



MOTION ANALYSIS LAB REFERRAL FORM

FAX form to 513-636-7975

Motion Analysis Lab
3430 Burnet Ave Suite 4.312
Cincinnati, Ohio 45229-3039

*Please attach notes from most recent clinic visit.
Call 513-803-3192 with questions on completing this form.*

PATIENT INFORMATION

Patient's Name: _____ Gender: _____ CCHMC MR#: _____

Weight: _____ kg Height: _____ cm Allergies: None Drug/Contract Food Product/Latex

Specifics: _____

Date of Birth: _____ Parent/Guardian: _____

Home Phone: (_____) _____ Phone # (preferred): (_____) _____

REASON FOR APPROVAL

History / Symptoms / Potential diagnosis / Special needs:

List orthotics and/or assistive devices typically used:

SERVICES REQUESTED

| | |
|--|--|
| <input type="checkbox"/> | Standard Gait Analysis <i>Physical exam, kinematic and kinetic assessment, pedobarography, and EMG assessment, as described below.</i> |
| It is not necessary to complete this section if you have already indicated Standard Gait Analysis above. | <input type="checkbox"/> Physical Exam: Lower extremity range of motion and strength. <i>All services will require physical exam unless previously discussed with MAL staff. Call 513-803-3192 with questions.</i> |
| | <input type="checkbox"/> Kinematics and Kinetics: Lower extremity joint motion and loading. <i>Kinetic analysis may be limited by assistive device use.</i> |
| | <input type="checkbox"/> Pedobarography: Foot pressure patterns during walking. |
| | <input type="checkbox"/> Electromyography: Surface EMG measurement of muscle activity. <i>Standard muscles include bilateral rectus femoris, medial hamstrings, tibialis anterior, and gastrocnemius.</i> |
| | <input type="checkbox"/> Strength: Biodex-based isokinetic testing at slow and fast speeds. Indicate joints in "Other" below. |
| | <input type="checkbox"/> Energy Cost: Cosmed-based oxygen consumption while walking during 1-min or 6-min Walk Test. |
| | <input type="checkbox"/> Other: |

REQUESTING PRACTITIONER / GROUP

Physician Name _____

Contact Person _____ Telephone _____

Office Address _____ Fax _____

Print Name _____ Time: _____ Date: _____

Signature / Credentials of ordering Practitioner _____

