Certification Program Hands-On Practice

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NAME

SPECIFIC CONDITIONS
(write which sets to practice for each condition)

1
Shingles________________________________
Tinnitus________________________________
Asthma________________________________

2
Hiatal Hernia____________________________
Parkinson’s disease________________________
Knee and feet problems______________________

3
Migraines_______________________________
Fingers - numbness and tingling__________________
Pregnancy_______________________________

4
Flu/Colds_______________________________
Senility/Alzheimer’s________________________
Arthritis________________________________

5
Frozen shoulders__________________________
Glaucoma & Cataract________________________
Sciatica________________________________

6
TMJD ________________________________
Blood Pressure___________________________
Cancer, tumor, cysts________________________

7
Ulcers/Indigestion__________________________
Carpal Tunnel Syndrome______________________
Food Poisoning___________________________

8
Thyroid Problems ________________________
Menopause _____________________________
Diabetes/Hypoglycemia______________________