COUNTY OF LOS ANGELES
Ph (562) 401-7177

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
PATHOKINESIOLOGY SERVICE #91
7601 E. Imperial Hwy, Bldg 800, Rm 33
Downey, CA 90242

DEPARTMENT OF HEALTH SERVICES
Fax (562) 803-5693

LOWER EXTREMITY

MD Name (Requested by)**:**	**Service:**	**Request Date:**
MD Signature (Required)**:**	**MD License #** (Required)**:**	
MD Address (Mail Report to)**:**		**Phone:**
City:	**State:** **Zip:**	**Fax:**

Physical Therapist: **Phone:**

DIAGNOSIS:

Specific Question or Proposed Surgery:_____

TESTS REQUESTED: **SIDE:** □ Right □ Left □ Bilateral

□ Energy Cost □ Motion □ Force Plate □ Isometric Strength

□ Other_____

□ **Dynamic EMG** (select protocol below): □ **wire** □ **surface** (superficial muscles only)

LOWER EXTREMITY EMG PROTOCOLS

□ **ANKLE/FOOT**	□ **STIFF-KNEE GAIT**	□ **ADULT HIP (THA)**
Anterior Tibialis	Vasti	Gluteus Medius
Posterior Tibialis	Gluteus Maximus, Lower	Gluteus Max, Upper
Soleus	Rectus Femoris	Gluteus Max, Lower
Gastrocnemius	Iliacus	Semimembranosus
Peroneus Longus	Adductor Longus	Biceps Femoris, Long Hd
Peroneus Brevis	Semimembranosus	Tensor Fascia Lata
Flexor Hallucis Longus	Biceps Femoris, Long Hd	Iliacus
Flexor Digitorum Longus		Adductor Longus

□ **POST POLIO DEMAND**	□ **CP ANKLE/FOOT**	□ **CP CROUCH GAIT**
Gluteus Medius	Anterior Tibialis	Iliacus
Gluteus Max, Lower	Posterior Tibialis	Rectus Femoris
Semimembranosus	Soleus	Adductor Longus
Soleus	Gastrocnemius	Gracilis
Vastus Lateralis	Peroneus Longus	Vastus Intermedius
Biceps Femoris, Long Hd	Peroneus Brevis	Semimembranosus
Biceps Femoris, Short Hd	Flexor Hallucis Longus	Biceps Femoris, Long Hd
Gastrocnemius	Extensor Digitorum Longus	Biceps Femoris, Short Hd

Protocol Modifications:_____

PATIENT CONTACT INFO:	
Name:	
Address:	
Phone:	Alt. Phone:

T – R 0 5 7 0 E P T D I

PATIENT INFORMATION

MRUN

NAME

DOB/GENDER M/F

Pathokinesiology Evaluation