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

UPPER 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 □ Isometric Strength

□ Wheelchair □ Other_____

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

UPPER EXTREMITY EMG PROTOCOLS

□ SPASTIC HAND
Ext Indicis Proprius
Ext Digitorum Communis
Flex Digitorum Profundus
Flex Digitorum Super (ring)
Flex Digitorum Super (index)
Ext Pollicis Longus
Flex Pollicis Longus
Ext Carpi Rad Longus

□ SPASTIC HAND/WRIST
Flex Digitorum Superficialis
Flex Digitorum Profundus
Flex Carpi Ulnaris
Pronator Teres
Ext Digitorum Communis
Ext Carpi Rad Longus
Ext Carpi Rad Brevis
Ext Carpi Ulnaris

□ ELBOW FUNCTION
Biceps Brachii, Short Hd
Biceps Brachii, Long Hd
Brachioradialis
Brachialis
Triceps Brachii, Med Hd
Triceps Brachii, Long Hd
Triceps Brachii, Lat Hd

□SPASTIC THUMB
Flex Digitorum Superficialis
Flex Pollicis Longus
Adductor Pollicis
Flex Carpi Ulnaris
Ext Digitorum Communis
Ext Carpi Rad Longus
Ext Carpi Rad Brevis
Ext Carpi Ulnaris

□ SHOULDER FUNCTION
Anterior Deltoid
Middle Deltoid
Subscapularis
Infraspinatus
Supraspinatus
Serratus Anterior
Pectoralis Major, Stern Hd
Latissimus Dorsi

Protocol Modifications:_____

PATIENT CONTACT INFO:

Name:	
Address:	
Cell Phone:	Alt. Phone:

T – R 0 5 7 0 E P T D I

PATIENT INFORMATION

MRUN

NAME

DOB/GENDER M/F