

Patient: _____ Date: _____

Diagnosis: _____ ICD-9 Code(s): _____

Job Title: _____ Date of Injury: _____

Employer: _____

Is examinee currently working? No Restricted Duty Full Duty

Insurance Carrier: _____

Contact Information _____

Claim Adjuster/Case Manager: _____

Claim # _____ Phone: _____

Diagnostic Motion Analysis (3-6 week post injury)

A comprehensive objective biomechanical analysis including Kinematics, Kinetics and Electromyography to assist diagnostic and treatment planning.

Focus Whole Body Lower Extremity Upper Extremity

Specific Questions to be addressed:

Functional Capacity Evaluation (RTW / Fitness for Duty Status)

Physical Examination (including ROM and MMT), Upper Extremity Strength Testing, Gait Evaluation, Balance Evaluation, Dynamic Postural Evaluation, and Whole Body Strength Evaluation (Push/Pull/Lift).

Include Impairment Rating Analysis

Patient is a federal employee (6th Edition of AMA Guide is required)

Own Occupation or Any Occupation

Additional FCE components:

Manual Dexterity Testing

Functional surface EMG for (**circle body region**): UE LE Back

Job Specific Tasks (**describe below**):

Gait Analysis

**** Please list any specific questions to be addressed by evaluation:**

Next scheduled Physicians appointment date: _____

Signature _____ M.D.

Print Name _____ M.D.

Address _____ City _____ State _____

Telephone _____ Email _____