

COMMANDER Downloader

Commander Muscle Testing Sample Report

Patient Name: **John Doe**
 Address: **123 Main St. City, ST USA**
 Daytime Phone: **000-111-2222**
 Evening Phone: **000-222-1111**
 Email: **johndoe@email.com**
 Patient ID:
 Gender: **Male**
 Birth Date: **03-19-1966**
 Dominant Hand: **Right**

Complete these fields
with relevant patient data.



PowerTrack II - Repetitions (lb)					
Test Name	Side	Rep1	Rep2	Rep3	Rep4
1. Neck Extension	Right	18.5	25.5	33.0	—
1. Neck Extension	Left	24.0	29.5	34.0	—
2. Neck Flexion	Right	28.0	28.5	30.0	—
2. Neck Flexion	Left	23.0	28.0	23.5	—
3. Neck Anterolateral Flexion	Right	31.5	31.0	46.0	—
3. Neck Anterolateral Flexion	Left	24.0	24.0	21.0	—
4. Shoulder Flexion	Right	25.0	34.0	34.5	—
4. Shoulder Flexion	Left	27.0	24.5	25.0	—
5. Shoulder Extension	Right	28.5	19.5	26.0	—
5. Shoulder Extension	Left	29.0	26.0	31.0	—

PowerTrack II - Calculations (lb)						
Test Name	Side	Average	Time	CV	Fatigue	Deficit
1. Neck Extension	Right	25.7	—	23%	—	-3%
1. Neck Extension	Left	29.2	—	14%	—	—
2. Neck Flexion	Right	28.8	—	3%	—	—
2. Neck Flexion	Left	24.8	—	9%	—	-7%
3. Neck Anterolateral Flexion	Right	36.2	—	19%	—	—
3. Neck Anterolateral Flexion	Left	23.0	—	6%	—	-48%
4. Shoulder Flexion	Right	31.2	—	14%	—	—
4. Shoulder Flexion	Left	25.5	—	4%	—	-22%
5. Shoulder Extension	Right	24.7	—	15%	—	-8%
5. Shoulder Extension	Left	28.7	—	7%	—	—