AVALIAÇÃO FISICO FUNCIONAL

DATA: \_\_\_/ \_\_\_/ \_\_\_\_\_

NOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IDADE: \_\_\_\_\_\_\_\_\_\_\_\_

**ANAMNESE MOTIVACIONAL/POSITIVA**

1. Como posso te ajudar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Quem é o/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Quais são os seus maiores sonhos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Qual é a sua maior dor / ou qual é o seu maior medo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | INTENSIDADE  Local: EVA=  Local: EVA=  Local: EVA=  Local: EVA=  Local: EVA=  Local: EVA= |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSPEÇÃO**

Estática

Em pé:

( )escoliose ( )postura antálgica cruzada D/E ( )postura antálgica direta D/E ( )flat back ( ) sway back ( ) outros qual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sentado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

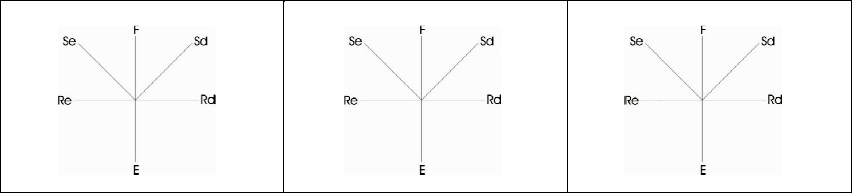
Dinâmica:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Perna curta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teste de mobilidade ativa

***Cervical***  ***Torácica***  ***Lombar***



Periferização ( ) movimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centralização ( ) movimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comportamento funcional: adaptativo ( ) mal adaptativo ( ): evitador ( ) provocador ( )

Padrão de disfunção:

Movimento ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Controle ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TESTE DE INIBIÇÃO**

Cicatriz patológica: ( ) SIM ( ) NÃO Local: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cicatriz: ( ) – ( ) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vísceras: ( ) – ( ) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Captor Podal: ( ) – ( ) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Captor Ocular: ( ) – ( ) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Captor Dento-oclusal: ( ) – ( ) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TESTE QUALITATIVO DE MOVIMENTO**

|  |  |  |  |
| --- | --- | --- | --- |
| MOVIMENTO REALIZA MOVIMENTO - **√** NÃO REALIZA MOVIMENTO - **x** | | | |
| TESTE DE FLEXÃO: |  | |  |
| TESTE DE EXTENSÃO: |  | |  |
| TESTE DE INCLINAÇÃO LATERAL: | DIREITA | | ESQUERDA |
| TESTE DE TORÇÃO ANTERIOR: | DIREITA | | ESQUERDA |
| TESTE DE TORÇÃO POSTERIOR: | DIREITA | | ESQUERDA |
| RESISTÊNCIA AO TESTE: BAIXA ( ) MÉDIA ( ) ALTA ( ) | | | |
| TESTE DE CONVERGÊNCIA OCULAR: + ( ) - ( ) OLHO HIPOCONVERGENTE= D ( ) E ( ) | | | |
| CIRURGIA ( ) SIM ( ) NÃO QUAL/QUAIS: | | | |
| SINTOMAS VISCERAIS ( ) SIM ( ) NÃO QUAL/QUAIS: | | | |
| INTERPRETAÇÃO: | | | |
| INTERVENÇÃO CLÍNICA 1:  INTERVENÇÃO CLÍNICA 2: | | INTERVENÇÃO CLÍNICA 3:  INTERVENÇÃO CLÍNICA 4: | |

**TESTES DIAGNÓSTICOS**

Testes ortopédicos:

|  |  |  |
| --- | --- | --- |
| *Teste* | *Resultado* | *Comentários* |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |
|  | ( ) + ( ) - |  |

Testes neurológicos:

|  |  |  |  |
| --- | --- | --- | --- |
| **Teste das raízes nervosas** | | | |
| *Raíz* | *Reflexa* | *Motora* | *Sensitiva* |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |
|  | Reflexo: | Músculo: | Região: |
| 0 - +1 - +2 - +3 - +4 - +5 | 0-1-2-3-4-5 | ( ) hipoestesia ( ) hiperestesia |

Testes osteopáticos e outros testes:

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**EXAMES COMPLEMENTARES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA: \_\_\_/\_\_\_/\_\_\_\_\_ AVALIADOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSINATURA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_