

Arzt: \_\_\_\_\_

1. Name: \_\_\_\_\_  
 Geb. Datum: \_\_\_\_\_  
 Datum: \_\_\_\_\_

**2. Anamnese**

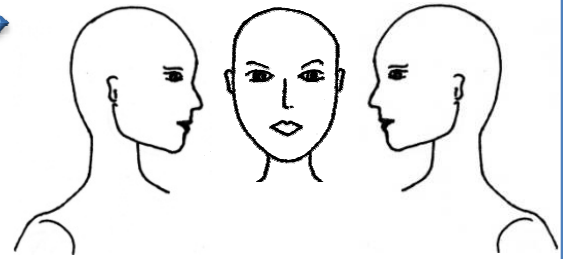
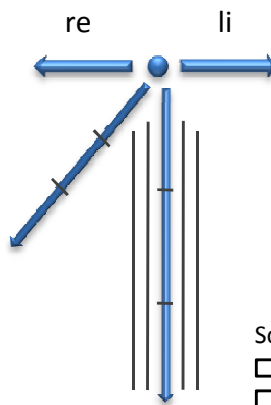
KGK: \_\_\_\_\_  
 LUX: \_\_\_\_\_  
 TRAUMA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BGS: \_\_\_\_\_

Finger: \_\_\_\_\_

Knacken = K  
 Reiben = R

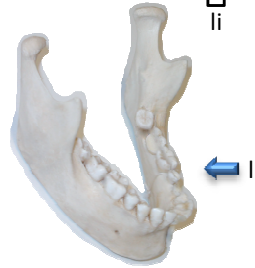
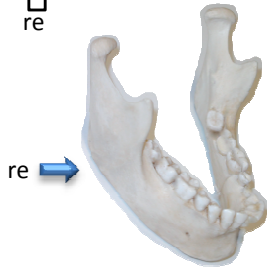
rechts	links
_____	_____
_____	_____
_____	_____



Schmerzen \_\_\_\_\_  
 dumpf \_\_\_\_\_  
 stechend \_\_\_\_\_

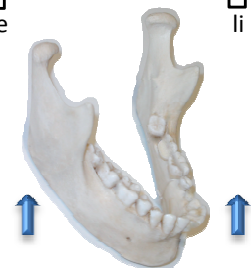
**4. Dynamische Translation**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> früher <input type="checkbox"/> später  | <input type="checkbox"/> früher <input type="checkbox"/> später  | <input type="checkbox"/> früher <input type="checkbox"/> später  | <input type="checkbox"/> früher <input type="checkbox"/> später  |
| <input type="checkbox"/> lauter <input type="checkbox"/> leiser  | <input type="checkbox"/> lauter <input type="checkbox"/> leiser  | <input type="checkbox"/> lauter <input type="checkbox"/> leiser  | <input type="checkbox"/> lauter <input type="checkbox"/> leiser  |
| <input type="checkbox"/> heller <input type="checkbox"/> dumpfer | <input type="checkbox"/> heller <input type="checkbox"/> dumpfer | <input type="checkbox"/> heller <input type="checkbox"/> dumpfer | <input type="checkbox"/> heller <input type="checkbox"/> dumpfer |
| verschwunden   | verschwunden   | verschwunden   | verschwunden   |
| <input type="checkbox"/> re                                      | <input type="checkbox"/> li                                      | <input type="checkbox"/> re                                      | <input type="checkbox"/> li                                      |



**5.a) Dynamische Kompression**

- |  |  |
|--|--|
| <input type="checkbox"/> früher <input type="checkbox"/> später  | <input type="checkbox"/> früher <input type="checkbox"/> später  |
| <input type="checkbox"/> lauter <input type="checkbox"/> leiser  | <input type="checkbox"/> lauter <input type="checkbox"/> leiser  |
| <input type="checkbox"/> heller <input type="checkbox"/> dumpfer | <input type="checkbox"/> heller <input type="checkbox"/> dumpfer |
| verschwunden   | verschwunden   |
| <input type="checkbox"/> re                                      | <input type="checkbox"/> li                                      |



**5.b) Kondylushypermobilität**

- re li
- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Subluxation | Prim.   |
| <input type="checkbox"/> Luxation    | re li   |
| (keine aktive Reposition)            | <input type="checkbox"/> <input type="checkbox"/> |

**6. Muskel Palpation**

muskulärer	re	li	re	li	re	li	re	li
Hyertonus	<input type="checkbox"/>	<input type="checkbox"/> Ma	<input type="checkbox"/>	<input type="checkbox"/> Te	<input type="checkbox"/>	<input type="checkbox"/> La	<input type="checkbox"/>	<input type="checkbox"/> Sh
Hypertrophie	<input type="checkbox"/>	<input type="checkbox"/> Ma	<input type="checkbox"/>	<input type="checkbox"/> Te	<input type="checkbox"/>	<input type="checkbox"/> La	<input type="checkbox"/>	<input type="checkbox"/> Sh
Myositis	<input type="checkbox"/>	<input type="checkbox"/> Ma	<input type="checkbox"/>	<input type="checkbox"/> Te	<input type="checkbox"/>	<input type="checkbox"/> La	<input type="checkbox"/>	<input type="checkbox"/> Sh
Tendinitis	<input type="checkbox"/>	<input type="checkbox"/> Ma	<input type="checkbox"/>	<input type="checkbox"/> Te	<input type="checkbox"/>	<input type="checkbox"/> La	<input type="checkbox"/>	<input type="checkbox"/> Sh
Reflekt. Anspannung	<input type="checkbox"/>	<input type="checkbox"/> Ma	<input type="checkbox"/>	<input type="checkbox"/> Te	<input type="checkbox"/>	<input type="checkbox"/> La	<input type="checkbox"/>	<input type="checkbox"/> Sh

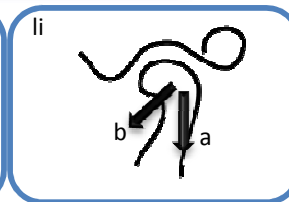
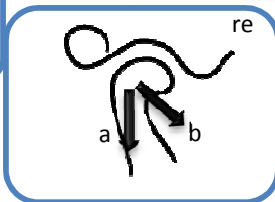
- Masseter - Ma  
 Temporalis - Te  
 Ptery. Lateralis - La  
 Syrahyoidale Musk. - Sh

**9. Passive Bewegung**

- |                 |    |
|-----------------|----|
| Hart ligamentär | E1 |
| Zu weich        | E2 |
| Zu hart         | E3 |
| Zurückfedernd   | E4 |
| Knöchern        | E5 |
| Abrupt          | E6 |
| Leer            | E7 |

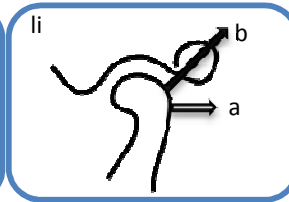
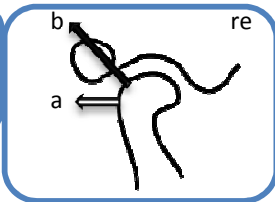
Das Endgefühl \_\_\_\_\_

**7. Traktion u. Translation**

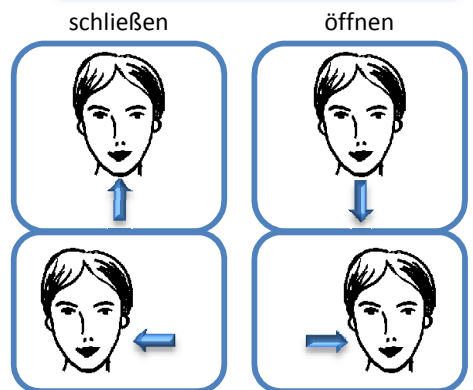


- |                  |    |
|------------------|----|
| Schmerzen        | S+ |
| Bewegungsabnahme | B- |
| Bewegungszunahme | B+ |
| Kraftabnahme     | K- |
| Kraftzunahme     | K+ |

**8. Passive Kompression**



**10. Isometrische Anspannung**



Beurteilung: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |                                     |                          |                          |
|-------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> OB         | Sens                     | Weber                    |
| <input type="checkbox"/> Beobachten | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> MRT ÜW     | Stehling                 | Sonstige                 |
|                                     | <input type="checkbox"/> | <input type="checkbox"/> |

Therapievorschlag: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_