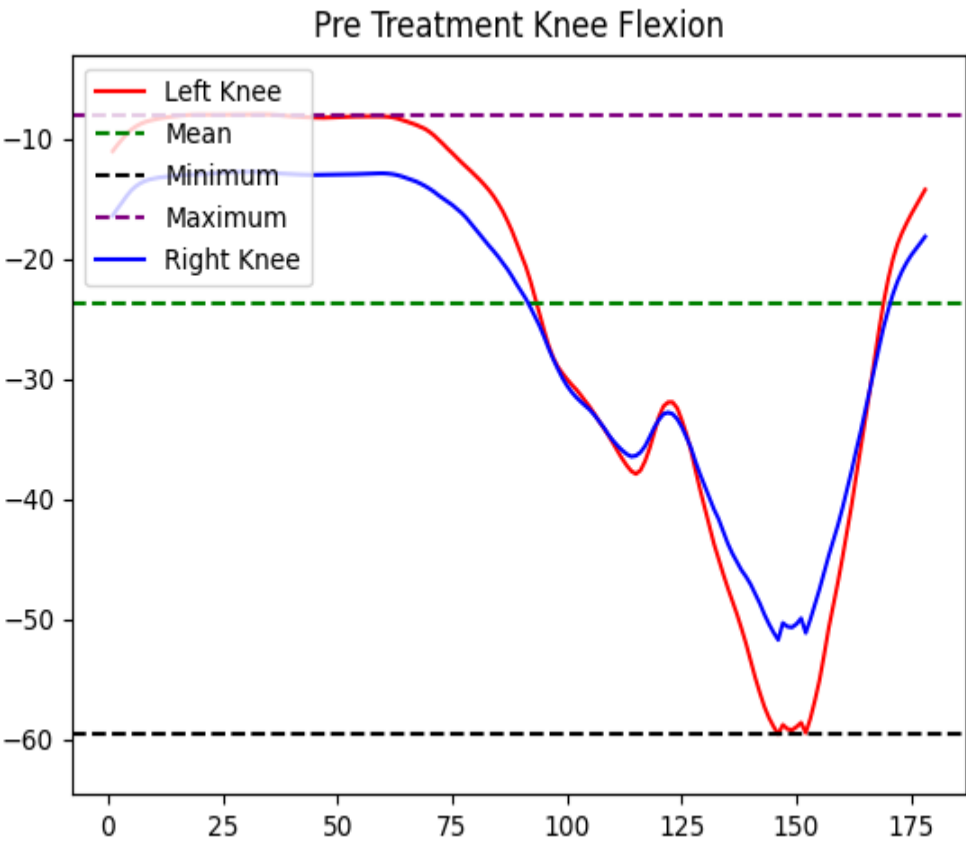


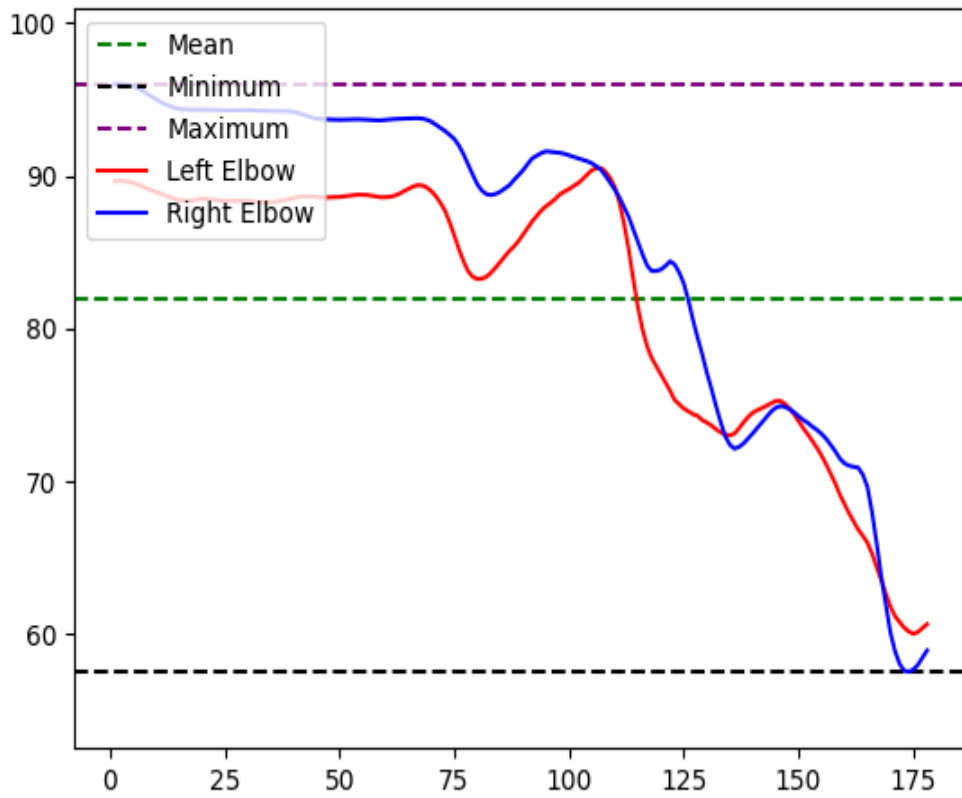
Biomechanical report

Name: name
Age: age
Address: address
Contact Num: Contact

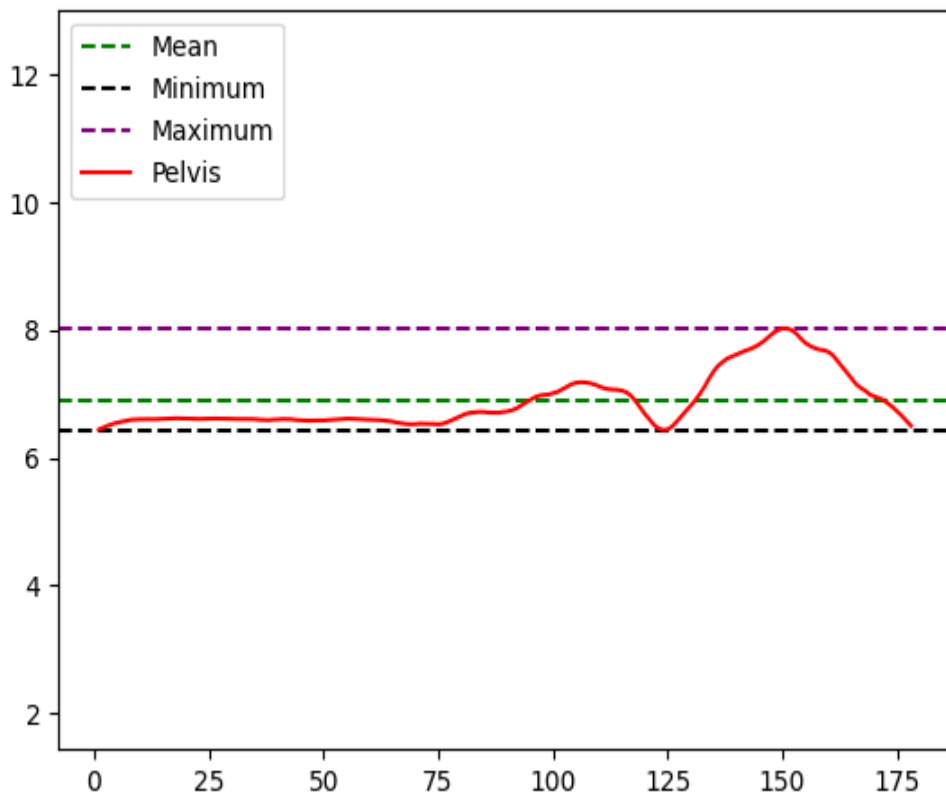
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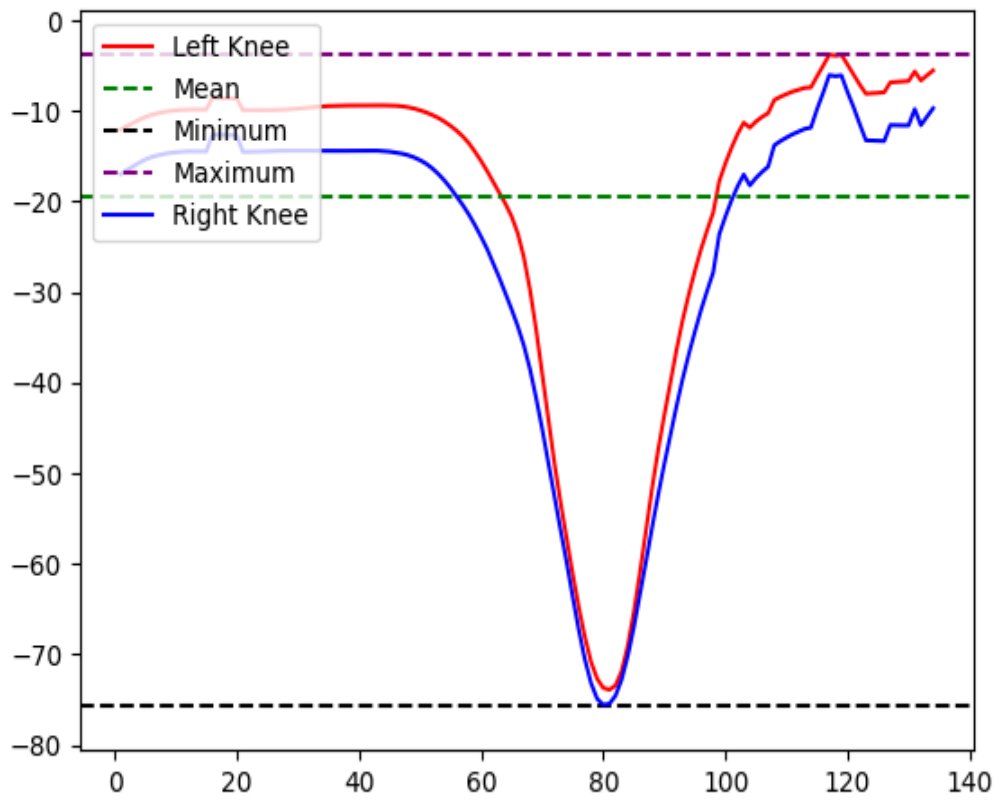
Pre Treatment Elbow Flexion



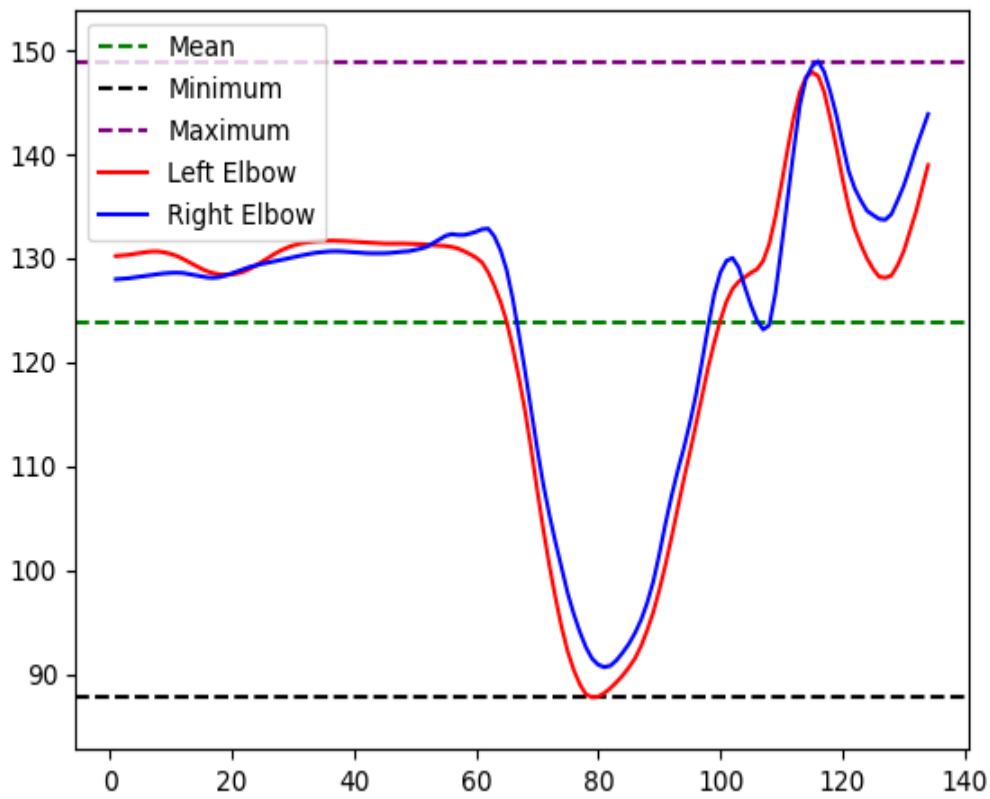
Pre Treatment Pelvis Flexion



Post Treatment Knee Flexion



Post Treatment Elbow Flexion



Post Treatment Pelvis Flexion

