

Patient Name:	D. Torrance	Gender:	Male	Surgery Date:	2/4/2019
Patient ID:	052380	Involved:	Left	Test Date:	12/9/2019
Age:	29	GET:	Left 22 ft-lb at 20° Right 19 ft-lb at 21°		
Weight (lbs):	178				
Height (ft, in):	5'-10"				

ACL Return to Play Report - Isokinetic

60 deg/s

Quadriceps	Unv (R)	Inv (L)	Symmetry Ratio (%)
Avg. Peak TQ (ft-lb)	129.0	87.7	67.9
Total Work (ft-lb)	566.7	395.6	69.8
Peak TQ/BW (%)	91.7	56.5	Goal: ≥ 90
CV (%)	20.6	12.4	Goal: ≤ 10-15

Hamstrings	Unv (R)	Inv (L)	Symmetry Ratio (%)
Avg. Peak TQ (ft-lb)	63.7	52.5	82.4
Total Work (ft-lb)	293.5	258.8	88.1
Peak TQ/BW (%)	39.2	31.7	Goal: ≥ 60
CV (%)	9.3	5.9	Goal: ≤ 10-15
H/Q Ratio (%)	49.3	59.9	Goal: > 60

180 deg/s

Quadriceps	Unv (R)	Inv (L)	Symmetry Ratio
Avg. Peak TQ (ft-lb)	106.8	85.8	80.3
Total Work (ft-lb)	1249.3	849.8	67.9
Peak TQ/BW (%)	69.6	57.5	Goal: ≥ 50-65
CV (%)	12.1	18.0	Goal: ≤ 10-15

Hamstrings	Unv (R)	Inv (L)	Symmetry Ratio (%)
Avg. Peak TQ (ft-lb)	56.6	64.7	87.5
Total Work (ft-lb)	699.8	637.2	91.1
Peak TQ/BW (%)	39.2	31.7	Goal: ≥ 30-45
CV (%)	11.1	5.1	Goal: ≤ 10-15
H/Q Ratio (%)	52.9	75.4	Goal: > 60

300 deg/s

Quadriceps	Unv (R)	Inv (L)	Symmetry Ratio
Avg. Peak TQ (ft-lb)	79.6	69.3	87.1
Total Work (ft-lb)	1249.6	1049.8	83.9
Peak TQ/BW (%)	69.6	57.5	Goal: ≥ 30-45
CV (%)	8.5	6.1	Goal: ≤ 10-15

Hamstrings	Unv (R)	Inv (L)	Symmetry Ratio (%)
Avg. Peak TQ (ft-lb)	55.2	46.3	83.9
Total Work (ft-lb)	900.8	828.8	92.0
Peak TQ/BW (%)	35.0	31.6	Goal: ≥ 20-35
CV (%)	7.1	4.6	Goal: ≤ 10-15
H/Q Ratio (%)	69.3	66.8	Goal: > 60

Comments:

Diagnosis: ACL post-op.
 Comments: Patient has been at rehab for nine months.

Clinician: Jack Dulbois

Patient Name:		Date:	1/30/2021	Joint:	Knee
Patient ID:	44444	Time:	03:02 PM	Pattern:	EXT/FLEX
Age:	59	Involved:	Right	Type/Mode:	BI/ISOM
Weight (lb):	180	Passive Tq:	Unv 17 ft-lbs at -35 deg Inv 24 ft-lbs at -35 deg	Contraction:	TOWARDS
Height (ft, in):	6' 0"			Sets:	
Gender:	Male			Injury Date:	09/12/20

Options: Filtered

Hamstring Return To Play Lengthened State Multi Angle Comparison Report

Flexion

Peak Torque (ft-lbs)

Angle (deg)	Unv (L)	Inv (R)	Deficit (%)	Deficit (%)	
40	26.3	18.4	30.3	30.3	
20	38.4	31.8	17.4	17.4	
0	29.5	33.5	-13.5	-13.5	
-20	30.8	32.5	-5.8	-5.8	✓
Average	31.25	29.5	7.1	7.1	✓

Result: ✓

✓ Deficit <20% in lengthened state (-20 degree angle) and average of all angles deficit <20%.

✗ Deficit >20% in lengthened state (-20 degree angle) or average of all angles deficit >20%.

Peak Torque: Highest muscular force output at any moment during a repetition. Indicative of a muscle's strength capabilities.

Deficits:
 1 to 10%: Normal Range
 11 to 20%: Rehab Recommended
 Over 20%: Significant Impairment

Negative deficit indicates involved extremity performed better than uninvolved.
 Use positive angles for Extension.

Comments:

Diagnosis:
 Comments:

Clinician: _____

Patient Name:		Date:	06/06/2021	Joint:	Knee
Patient ID:	06231	Time:	01:38 PM	Pattern:	EXT/FLEX
Age:	32	Involved:	Right	Type/Mode:	BI/ISOK
Weight (lb):	174	GET:	No Gravity Correction	Contraction:	CON/CON
Height (ft, in):	5' 7"			Sets:	2
Gender:	Male			Surgery/Injury Date:	04/27/2021

Options: Windowed, Filtered

Hamstring Return To Play Mixed H/Q Ratio Report

Eccentric - 30 deg/s

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Extension - Hamstring	Unv (R)	Inv (L)	
Peak Torque (ft-lb)	45.2	30.3	

Concentric - 240 deg/s

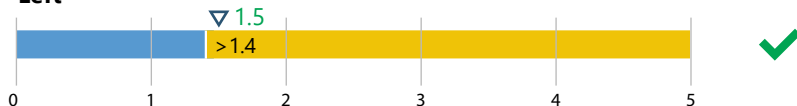
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Extension - Quadriceps	Unv (R)	Inv (L)	
Peak Torque (ft-lb)	31.1	40.3	

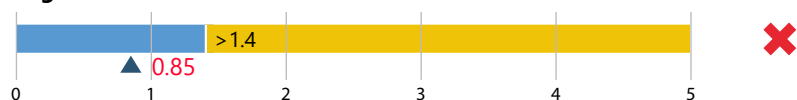
Mixed Ratio - H ECC/Q CON

Hamstring/Quadriceps	Unv (R)	Inv (L)	Goal
ECC_{30 deg/s} / CON_{240 deg/s}	2.4	0.85	> 1.4

Left



Right



Peak Torque: Highest muscular force output at any moment during a repetition. Indicative of a muscle's strength capabilities.
Mixed Ratio: Strength imbalances and low H/Q ratio represent a modifiable factor to reduce Hamstring injuries.
 Mixed H/Q ratio goal > 1.4
Reference:
 Croisier JL, Ganteaume S, Binet J, Genty M, Ferret JM.
 Strength Imbalances and Prevention of Hamstring Injury in Professional Soccer Players.
 A Prospective Study. The American Journal of Sports Medicine 2008. DOI: 10.1177/0363546508316764

Comments:

Diagnosis:
 Comments:

Clinician: _____