

# GENERAL INFORMATION



Date of examination

Name

Study ID

email adress

postal adress

street

code

city

Male

Female

Date of birth

Age

Height  cm

Weight  kg

## Past Injuries

Injury #1  when?

Injury #1  when?

Injury #3  when?

**Further remarks**

# RANGE OF MOTION



## HIP

	Norm	LEFT			RIGHT		
		hypo	norm	hyper	hypo	norm	hyper
Flexion	130/140	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension	20/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abduction	30/50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adduction	20/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IR	30/45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ER	40/50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## KNEE

	Norm	LEFT			RIGHT		
		hypo	norm	hyper	hypo	norm	hyper
Flexion	120/150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extension	5/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ANKLE

	Norm	LEFT			RIGHT		
		hypo	norm	hyper	hypo	norm	hyper
Dorsiflex	20/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plantarflex	40/50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pronation	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supination	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Further remarks**



# MOVEMENT PATTERNS - KINEMATICS



Footwear Brand \_\_\_\_\_

Model \_\_\_\_\_

Age: \_\_\_\_\_ km \_\_\_\_\_ years

neutral     supported     minimalist

Running Protocol	BF	Shod	BF	Shod	BF	Shod	
1	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	41	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	42	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	44	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	45	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	47	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	49	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	50	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	51	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	52	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/>	<input type="checkbox"/>	53	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	34	<input type="checkbox"/>	<input type="checkbox"/>	54	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	55	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	36	<input type="checkbox"/>	<input type="checkbox"/>	56	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	37	<input type="checkbox"/>	<input type="checkbox"/>	57	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	58	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	39	<input type="checkbox"/>	<input type="checkbox"/>	59	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	40	<input type="checkbox"/>	<input type="checkbox"/>	60	<input type="checkbox"/>

Strike  heel     midfoot     forefoot

**Further remarks**

# ISOMETRIC STRENGTH - DAVID



## KNEE

## STRENGTH

David F200	<b>Extension</b>	right	<input type="text"/>	Nm	Seat: .....
		at 60°			
		left	<input type="text"/>	Nm	Foot: .....
David F300	<b>Flexion</b>	right	<input type="text"/>	Nm	Seat: .....
		at 30°			
		left	<input type="text"/>	Nm	Foot: .....

## HIP

David F310	<b>Abduction</b>		<input type="text"/>	Nm
		at 15°		
David F320	<b>Adduction</b>		<input type="text"/>	Nm
		at 15°		

## UPPER BODY

David G110	<b>Back Extension</b>		<input type="text"/>	Nm	Seat: .....
		at 30°			
				Head: .....	Foot: .....
David G130	<b>Abd.Flexion</b>		<input type="text"/>	Nm	Seat: .....
		at 0°			
					Foot: .....
David G120	<b>Rotation</b>	right	<input type="text"/>	Nm	Seat: .....
		at -30° / 30°			
		left	<input type="text"/>	Nm	Foot: .....