

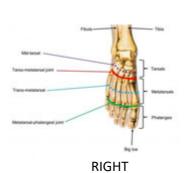
#### **LOWER EXTREMITIES ASSESSMENT**

Name:		
Country:	DOB	

Hip	PROM Left	PROM Right	MMT Left	MMT Right	Primary MIC	Secondary MIC
Flexion	/120	/120				
Extension	/ 30	/ 30				
Abduction	/ 45	/ 45				
Adduction	/ 30	/ 30				
Internal Rotation	/ 45	/45				
External Rotation	/45	/ 45				
Knee						
Flexion	/140	/ 140				
Extension	/0	/0				
Ankle						
Plantar flexion	/ 50	/ 50				
Dorsi flexion	/ 20	/ 20				
Inversion						
Eversion					_	

### **LIMB DEFICIENCY**







#### **LEG LENGTH DIFFERENCE**

Left leg (from ASIS to Medial Malleoli)	cm
Right leg (from ASIS to Medial Malleoli)	cm
Difference:	cm

1295 Mies - Switzerland



## **MUSCLE TONE EVALUATION**

Hypertonia	Ashworth Scale (put cross in box)							
MIC: minimal Grade 1	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4			
on 1 of 5 muscles/groups be								
Hip Adductors	Left							
	Right							
Hamstrings	Left							
	Right							
Rectus Femoris	Left							
	Right							
Soleus	Left							
	Right							
Gastrocnemius	Left							
	Right							

Ataxia		SARA Scale of Assessing and Rating Ataxia (put cross in box)									
MIC: minimal Grade 2		Grad	e 0	Grade	2 1	Grade 2	Gr	ade 3	G	rade 4	
on A and B and											
A: Heel-shin	Left										
slide											
3 trials	Right										
best trial rated											
Outcome heel-shin		Left & right added together and divided by 2 = final grade									
Slide Final grade	Slide Final grade										
		(Left	+ Right	) ÷ 2 =	= Grade .						
B: Stance		Grade 0	Grade 1	L Gra	ade 2	Grade 3	Grade	4 Gr	ade 5	Grade 6	
3 trials allowed											
best trial rated											
C: Gait	Grade	Grade	Grade	Grade	Grade	Grade	Grade	Grade	Grade		
		0	1	2	3	4	5	6	7	8	

Athetosis			DIS Dyskenisia Impairment Scale (put cross in box)									
MIC: minimal grade 1			DURATION					AMPLITUDE				
on both duration and amplitude for A or A+B			0	1	2	3	4	0	1	2	3	4
A: Sitting	A: Sitting Leg proximal Flexion & Extension	Left										
_		Right										
	Leg distal Plantar & Dorsi flexion	Left										
		Right										
B: Stand	Leg proximal	Left										
		Right										
	Leg distal	Left										
	-	Right										



# **EVALUATION OF FUNCTIONAL TEST**

	Result (Y/N)							
		Right		Left				
	Yes	No	Yes	No				
1 – VERTICAL PLANE	Remarks:		Remarks:					
	Yes			No				
2 – FORWARD PLANE	Remarks:							
	Yes	No	Yes	No				
3 – SIDAWAY PLANE	Remarks:		Remarks:					
	Yes	No	Yes	No				
4 – DRIBBLING	Remarks:		Remarks:					
The player is elig	gible	Yes		No				
Classifier 1:								
Signature								
Classifier 2:								
Signature								
Date								

Player signature: \_