



EGOSCUE METHOD[®] Home Video Program

MAKING YOUR VIDEO:

- WARDROBE** – Please do not wear black. Wear shorts that allow kneecaps to be seen. For best results, men should not wear a shirt and women should wear a sports bra top. Do not wear shoes. Wear clothes that contrast with background.
- CAMERA** – You may use any tape (digital, 8mm, VHS, etc.) to send your movie. Yes, we have equipment to accommodate international tapes.
- ACTION** – Face the camera and read aloud the following script. Fill in the blanks with the appropriate information and add any pertinent information as necessary:

My name is _____ . I am _____ tall and weigh _____ . I am age _____ .

My _____ began hurting when I _____ . It hurts worse when I _____ . In the past, my doctors (or other practitioners) have told me that _____ is causing my pain and that I should _____ to make it better.

My pain usually occurs _____ times per day and lasts for about _____ .

A brief medical history relevant to my current symptoms includes _____ .

Something else affecting my posture or causing my condition might be _____ .

- MOTION (A)** Show 4 sides of your posture (front/back/left side/right side) from head to toe in the camera, holding each position for 30 seconds. NOTE: Make sure that you are close enough that we can see you clearly. **(B)** Walk away from the camera, approx. 15 paces, and then walk back toward the camera. Repeat this 4 times. **(C)** With hands on your head and your elbows back, walk to and from the camera 2 times. Tell us whether this feels more or less stable as you walk. **(D)** Facing the camera, walk backwards 12 steps from the camera, then back to the camera (forward), then repeat walking backwards again. **(E)** Finally, if you are currently on an Egoscue menu, briefly perform the e-cises from your current menu (you do NOT need to perform all repetitions). NOTE: Your menu will be sent to you via email and hosted on Egoscue.com. We do not mail your video tape back to you.

5. MAIL VIDEO, COMPLETED FORM AND PAYMENT TO:

THE EGOSCUE METHOD
ATTN: VIDEO THERAPY PROGRAM
12230 El Camino Real, STE 130
SAN DIEGO, CA 92130

YOUR INFO: (Please print clearly and fill out completely)

First Name _____ Last Name _____ D.O.B. ____/____/____

Egoscue.com Username _____ e-mail _____@_____.

Address _____

City _____ State/Prov. _____ Zip/PostCode _____

Primary Phone _____ Other Phone _____

Enrollment Option: (please select one)

Individual Video @ \$125

Total Enclosed \$ _____

Payment:

Check enclosed payable to: The Egoscue Method

VISA/MC/AMEX/DISC

Credit Card # _____ Exp. Date ____/____

CLIENT SIGNATURE: _____ Date: ____/____/____

(If under 18 years, parent/guardian)