**MEDICAL REPORT**

**Athlete information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name | : |  | Given name | : |  |
| Gender | : |  | Date of Birth | : | dd / mm / yyyy |
| NPC | : | JAPAN | SDMS ID | : |  |

**Medical history**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name medical diagnosis relevant to impairment type | : |  | Year of onset | : |  |

**Modified Ashworth Scale**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Upper Extremity | Rt | Lt | Lower Extremity | Rt | Lt |
| Shoulder |  |  | Hip |  |  |
| Elbow |  |  | Knee |  |  |
| Wrist |  |  | Ankle |  |  |

**Passive Range of Motion & Muscle Testing**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Upper Extremity** | | PROM(degree) Rt/Lt | | MMT | **Lower Extremity** | | PROM(degree) Rt/Lt | | MMT |
| Ankylosis | Maximum | Ankylosis | Maximum |
| Shoulder | Flex | / | / | / | Hip | Flex | / | / | / |
| Ext | / | / | / | Ext | / | / | / |
| Add | / | / | / | Add | / | / | / |
| Abd | / | / | / | Abd | / | / | / |
| Elbow | Flex | / | / | / | Knee | Flex | / | / | / |
| Ext | / | / | / | Ext | / | / | / |
| Forearm | Pron | / | / | / | Ankle | Dorsi | / | / | / |
| Supin | / | / | / | Plantar | / | / | / |
| Wrist | Flex | / | / | / |  |  |  |  |  |
| Ext | / | / | / |  |  |  |  |  |

**Additional Comments relevant to Disability**

**I confirm that the above information is accurate.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Medical specialty |  |
| City |  | Country | JAPAN |
| Phone |  | E-mail |  |
| Date | dd / mm / yyyy | Signature |  |
|  |  |