NOTE TO PATIENT: PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

Lo er e tremit kinematics/kinetics

TYPE	3 2 2 (A)
EMG *(see re erse for specifications)*	P P L *
TRUNK	P
FOOT PRESSURE	3 2 *
O_2 CONSUMPTION*	*
ORTHOTICS/ASSISTIVE	( )

L *

& L & L &