

## Functiebeoordeling nek

| Algemeen  |   |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
|---|---|-------------------------------|----------------------|--|--|-------------------------|----------------------|--|--|---------------|--|--------------|--|-------------------------------|----------------------|-------------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|
| 1. Dossiernummer  | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 2. Datum onderzoek  | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 3. Naam verzekerde  | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 4. Geboortedatum  | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| KGO   |   |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 1. Zijn er klachten van duizeligheid?                         | <input type="radio"/> Ja <input type="radio"/> Nee Zo ja, wilt u het door verzekerde daaronder begrepen klachtenpatroon beschrijven?<br><input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 2. Kunt u de tonus van de nekspiermusculatuur beschrijven?    | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 3. Is er sprake van een normale lordose?                      | <input type="radio"/> Ja <input type="radio"/> Nee  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 4. Is er sprake van paresthesieën in nek, schouder en/of arm? | <input type="radio"/> Ja <input type="radio"/> Nee Zo ja, waar?<br><input type="text"/>   |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 5. Hoe zijn de reflexen?                                      | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 6. Is er sprake van crepitaties?                              | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 7. Hoe is de beweeglijkheid van de nek?                       | <table border="0"> <tr> <td>Extensie<br/>(normaal 60°)</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td>Flexie<br/>(normaal 75°)</td> <td><input type="text"/></td> <td></td> <td></td> </tr> <tr> <td><b>Rechts</b></td> <td></td> <td><b>Links</b></td> <td></td> </tr> <tr> <td>Lateroflexie<br/>(normaal 45°)</td> <td><input type="text"/></td> <td>Lateroflexie<br/>(normaal 45°)</td> <td><input type="text"/></td> </tr> <tr> <td>Rotatie<br/>(normaal 80°)</td> <td><input type="text"/></td> <td>Rotatie<br/>(normaal 80°)</td> <td><input type="text"/></td> </tr> </table> | Extensie<br>(normaal 60°)     | <input type="text"/> |  |  | Flexie<br>(normaal 75°) | <input type="text"/> |  |  | <b>Rechts</b> |  | <b>Links</b> |  | Lateroflexie<br>(normaal 45°) | <input type="text"/> | Lateroflexie<br>(normaal 45°) | <input type="text"/> | Rotatie<br>(normaal 80°) | <input type="text"/> | Rotatie<br>(normaal 80°) | <input type="text"/> |
| Extensie<br>(normaal 60°)                                     | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| Flexie<br>(normaal 75°)                                       | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| <b>Rechts</b>   |   | <b>Links</b>                  |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| Lateroflexie<br>(normaal 45°)                                 | <input type="text"/>  | Lateroflexie<br>(normaal 45°) | <input type="text"/> |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| Rotatie<br>(normaal 80°)                                      | <input type="text"/>  | Rotatie<br>(normaal 80°)      | <input type="text"/> |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |
| 8. Heeft u verder nog aanvullende opmerkingen?                | <input type="text"/>  |                               |                      |  |  |                         |                      |  |  |               |  |              |  |                               |                      |                               |                      |                          |                      |                          |                      |