

NOM :

Prénom

TESTS COMPLEMENTAIRES

Adressé par :

Né(e) le :

Email:

Profession :

ACTIVITES - SPORTS:

MOTIFS DE CONSULTATION

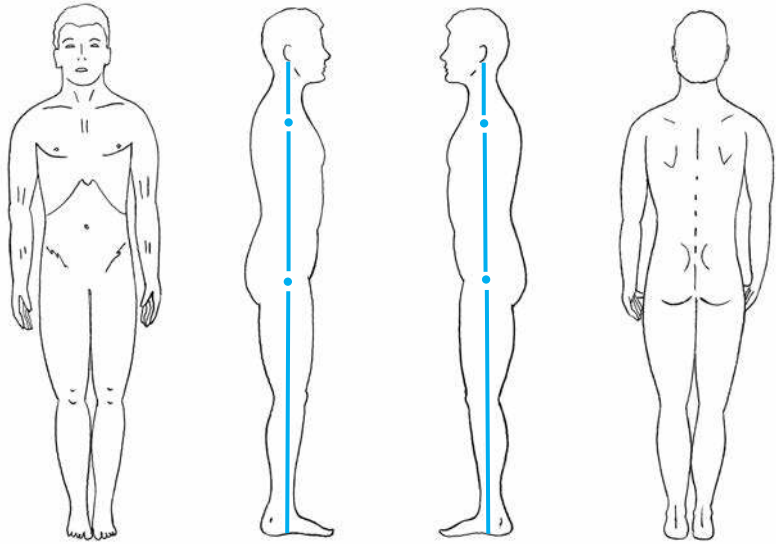
SYNTHESE

ATCD – Traumatismes – Opérations – Maladies - Médicaments

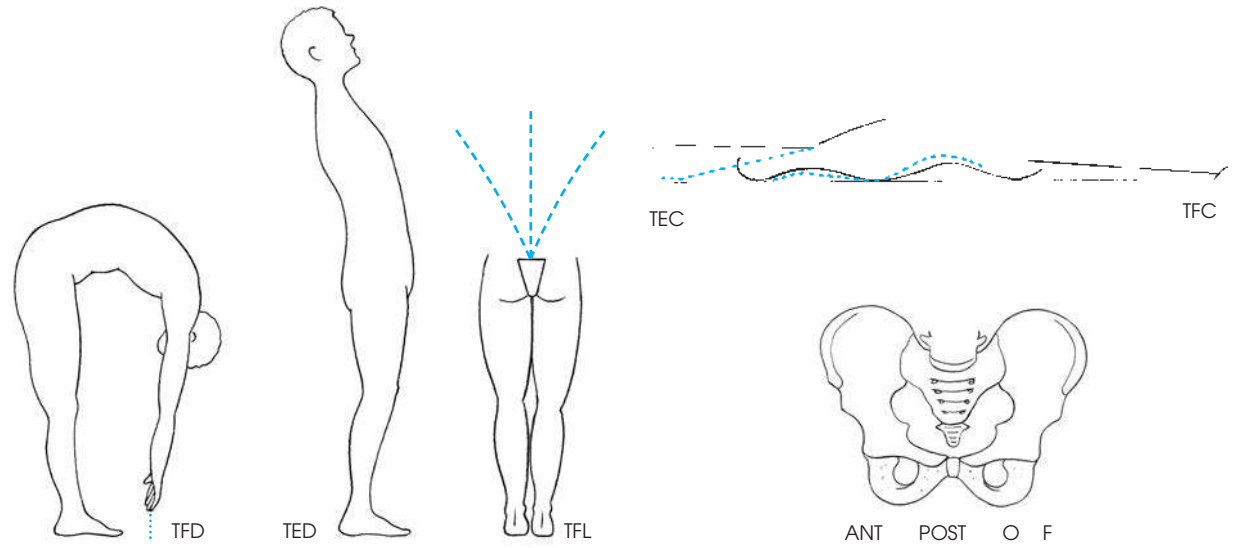
EVOLUTION - RESULTATS

Examens complémentaires

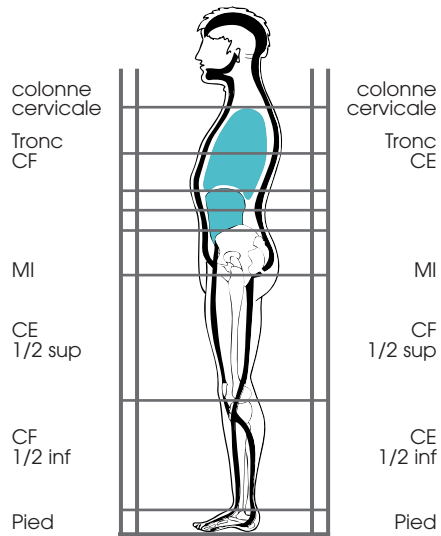
Examen statique



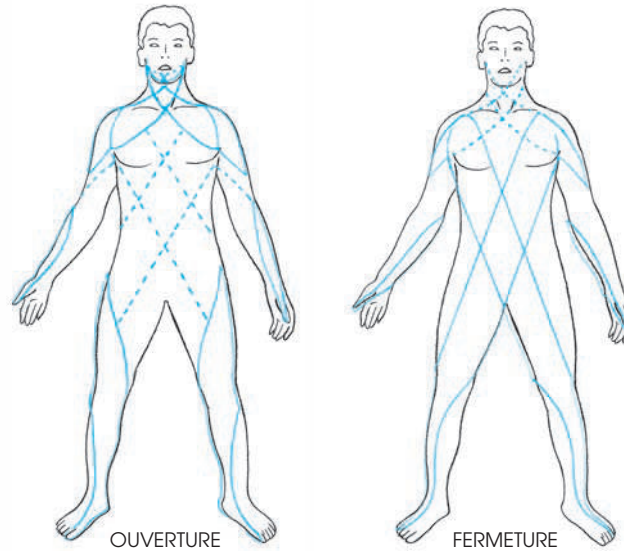
Examen dynamique



Chaînes de flexion et d'extension



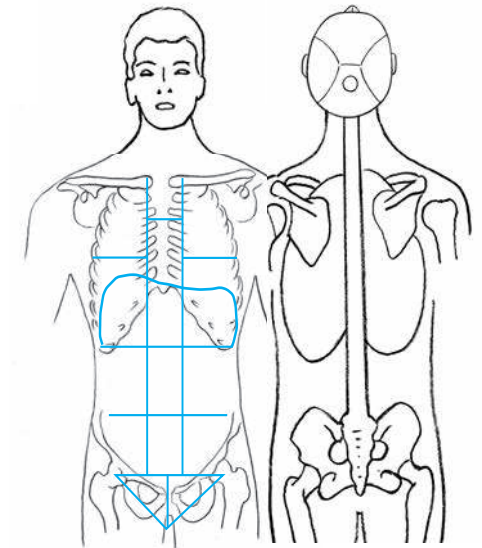
Chaînes croisées



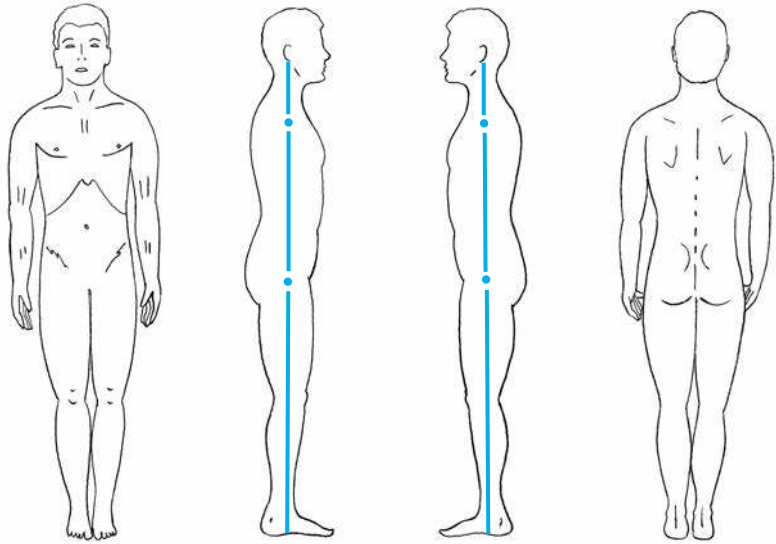
Bretelles

ANTÉRIEURES
POSTÉRIURES

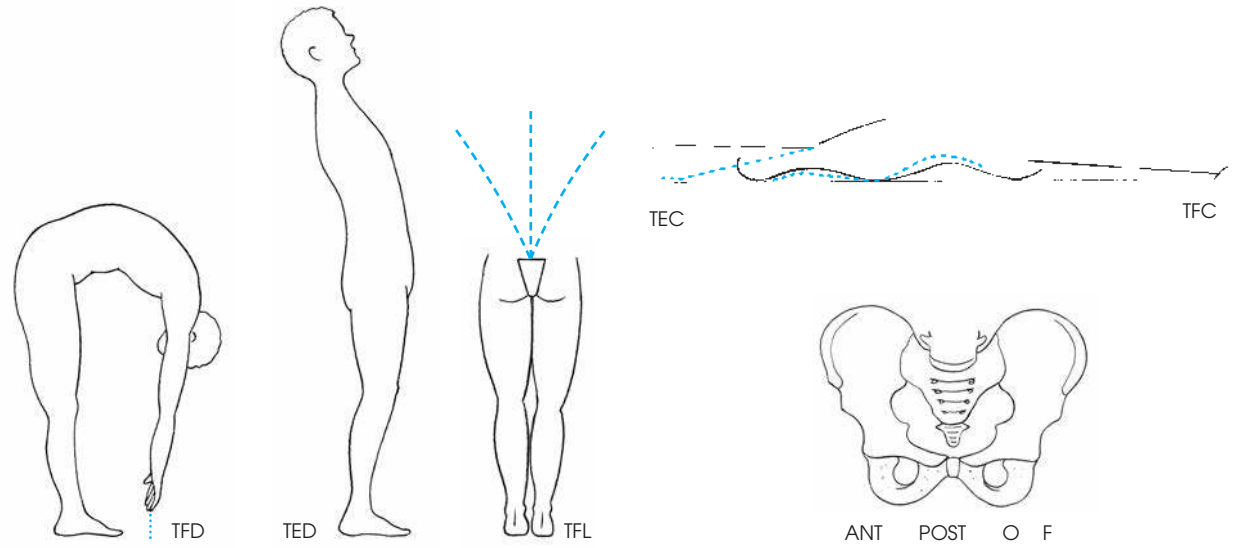
Cadrans



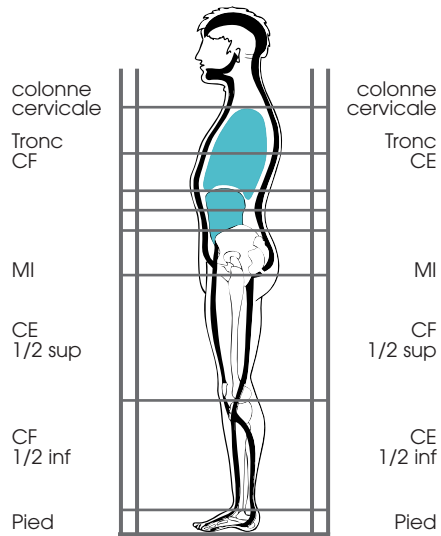
Examen statique



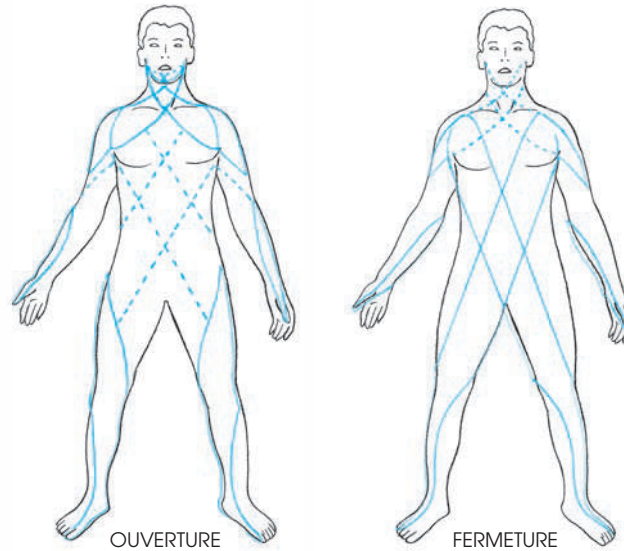
Examen dynamique



Chaînes de flexion et d'extension



Chaînes croisées



Bretelles

ANTÉRIEURES

POSTÉRIEURES

Cadrans

