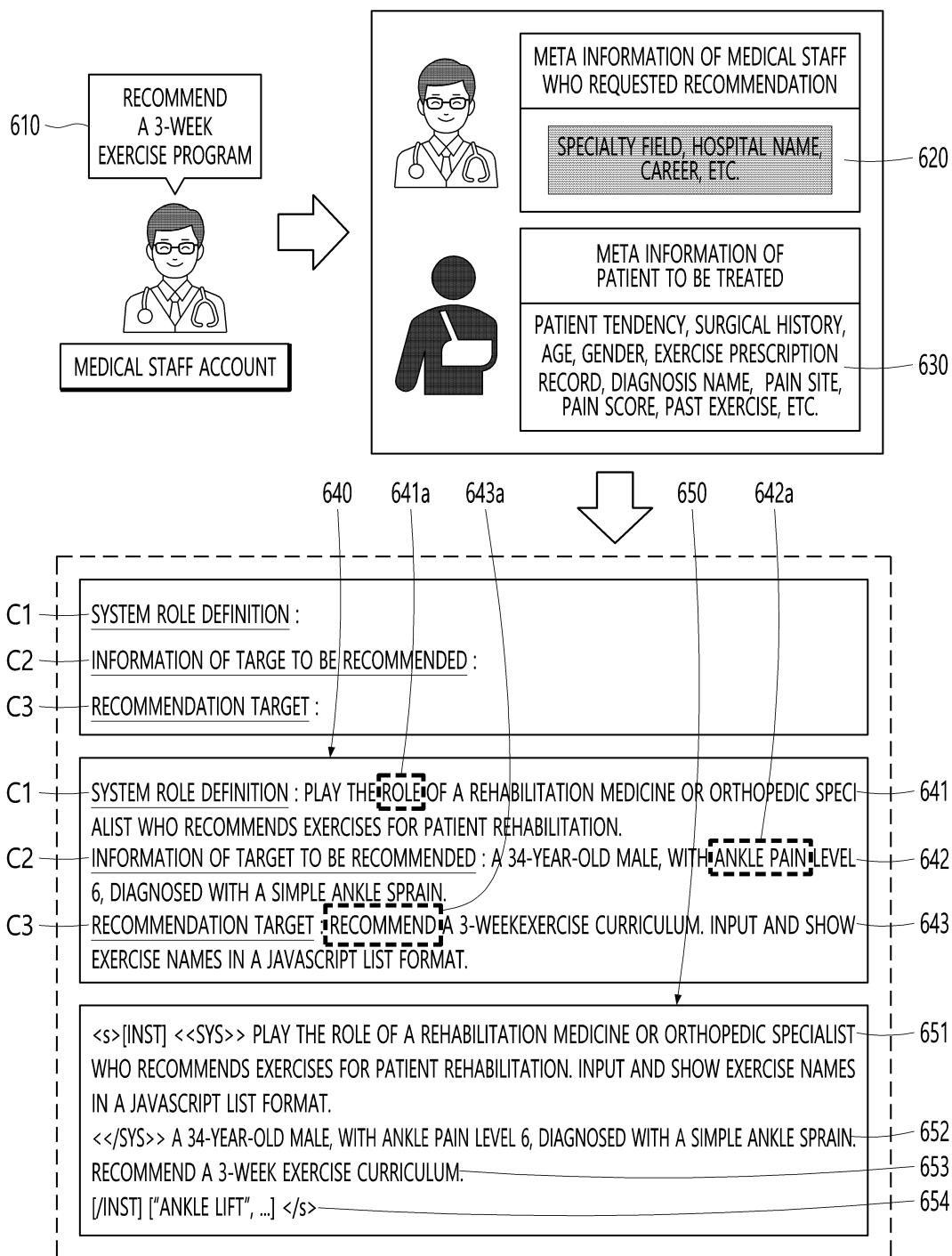


FIG. 7A

700a

<s>[INST] <<SYS>> PLAY THE ROLE OF A PEDIATRICIAN PRESCRIBING MEDICATION TO A PATIENT.
SHOW THE PRESCRIBED MEDICATION ON THE PRESCRIPTION.
<</SYS>> ONE-YEAR-OLD PATIENT, MALE, FEVER, COUGH, PERSISTING FOR 3 DAYS. </s>

700b

700

PRESCRIPTION

①HEALTH INSURANCE ②MEDICAL AID ③INDUSTRIAL ACCIDENT COMPENSATION INSURANCE
④AUTOMOBILE INSURANCE ⑤OTHERS() MEDICAL INSTITUTION CODE :

ISSUE NUMBER	YEAR	MONTH	DAY	NO.	MEDICAL INSTITUTION	NAME	
PATIENT	NAME	KIM CHEOL-SU				TELEPHONE NUMBER	
	RESIDENT REGISTRATION NUMBER	123458-1*****				FAX NUMBER	
				E-MAIL ADDRESS			
DISEASE CLASSIFICATION CODE	FEVER, COUGH	NAME OF PRESCRIBING MEDICAL PERSONNEL	PARK YOUNG-JA		LICENSE TYPE		
					LICENSE NUMBER		
NAME OF PRESCRIBED MEDICINAL PRODUCTS				DOSAGE	FREQUENCY	CAUTIONS	
OO				1mg	10		
XX				5mg	10		
...				...	...	...	

701

FIG. 7B

710a

710b

<s>[INST] <<SYS>> PLAY THE ROLE OF A REHABILITATION MEDICINE OR ORTHOPEDIC SPECIALIST WHO RECOMMENDS EXERCISES FOR PATIENT REHABILITATION.
SHOW THE EXERCISE CURRICULUM IN A PRESCRIPTION-TYPE REPORT.
<</SYS>> A 34-YEAR-OLD MALE, WITH ANKLE PAIN LEVEL 6, DIAGNOSED WITH A SIMPLE ANKLE SPRAIN. </s>

710

PRESCRIPTION

①HEALTH INSURANCE ②MEDICAL AID ③INDUSTRIAL ACCIDENT COMPENSATION INSURANCE
④AUTOMOBILE INSURANCE ⑤OTHERS() MEDICAL INSTITUTION CODE :

ISSUE NUMBER	YEAR	MONTH	DAY	NO.	MEDICAL INSTITUTION	NAME	
PATIENT	NAME	KIM CHEOL-SU				TELEPHONE NUMBER	
	RESIDENT REGISTRATION NUMBER	123458-1*****				FAX NUMBER	
				E-MAIL ADDRESS			
DISEASE CLASSIFICATION CODE	ANKLE SPRAIN	NAME OF PRESCRIBING MEDICAL PERSONNEL		PARK YOUNG-JA	LICENSE TYPE		
					LICENSE NUMBER		
EXERCISE PROGRAM		WEEK	FREQUENCY	CAUTIONS			
ANKLE LIFT		WEEK 1	10				
HEEL RAISE WITH CHAIR SUPPORT		WEEK 1	10				
ROTATING INSTEP WHILE STANDING		WEEK 2	10				
DORSIFLEXION WHILE LYING DOWN		WEEK 2	10				
HEEL RAISE WITH CHAIR SUPPORT		WEEK 3	10				
...		...	...	...			

FIG. 7C

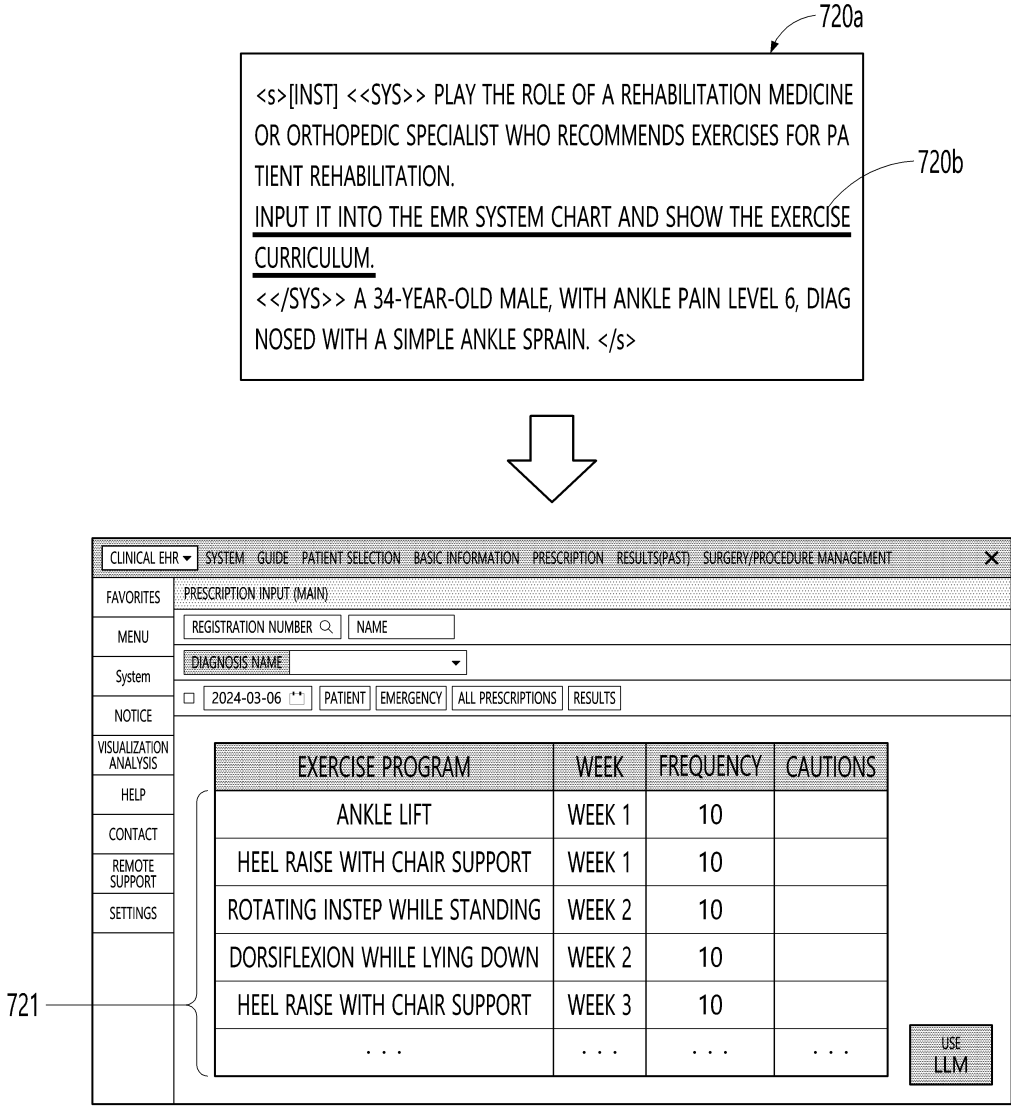


FIG. 7D

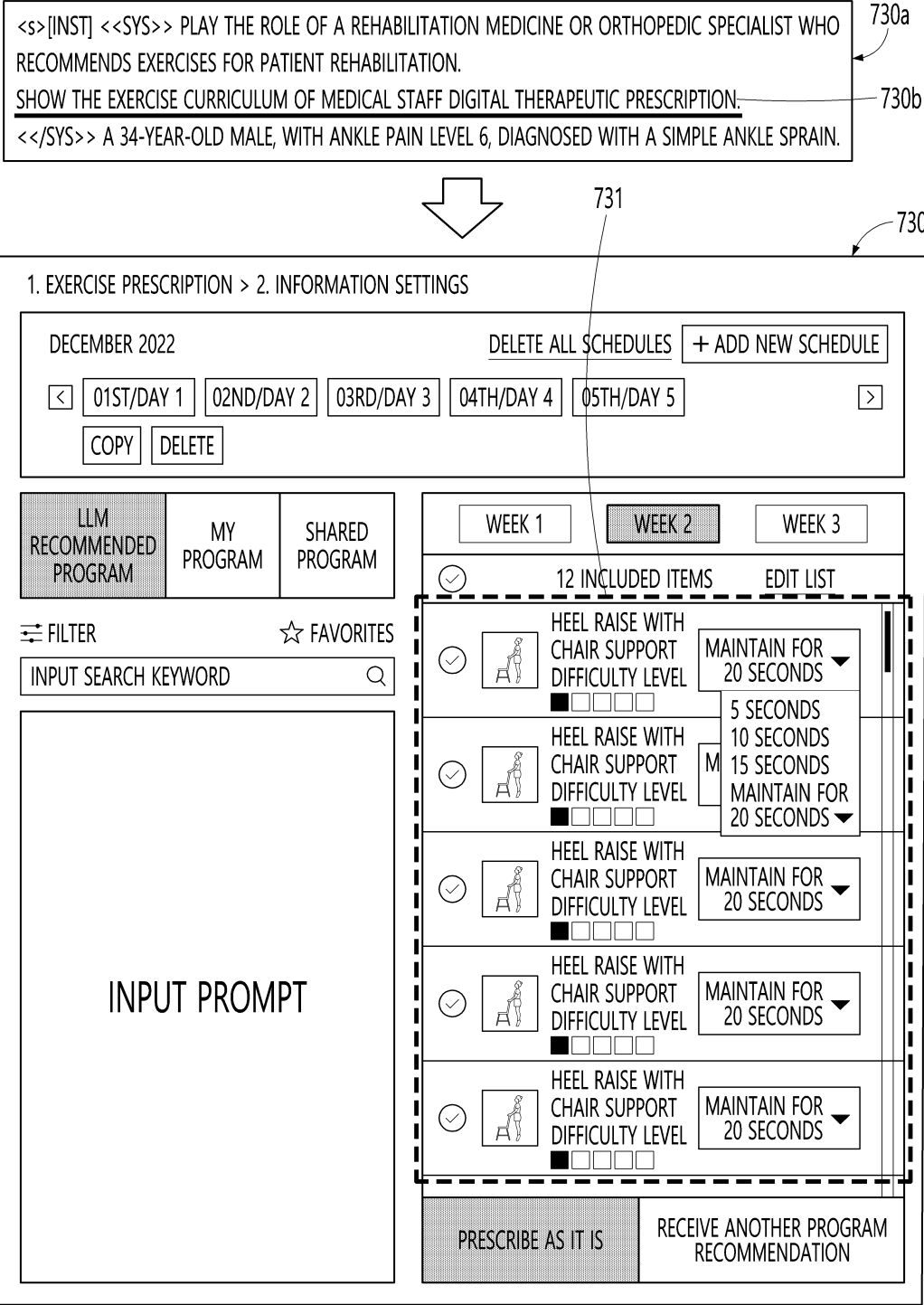
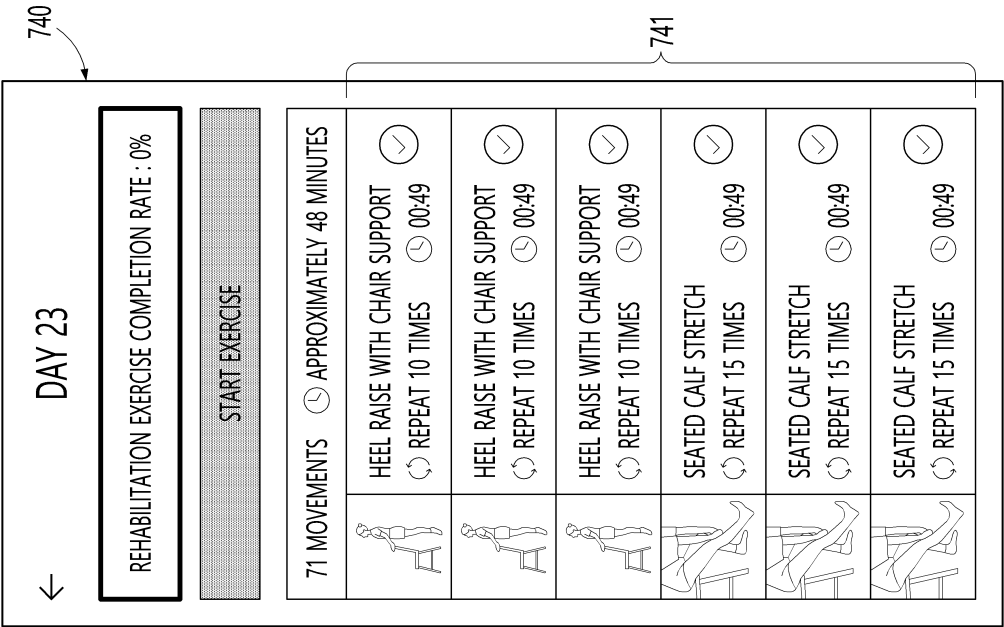


FIG. 7E



740b

740a

<s>[INST] </s></s>> PLAY THE ROLE OF A REHABILITATION MEDICINE OR ORTHOPEDIC SPECIALIST WHO RECOMMENDS EXERCISES FOR PATIENT REHABILITATION.
SHOW IT IN A PATIENT APPLICATION.
</s></s>> A 34-YEAR-OLD MALE, WITH ANKLE PAIN LEVEL 6, DIAGNOSED WITH A SIMPLE ANKLE SPRAIN. </s>

FIG. 8

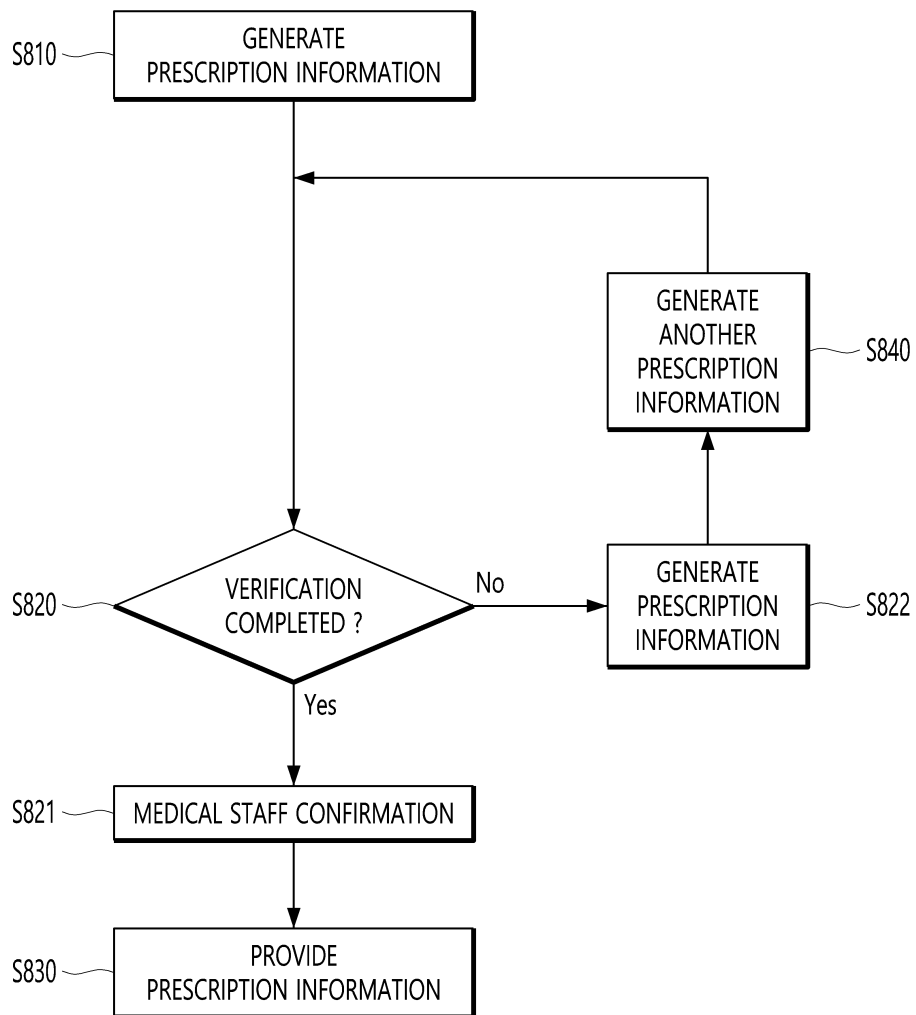


FIG. 9

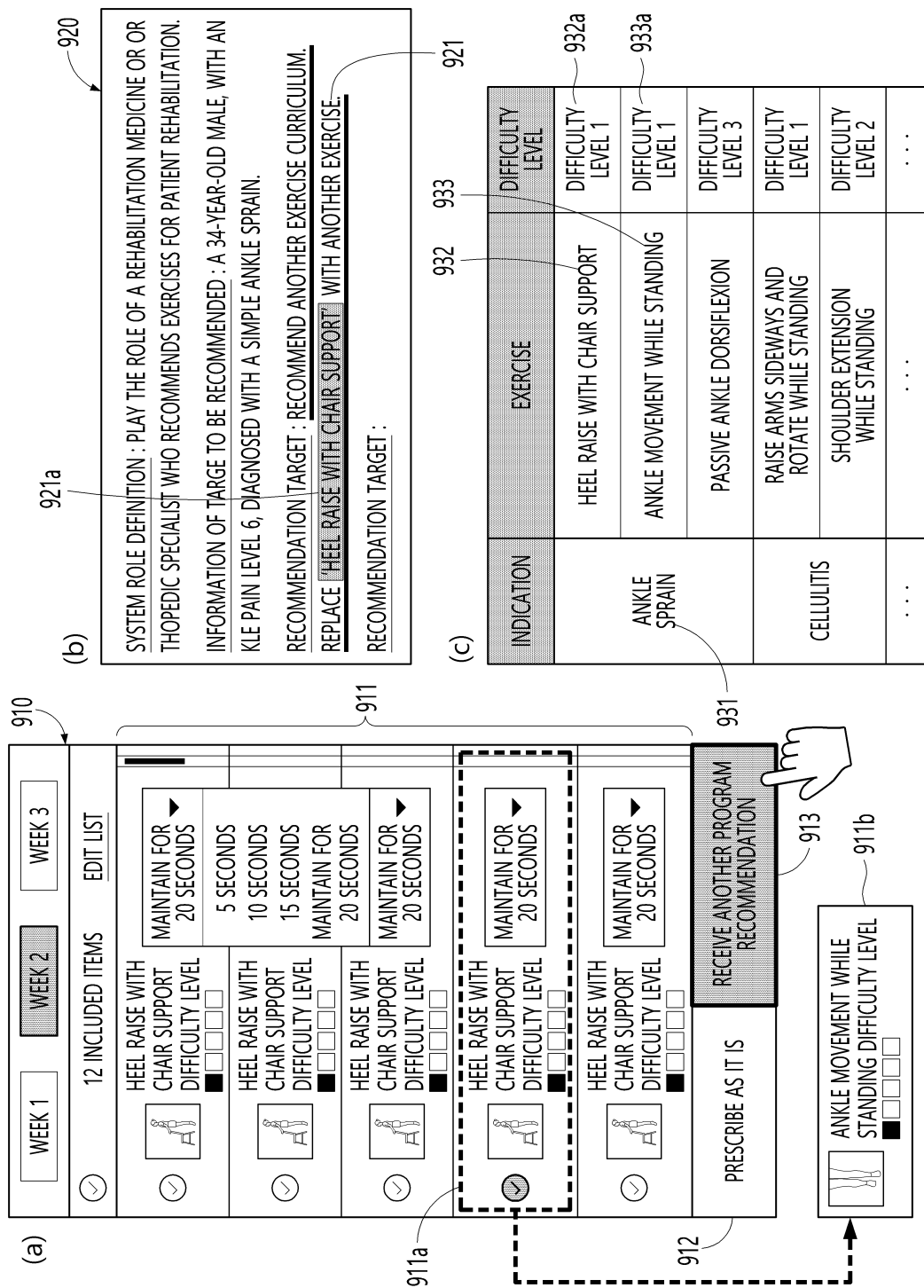


FIG. 10

