

**CLÍNICA ESCOLA DE FISIOTERAPIA**

**Ficha de avaliação do setor de Fisioterapia Musculoesquelética**

1. **TERMO DE COMPROMISSO E AUTORIZAÇÃO**

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, portador (a) do RG n°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declaro que estou ciente que após 03 (três) faltas sem justificativa haverá desligamento do serviço de fisioterapia da Universidade Federal do Delta do Parnaíba. Declaro ainda está ciente que os atendimentos serão realizados por alunos sob supervisão de professores da UFDPar. E, que todos os dados referente a estes atendimentos poderão ser utilizados em pesquisa cientifica salvaguardando a identidade do paciente.

Autorizo voluntariamente a filmagem e/ou retirada de fotos e a divulgação das mesmas somente em meio científico as quais permanecerão sob a responsabilidade do supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Todos os direitos dos participantes serão respeitados conforme a resolução 466/2012 do CNS, e terão anonimato das informações prestadas.

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Assinatura do paciente Assinatura do supervisor

1. **DADOS PESSOAIS**

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gênero:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data de Nascimento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Idade:\_\_\_\_\_\_\_\_

Telefone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peso:\_\_\_\_\_\_\_\_ Altura:\_\_\_\_\_\_\_\_\_\_\_ IMC:\_\_\_\_\_\_\_\_\_\_\_\_\_

Cidade/Estado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Naturalidade/Nacionalidade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escolaridade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Profissão:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diagnóstico Médico:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnóstico Cinético Funcional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Realizou ou realiza tratamento Fisioterápico? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ANAMNESE**

Queixa Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Antecedentes Familiares

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Medicamentos em uso

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História Socieconômica/Hábitos e Vícios

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Exames Complementares (Exame/Data/Laudo)

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1. **EXAME FÍSICO**

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| **ESCALA DE DOR: SINAIS VITAIS:** | |
| Data \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ Local:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  0 1 2 3 4 5 6 7 8 9 10 | PA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Inspeção Estática:**

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**Ativo-livre (Inspeção Dinâmica):**

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**Passivo:**

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**Resistido (Isométrico e/ou Dinâmico):**

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**Palpação:**

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|  | |  | | **GONIOMETRIA E FORÇA MUSCULAR** | | | | | | | | |  |  |
|  | Ativo | | Passivo | | | FM | |  | Ativo | | Passivo | | FM | |
|  | DIR. | ESQ. | DIR. | | ESQ. | DIR. | ESQ. |  | DIR. | ESQ. | DIR. | ESQ. | DIR. | ESQ. |
| EXTENSÃO DO OMBRO |  |  |  | |  |  |  | EXTENSÃO DO TRONCO |  |  |  |  |  |  |
| FLEXÃO DO OMBRO |  |  |  | |  |  |  | FLEXÃO DO TRONCO |  |  |  |  |  |  |
| ABDUÇÃO DO OMBRO |  |  |  | |  |  |  | INCLINAÇÃO LATERAL DO TRONCO |  |  |  |  |  |  |
|  |  |  |  | |  |  |  | EXTENSÃO CERVICAL |  |  |  |  |  |  |
| ROTAÇÃO INTERNA DO OMBRO |  |  |  | |  |  |  | FLEXÃO CERVICAL |  |  |  |  |  |  |
| ROTAÇÃO EXTERNA DO OMBRO |  |  |  | |  |  |  | ROTAÇÃO CERVICAL |  |  |  |  |  |  |
| FLEXÃO DO  COTOVELO |  |  |  | |  |  |  | INCLINAÇÃO LATERAL CERVICAL |  |  |  |  |  |  |
| EXTENSÃO DO COTOVELO |  |  |  | |  |  |  | EXTENSÃO DO QUADRIL |  |  |  |  |  |  |
| PRONAÇÃO |  |  |  | |  |  |  | FLEXÃO DO QUADRIL |  |  |  |  |  |  |
| SUPINAÇÃO |  |  |  | |  |  |  | ABDUÇÃO DO QUADRIL |  |  |  |  |  |  |
| FLEXÃO DO PUNHO |  |  |  | |  |  |  | ADUÇÃO DO QUADRIL |  |  |  |  |  |  |
| EXTENSÃO DO PUNHO |  |  |  | |  |  |  | ROTAÇÃO INTERNA DO QUADRIL |  |  |  |  |  |  |
| DESVIO RADIAL |  |  |  | |  |  |  | ROTAÇÃO EXTERNA DO QUADRIL |  |  |  |  |  |  |
| DESVIO ULNAR |  |  |  | |  |  |  | FLEXÃO DO JOELHO |  |  |  |  |  |  |
| FLEXÃO METACARPO  FALANGEANA |  |  |  | |  |  |  | EXTENSÃO DO JOELHO |  |  |  |  |  |  |
| FLEXÃO INTERFALANGEANA |  |  |  | |  |  |  | DORSIFLEXÃO |  |  |  |  |  |  |
| EXTENSÃO METACARPO  FALANGEANA |  |  |  | |  |  |  | FLEXÃO PLANTAR |  |  |  |  |  |  |
| EXTENSÃO INTERFALANGEANA |  |  |  | |  |  |  | INVERSÃO |  |  |  |  |  |  |
| ABDUÇÃO DEDOS |  |  |  | |  |  |  | EVERSÃO |  |  |  |  |  |  |

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| **PERIMETRIA** | | |
| Segmento: | | |
| Data: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | |
| Local do Segmento/cm | Direito | Esquerdo |
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Testes Especiais e Testes Funcionais:

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Instrumentos de avaliação utilizado - Anexar o Instrumento (Questionários, Escalas, dentre outros):

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1. **CONCLUSÃO E OBSERVAÇÕES GERAIS**

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| 1. **OBJETIVOS** | 1. **CONDUTAS** |
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Estagiário Supervisor

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| **6ª Semana** |  |  |  |  |  |
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| **9ª Semana** |  |  |  |  |  |

**FICHA DE EVOLUÇÃO**

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