Overview

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General information about scan				
Gender:	Female			
Age (years):	35			
Weight (kg):	60			
Discomfort reported:	No			
Recent fall reported:	No			
Estimated height (cm):	176			
Body mass index (BMI):	19.28			
Recorded at (local time):	Tuesday, April 25, 2017 11:56:00 AM			
Recorded at (UTC):	Tuesday, April 25, 2017 9:56:00 AM			

Movements				
Stand Still - Face View Attempt #1	Normal mode			
Side Bend Attempt #1	Normal mode			
Two Leg Squat Attempt #2	Normal mode			
Balance on Right Leg Attempt #1	Normal mode			
Balance on Left Leg Attempt #1	Normal mode			
Right Leg Squat Attempt #1	Normal mode			
Left Leg Squat Attempt #1	Normal mode			



Information in this report should be verified and interpreted by a health professional. Measures are estimates, calculated from a combination of normative anthropometric data and Qinematic™ Posture Scan 3D test data. 2014-2018 © Qinematic AB info@qinematic.com

Standing Posture - Front View

This is the front view of the person whilst standing still. Vertical alignment is considered zero degrees (deg).

Estimated height loss caused by poor align	ment*
Centimeters	0

*Calculated based on normative data. Measurement error is estimated to be ±1cm

Alignment	Left	Right	Notes
Neck angle of tilt (deg)		1	Relative to frontal axis.
Shoulder angle of tilt (deg)	3		Relative to sagittal axis. Elevated is positive.
Pelvic angle of tilt (deg)	0	0	Relative to sagittal axis. Elevated is positive.

Lateral displacement from midline	Left	Right
Center of head (cm)		1
Center of shoulders (cm)	0	0
Center of body mass (cm)	0	0
Center of pelvis (cm)		1

Critical angles in frontal plane	Left	Right	Notes
Cervicothoracic angle (deg)		2	Between trunk and neck.
Lumbopelvic angle (deg)	2		Trunk relative to pelvis.

Knee angles in frontal plane	Med	Lat
Left knee (deg)	1	
Right knee (deg)	0	0

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Standing Posture - Side View

This is the side view with the plumbline (white dashed) and the results from the scan.

Sagittal angle of the neck relative to frontal axis*		
Forward neck angle (deg)	0	
*Ventral is positive (+), dorsal is negative (-).		

Anterior displacement from plumbline*	
Center of head (cm)	5
Center of shoulders (cm)	5
Center of body mass (cm)	1
Center of pelvis (cm)	4

*Ventral is positive (+), dorsal is negative (-).

Critical angles (forwards/backwards)*		Notes
Cervicothoracic angle (deg)	0	Between trunk and neck.
Lumbopelvic angle (deg)	-2	Between trunk and thigh.
* /	()	

Ventral is positive (+), dorsal is negative (-).

Knee angles in frontal plane	
Left knee (deg)	0
Right knee (deg)	2

Sagittal angle of the thighs relative to frontal axis*				
Forward angle of the left thigh (deg)	3			
Forward angle of the right thigh (deg)	1			

*Ventral is positive (+), dorsal is negative (-).

Rotation*	Left	Right
Shoulders axial rotation (deg)	0	0
Pelvic axial rotation (deg)	2	-2

*Ventral is positive (+), dorsal is negative (-).



Shoulders axial rotation Pelvic axial rotation



Standing Balance - Bilateral



This is the view from cranial of the person in bilateral stance.

The table shows the:

- 1. Percentage mediolateral displacement (left and right) of the center of mass from the midline.
- 2. The 'sway area' created by postural sway.



Bilateral stance - Eyes Open	Mediolat	
(Center of mass)	Left	Right
Displacement (%)	48	52
Sway area (cm²)	0.0	

Center of mass • net position

This footprint view of the body shows the location of the center of mass of the body in relation to the base of support (feet) in bilateral stance.

Standing Balance - Unilateral

Sway pattern of center of mass in sagittal (anterior/posterior, Ant/Pos) and transversal (mediolateral, Left/Right) plane during single leg balance.

The movement/time graphs below show the amount of postural sway in anterior (Ant)/posterior (Pos), red and medial (Med)/lateral (Lat), blue direction. Higher amplitudes correspond with greater movements.

This is the view from cranial of the person in single leg balance.



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Diff with

Right Bend

-2%

-

0.4 cm

1%

-

-9%

Standing Side Bend

The vertical distance from the floor is used to estimate side reach. Multiple body parts contribute to the movement.

Segmental movements:

The movement/time graphs show the amount of superior/inferior placement and the tabulated data shows the amount of lateral displacement for the hands, chest, shoulders and hips.

A movement is positive when it follows the same direction to the bending side.

Higher amplitudes correspond to greater vertical placement.

Left Bend Mediolat Left Right Distance to floor (cm) 52.0 Weight distribution (%) 19.9 80.1 2.5 Hips (cm) Chest (cm) 16.3 Left hand (cm) 5.3 Left shoulder (cm) 8.4



17.0 cm

53.2 cm

30% of your height

17.1 cm

52.0 cm

Left 7 20.4

Left

^{_]} -20.4



Right Bend	Mediolat		Diff with
	Left	Right	Left Bend
Distance to floor (cm)		53.2	2%
Weight distribution (%)	13.8	86.2	-
Hips (cm)	2.9		-0.4 cm
Chest (cm)		16.2	-1%
Right hand (cm)	4.0		-
Right shoulder (cm)		9.2	10%

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Double Leg Squat

The hips, knees and shoulders are tracked.

The table quantifies the amount of movement in the coronal and transversal planes, as well as the difference between left and right sides for a single squat.

The trajectory angle estimates the line of best fit for the pathway of key body parts. Our own studies indicate that variation between trials is minimal on the way down (eccentric phase) and larger on the way up (concentric phase).

Lateral (Lat) movements are denoted as positive (+).

Medial (Med) movements are denoted as negative (-).

Hip movements to left are denoted as positive (+), hip movements to right are denoted as negative (-).

This is the front view of the person.



Segment		Vertical		Lateral	Trajectory		
		Shift		Shift	Angle		
		cm	% diff	cm	deg	diff	
Left shoulder	down	21.3	0%	-0.3	0	-4	
	up	21.3		-1.1	-4		
Right shoulder	down	21.2	1%	0.9	1	-3	
	up	21.5		0.4	2		
Left knee	down	7.5	-3%	-0.5	0	1	
	up	7.7		7.7	0.0	-1	-1
Right knee	down	7.8	4%	0.5	1	0	
	up	8.1		470 0.3	-1		
Hips	down	20.5	- 0%	1.1	1.1	5	2
	up	20.4		-2.0	-3	2	

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Single Leg Squat

The hips, knees and shoulders are tracked.

The table quantifies the amount of movement in the coronal and transversal planes, as well as the difference between left and right sides for a single squat. The trajectory angle estimates the line of best fit for the pathway of key body parts. Our own studies indicate that variation between trials is minimal on the way down (eccentric phase) and larger on the way up (concentric phase).

All references are relative to starting position.



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