**TABLEAU COMPARATIF DES ÉVALUATIONS MÉDICALES AU DOSSIER**

**Nom du travailleur ou de la travailleuse : Date d’audience :**

**Description du fait accidentel :**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Médecin traitant | | | | Médecin désigné 1 | | | | Bureau évaluation médicale | | | | Médecin désigné 2 | | | | BEM 2 | | | |
| EXAMEN OBJECTIF | nom | | | | nom | | | | nom | | | | nom | | | | nom | | | |
| Dates |  | | | |  | | | |  | | | |  | | | |  | | | |
| Diagnostic pré-évaluation |  | | | |  | | | |  | | | |  | | | |  | | | |
| Colonne dorso-lombaire |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion antérieur / 90° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Extension / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion lat. droite / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion lat. gauche / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Rotation droite / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Rotation gauche / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Colonne cervicale |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion antérieure / 40° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Extension / 30° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion lat. droite / 40° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Flexion lat. gauche / 40° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Rotation droite / 60° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Rotation gauche / 60° |  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Épaules | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | |
|  | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif | Actif | Passif |
| Abduction / 180° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Élévation antérieure  (flexion) / 180° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rotation externe (épaule en abduction à 90°) / 90° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rotation interne (épaule en abduction à 90°) / 40° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Extension  (rétropulsion) / 40° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adduction / 20° |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Coudes | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | |
| Flexion / 150° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Extension / 0° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Pronation / 80° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Supination / 80° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Poignets | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | |
| Dorsi-flexion / 60° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Flexion palmaire / 70° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Inclinaison cubitale / 30° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Inclinaison radiale / 20° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Mains | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | |
| Pouce |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Index |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Majeur |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Annulaire |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Auriculaire |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Mesures membres supérieurs | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | |
| Avant-bras |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Bras |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Hanches | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | |
| Flexion / 120° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Extension / 30° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Rotation interne / 40° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Rotation externe / 50° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Abduction / 40° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Adduction / 20° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Cuisses | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | |
| Mesures (atrophie) |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Mesures (atrophie) |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Genoux | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | |
| Flexion / 130° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Extension / 0° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Chevilles | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | | Droite | | Gauche | |
| Tibio-tarsienne |  | | | |  | | | |  | | | |  | | | |  | | | |
| Dorsiflexion / 20° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Flexion plantaire / 40° |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Inversion |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Éversion |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Sous-astragalienne |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Médio-tarsienne |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Mollets | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | | Droit | | Gauche | |
| Mesures (atrophie) |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Diagnostic post-évaluation |  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Date de consolidation |  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Nature, nécessité, suffisance ou durée des soins ou traitements administrés ou prescrits |  | | | |  | | | |  | | | |  | | | |  | | | |
| Physiothérapie |  | | | |  | | | |  | | | |  | | | |  | | | |
| Ergothérapie |  | | | |  | | | |  | | | |  | | | |  | | | |
| Acuponcture |  | | | |  | | | |  | | | |  | | | |  | | | |
| Chiropractie |  | | | |  | | | |  | | | |  | | | |  | | | |
| Médication |  | | | |  | | | |  | | | |  | | | |  | | | |
| Infiltrations |  | | | |  | | | |  | | | |  | | | |  | | | |
| Examens complémentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Chirurgie |  | | | |  | | | |  | | | |  | | | |  | | | |
| Autres |  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Existence ou pourcentage d’atteinte permanente à l’intégrité physique ou psychique |  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |
| Existence ou évaluation des limitations fonctionnelles |  | | | |  | | | |  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |  | | | |  | | | |
| Commentaires |  | | | |  | | | |  | | | |  | | | |  | | | |