

# VIBRATION TEST RESULTS



MEDICAL CENTER:

DATE: **09/05/2022 17:14** PATIENT ID:

PHYSICIAN:

AREA OF EVALUATION: **LEFT FOOT**

AGE: **0**

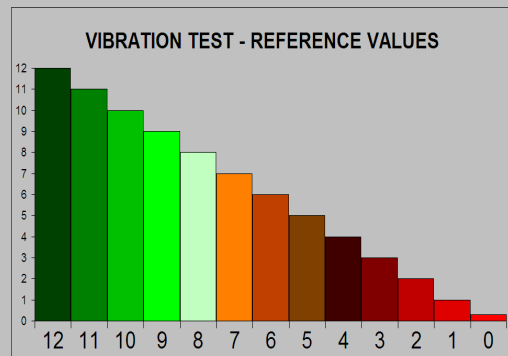
GENDER:

HEIGHT: **0 cm**

WEIGHT: **0**

## REFERENCE VALUES (Method of Levels)

- 0: Abnormal Severely
- 7: Normal Borderline ++++
- 1: Abnormal Severely
- 8: Normal Borderline +++++
- 2: Abnormal Slightly
- 9: Normal Low
- 3: Abnormal Slightly
- 10: Normal High +
- 4: Normal Borderline +
- 11: Normal High ++
- 5: Normal Borderline ++
- 12: Normal High +++
- 6: Normal Borderline +++



## PATIENT RESULTS

**4: Normal Borderline +**

