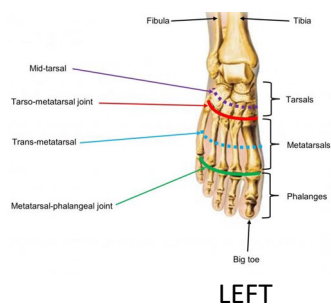


## LOWER EXTREMITIES ASSESSMENT

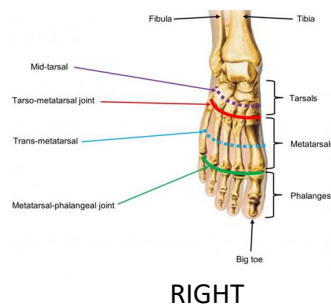
<b>Name:</b>			
<b>Country:</b>		<b>DOB:</b>	

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				
<b>Knee</b>						
Flexion	/140	/ 140				
Extension	/ 0	/ 0				
<b>Ankle</b>						
Plantar flexion	/ 50	/ 50				
Dorsi flexion	/ 20	/ 20				
Inversion						
Eversion						

## LIMB DEFICIENCY



LEFT



RIGHT



## LEG LENGTH DIFFERENCE

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

## MUSCLE TONE EVALUATION

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

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

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

## EVALUATION OF FUNCTIONAL TEST

	Result (Y/N)	
	Right	Left
1 – VERTICAL PLANE	Yes No	Yes No
	Remarks:	Remarks:
2 – FORWARD PLANE	Yes No	
	Remarks:	
3 – SIDAWAY PLANE	Yes No	Yes No
	Remarks:	Remarks:
4 – DRIBBLING	Yes No	Yes No
	Remarks:	Remarks:

The player is eligible	Yes	No
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<b>Classifier 1:</b>	
<b>Signature</b>	
<b>Classifier 2:</b>	
<b>Signature</b>	
<b>Date</b>	

**Player signature:** \_\_\_\_\_