Hip Labral Tears Test

Client Infor	mation									
Name:				Date of Birth:						
Gender:	Male	Female	Other:							
Address:										
Phone Num	oer:			Email:						
Date of Consultation:										
Normal LabrumNormal LabrumSector Labra TearSector L										
Description of the Patient's Condition										
Severity of	Pain									

Recommendatio	n		
Notes			