

## 1 Testtag

**LÄNGERES SITZEN ( 30 Min ) 1. TAG**

Z: ...      RP: .... HF: ... EP: ... (..... Min)

objektiv: HM:..... GW:..... Sp:.....

subjektiv:

Sitzhilfe: .....

Belastungsgrenze wegen:

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Name Klient:

Testdaten:

HF oder BD Limiten:

HEBEN BODEN- ZU TAILLENHÖHE ( 5 X )		
	1. Testtag	2. Testtag
1.)	Taillenhöhe: ..... cm über Boden kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
2.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
3.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
4.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:

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5.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
6.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
	Belastungsgrenze wegen:	Belastungsgrenze wegen:

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HEBEN TAILLEN- ZU KOPFHÖHE ( 5 X )		
	1. Testtag	2. Testtag
1.)	Kopfhöhe: ..... cm über Boden kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
2.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
3.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
4.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:

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5.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....  SUBJEKTIV:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
6.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
	Belastungsgrenze wegen: Hände an den Griffen: Ober-/Unterhandgriff:	Belastungsgrenze wegen: Hände an den Griffen: Ober-/Unterhandgriff

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HEBEN HORIZONTAL ( 1.5 M )		
	1. Testtag	2. Testtag
1.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
2.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
3.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:
4.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....  subjektiv:

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5.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....          subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....          subjektiv:
6.)	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....          subjektiv:	kg: ... Wdh: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....          subjektiv:
	Belastungsgrenze wegen:	Belastungsgrenze wegen:

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<p align="center"><b>DRÜCKEN STATISCH ( 3 x 3 Sek )</b></p> <p>1.) ..... "kg"          2.) ..... "kg"    Ø = ..... "kg"          3.) ..... "kg"          HF: ....            Kraftbein hinten / re/ li / bd          objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>	<p align="center"><b>ZIEHEN STATISCH ( 3 x 3 Sek )</b></p> <p>1.) ..... "kg"          2.) ..... "kg"    Ø = ..... "kg"          3.) ..... "kg"          HF: ....            Kraftbein vorne re / li / bd          objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>
<p>Belastungsgrenze wegen:</p>	<p>Belastungsgrenze wegen:</p>
<p align="center"><b>SCHIEBEN DYNAMISCH ( 9 m )</b></p> <p>Last: ...    RP: .... HF: ... EP: ... (..... Min)          objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>	<p align="center"><b>ZIEHEN DYNAMISCH ( 9 m )</b></p> <p>Last: ...    RP: .... HF: ... EP: ... (..... Min)          objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>
<p>Belastungsgrenze wegen:</p>	<p>Belastungsgrenze wegen:</p>



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TRAGEN VORNE BEIDE HÄNDE ( 15 M )

<p>1.) kg: ...      Z: ...              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>	<p>4.) kg: ...      Z: ....              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>
<p>2.) kg: ...      Z: ...              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>	<p>5.) kg: ...      Z: ...              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>
<p>3.) kg: ...      Z: ...              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>	<p>6.) kg: ...      Z: ...              <input type="checkbox"/> 1 <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max  RP: ..... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p>
<p>Belastungsgrenze wegen:</p>	



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5.)	kg: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....   subjektiv:	kg: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... MIN) objektiv: HM:..... GW:..... Sp:.....   subjektiv:
6.)	kg: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....   subjektiv:	kg: ... Z: ... <input type="checkbox"/> l <input type="checkbox"/> m <input type="checkbox"/> s <input type="checkbox"/> max RP: .... HF: ... EP: ... (..... Min) objektiv: HM:..... GW:..... Sp:.....   subjektiv:
	Belastungsgrenze wegen:	Belastungsgrenze wegen:

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<p style="text-align: center;"><b>ARBEIT ÜBER KOPF ( 5 MIN )</b></p> <p>Scheitelhöhe: ..... cm über Boden  Z: ...      RP: .... HF: ... EP: ... (..... MIN)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>	<p style="text-align: center;"><b>SITZEN VORGENEIGT ( 5 Min )</b></p> <p>Globale Flexion 30°  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>
<p style="text-align: center;"><b>STEHEN VORGENEIGT ( 5 Min )</b></p> <p>Globale Flexion 30°  Z: ...      RP: .... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>	<p style="text-align: center;"><b>ROTATION IM STEHEN / RECHTS ( 30 x )</b></p> <p>Rep: ...      RP: .... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>
<p style="text-align: center;"><b>ROTATION IM STEHEN / LINKS ( 30 X )</b></p> <p>REP: ...      RP: .... HF: ... EP: ... (..... MIN)  Z: ...      RP: .... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>	<p style="text-align: center;"><b>ROTATION IM SITZEN / RECHTS ( 30 x )</b></p> <p>Rep: ...      RP: .... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>
<p style="text-align: center;"><b>ROTATION IM SITZEN / LINKS ( 30 x )</b></p> <p>Rep: ...      RP: .... HF: ... EP: ... (..... Min)  objektiv: HM:..... GW:..... Sp:.....</p> <p style="text-align: right;">subjektiv:</p> <p>Belastungsgrenze wegen:</p>	

## 2. Testtag

### Vorher Wiederholung der Hebetests vom Vortag

#### KRIECHEN ( 9 M )

Distanz (m): ... RP: .... HF: ... EP: ... (..... MIN)

objektiv: HM:..... GW:..... Sp:.....

subjektiv:

Belastungsgrenze wegen:

#### KNIEN ( 5 MIN )

Z: ..... RP: .... HF: ... EP: ... (..... MIN)

objektiv: HM:..... GW:..... Sp:.....

subjektiv:

Belastungsgrenze wegen:

#### HOCKE ( 1 Min )

Z:..... RP: .... HF: ... EP: ... (..... Min)

objektiv: HM:..... GW:..... Sp:.....

subjektiv:

Belastungsgrenze wegen:

#### WIEDERHOLTE KNIEBEUGEN ( 20 X )

Wdh: ... RP: .... HF: ... EP: ... (..... MIN)

objektiv:

subjektiv:

Belastungsgrenze wegen:

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<p>HANDKOORDINATION LINKS</p> <p><input type="checkbox"/> DOMINANTE SEITE    <input type="checkbox"/> NICHT DOMINANTE SEITE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">1. Versuch</th> <th colspan="4">2. Versuch</th> <th rowspan="2">Ø</th> <th rowspan="2">Punkte</th> </tr> <tr> <th>16</th><th>32</th><th>48</th><th>64</th> <th>16</th><th>32</th><th>48</th><th>64</th> </tr> </thead> <tbody> <tr> <td>Roundblock:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Nuts &amp; Bolts:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Pegboard:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td colspan="10" style="text-align: right;">Punkte-Durchschnitt: = .....</td> </tr> </tbody> </table> <p>objektiv:</p> <p>subjektiv:</p>		1. Versuch				2. Versuch				Ø	Punkte	16	32	48	64	16	32	48	64	Roundblock:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Nuts & Bolts:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Pegboard:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Punkte-Durchschnitt: = .....										<p>HANDKOORDINATION LINKS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="4">1. Versuch</th> <th colspan="4">2. Versuch</th> <th rowspan="2">Ø</th> <th rowspan="2">Punkte</th> </tr> <tr> <th>16</th><th>32</th><th>48</th><th>64</th> <th>16</th><th>32</th><th>48</th><th>64</th> </tr> </thead> <tbody> <tr> <td>Roundblock:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Nuts &amp; Bolts:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>Pegboard:</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td><td>.....</td><td>.....</td><td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td colspan="10" style="text-align: right;">Punkte-Durchschnitt: = .....</td> </tr> </tbody> </table> <p>objektiv:</p> <p>subjektiv:</p>		1. Versuch				2. Versuch				Ø	Punkte	16	32	48	64	16	32	48	64	Roundblock:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Nuts & Bolts:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Pegboard:	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Punkte-Durchschnitt: = .....																																																																																																																																																
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**EFL Akademie**  
**EFL-Testprotokoll**

LÄNGERES SITZEN ( 30 Min ) 2. TAG

Z: ... RP: .... HF: ... EP: ... (..... Min)

objektiv:

subjektiv:

Sitzhilfe: .....

Belastungsgrenze wegen:

**EFL Akademie  
EFL-Testprotokoll**

<p style="text-align: center;"><b>GLEICHGEWICHT ( &lt; 6 FEHLER TOTAL = NORM )</b></p> <p>1. VORWÄRTS / RÜCKWÄRTS GEHEN      FEHLER: ..... / .....</p> <p>objektiv:</p> <p>subjektiv:</p> <p>2. VORWÄRTS / RÜCKWÄRTS FERSE-ZEHE FEHLER: ..... / .....</p> <p>objektiv:</p> <p>subjektiv:</p> <p>3. SEITWÄRTS RECHTS / LINKS      FEHLER:: ..... / .....</p> <p>objektiv:</p> <p>subjektiv:</p> <p style="text-align: right;">FEHLER TOTAL : .....</p> <p>Belastungsgrenze wegen:</p>	<p style="text-align: center;"><b>GEHEN ( 400 M )</b></p> <p>NORMALES GEHTEMPO 400 M</p> <p>Distanz (m): ...      Z: ...</p> <p>RP: .... HF: ... EP: ... (..... MIN)</p> <p>objektiv:</p> <p>subjektiv:</p> <p style="text-align: center;">-----</p> <p style="text-align: center;"><b>GEHEN ( 3 MIN, SO RASCH WIE MÖGLICH )</b></p> <p>Max. Gehstrecke ... m      <input type="checkbox"/> Hilfsmittel:</p> <p>objektiv:</p> <p>subjektiv:</p>
<p style="text-align: center;"><b>LEITER ( 40 x / 40 x )</b></p> <p>Wdh: ...      RP: .... HF: ... EP: ... (..... Min)</p> <p>objektiv:</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>	<p style="text-align: center;"><b>TREPPE ( 100 x / 100 x )</b></p> <p>Anzahl Stufen: ...      <input type="checkbox"/> wechselbeinig      <input type="checkbox"/> Handlaufbenützung</p> <p>Z: ...      RP: .... HF: ... EP: ... (..... Min)</p> <p>objektiv:</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>
<p style="text-align: center;"><b>LÄNGERES STEHEN ( 30 Min )</b></p> <p>Z: .....      RP: .... HF: ... EP: ... (..... Min)</p> <p>objektiv:</p> <p>subjektiv:</p> <p>Belastungsgrenze wegen:</p>	

**Zusatzblatt Handkraft** (Rückseite von Seite 16)



