

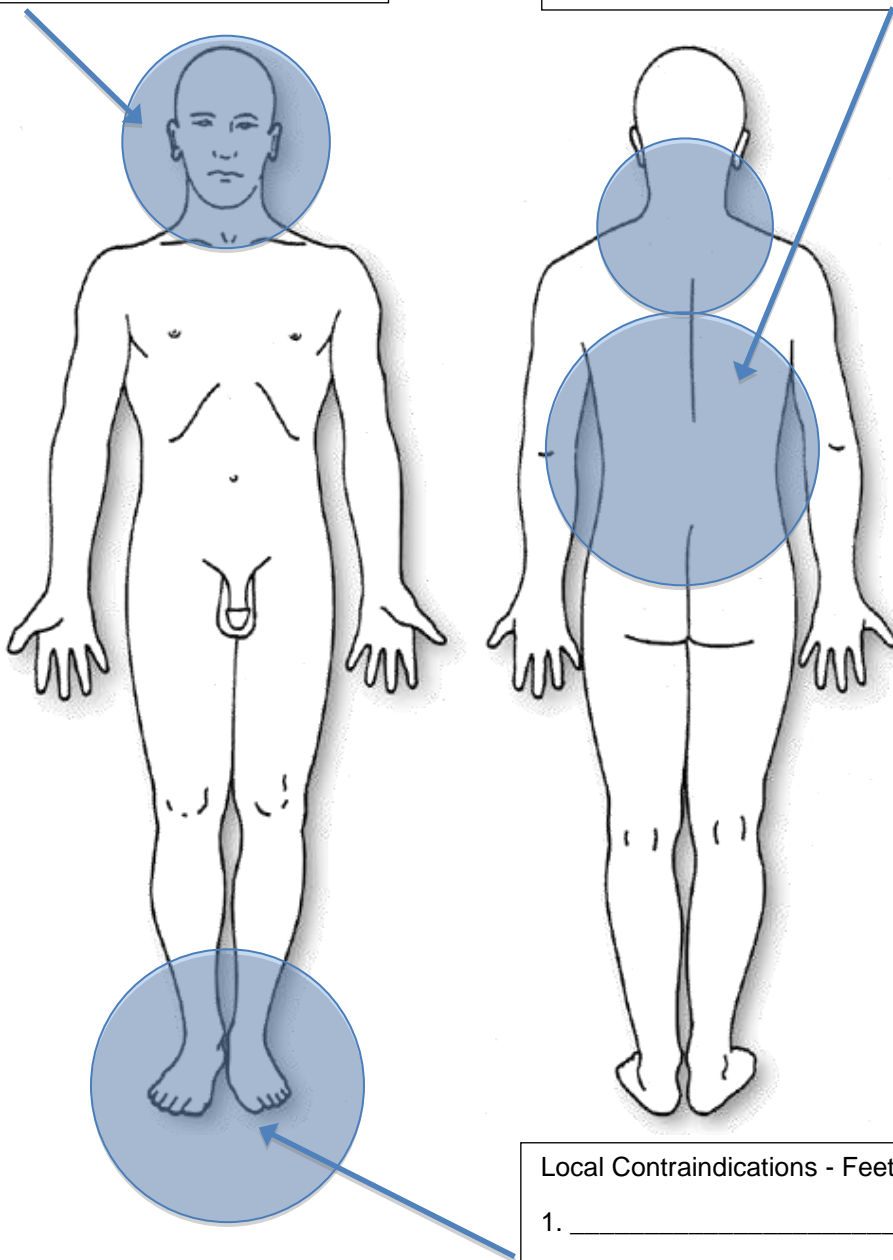
Test your Contraindications

Local Contraindications – Head & Face

1. _____
2. _____
3. _____
4. _____
5. _____

Local Contraindications – Back and/or Neck

1. _____
2. _____
3. _____
4. _____
5. _____



Local Contraindications - Feet

1. _____
2. _____
3. _____
4. _____
5. _____

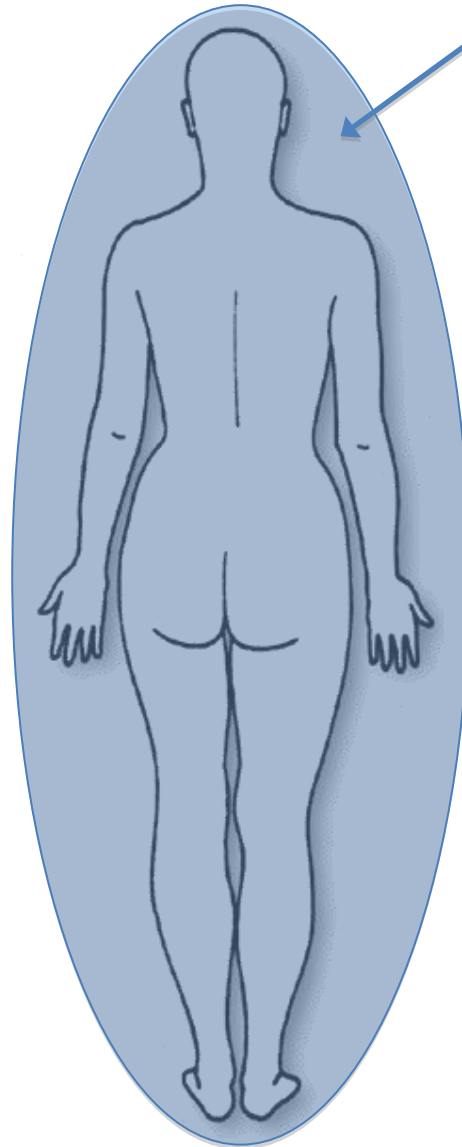
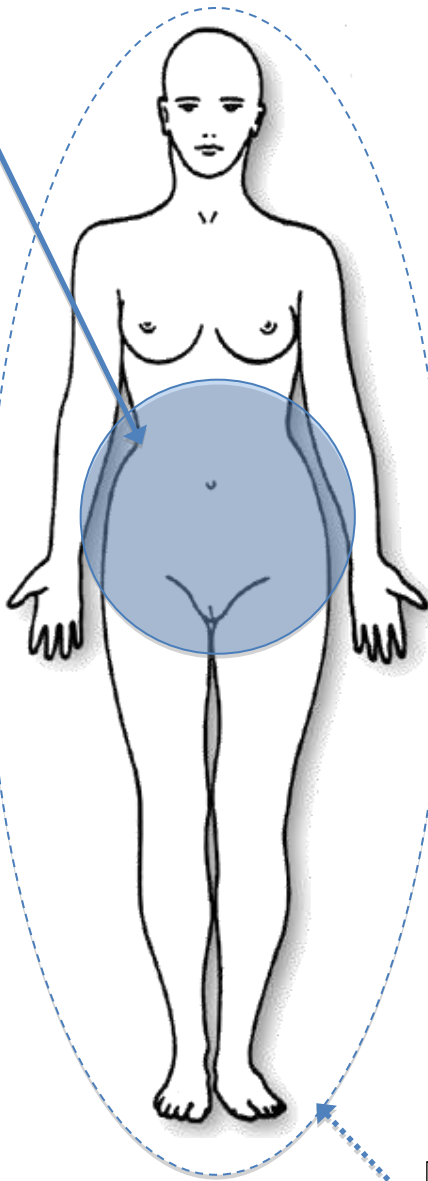
Test your Contraindications

Local Contraindications - Abdomen

1. _____
2. _____
3. _____
4. _____
5. _____

Total Contraindications

1. _____
2. _____
3. _____
4. _____
5. _____



Contraindications – Requiring Medical Approval

1. _____
2. _____
3. _____
4. _____
5. _____