



**3D Motionprint® Diagnostic Evaluation Services**  
Call (804) 332-6064 Fax (866) 879-8591  
[www.biomotionlabs.com](http://www.biomotionlabs.com)

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Is patient currently working?     No     Restricted Duty     Full Duty

Insurance Carrier: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Claim Adjuster/Case Manager: \_\_\_\_\_

Email: \_\_\_\_\_

Claim # \_\_\_\_\_ Phone: \_\_\_\_\_

**Order a 3D Motion Analysis Functional Diagnostic Evaluation when patient is in delayed recovery & not responding to conservative treatment – generally 4-6+ weeks post injury.**

**3D Diagnostic Evaluation** - a comprehensive and objective biomechanical analysis including kinematics and kinetics to identify and measure underlying root causes for delayed recovery, compensatory movement patterns or strategies and guide treatment planning.

**3D Spine/Low Back** - an advanced research-based model to identify and quantify kinematic and kinetic parameters of up to 4 regions of the spine in all 3 planes of movement. Measures and collects data on functional activities while examinee is performing standardized movement tasks and test protocols.

Evaluation includes:

- Relationships between movements of different regions of the spine, pelvis, shoulder, hip, knee and ankle.
- Whole kinetic chain: ankle, knee, hip, pelvis, lumbar spine, upper/lower thoracic spine and shoulder girdle
- Regions of spine immobility or instability

**Lower Extremity/Gait Analysis**

**Upper Extremity Analysis**

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

Next scheduled Physicians appointment date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_