**Sportmedizinische Untersuchung**

|  |  |
| --- | --- |
| **Name, Vorname:**       | **Untersuchungsdatum:**       |
| **Geburtsdatum:**       | **Untersucher/in:**       |

# Thorax / Lungen

**o.B. anderer Befund**

Auskultation [ ]  [ ]

Perkussion [ ]  [ ]

Rippenthorax [ ]  [ ]

anderes [ ]

# Herz / Kreislauf

Puls:       / min BD:       mmHg

**o.B. anderer Befund**

Auskultation [ ]  [ ]

Herztöne [ ]  [ ]

Periphere Pulse [ ]  [ ]

Venen [ ]  [ ]

# Lymphknoten

**o.B. anderer Befund**

[ ]  [ ]  cervical re / li

 [ ]  axillär re / li

 [ ]  inguinal re / li

 [ ]  andere

# Haut [ ]  [ ]

# Abdomen

# Palpation [ ]  [ ]

# Leber [ ]  [ ]

# Milz [ ]  [ ]

# Nierenlogen [ ]  [ ]

# Nervensystem

**o.B. anderer Befund**

Reflexe [ ]  [ ]  ASR re / li [ ]  PSR re / li [ ]  andere

Sensibilität [ ]  [ ]

Motorik [ ]  [ ]

# Bemerkungen / Ergänzungen:

# Wirbelsäule / Rumpf

 **o.B. anderer Befund**

Gangbild / Haltung [ ]  [ ]

Rückenform [ ]  [ ]

Becken [ ]  [ ]  Schiefstand nach [ ]  re [ ]  li minus       cm

Iliosakralgelenk [ ]  [ ]

Beinlänge [ ]  [ ]

HWS [ ]  [ ]

BWS [ ]  [ ]

LWS [ ]  [ ]

Schultergürtel [ ]  [ ]

Ellbogen [ ]  [ ]

Hände [ ]  [ ]

Hüfte [ ]  [ ]

Knie [ ]  [ ]

Sprunggelenk [ ]  [ ]

Füsse [ ]  [ ]

Sportartspezifische Befunde [ ]  [ ]

Muskellängen / Beweglichkeit [ ]  [ ]

Pathologische Befunde markieren:

