

Name: [claimant_name]

CASENBR: [case_id#]

Examiner: [case_owner_desk_name]

RANGE OF MOTION REPORT FORM(All range of motion measurements should be active motion.)

MOTION	NORMAL RANGE	PATIENT'S RANGE		ANKYLOSED AT (if applicable)	
		RIGHT	LEFT	RIGHT	LEFT
<u>CERVICAL SPINE</u>	0° - 50°				
Forward Flexion					
Extension	0° - 60°				
Lateral Flexion	0° - 45°				
Rotation	0° - 80°				
<u>LUMBAR SPINE</u>	0° - 90°				
Forward Flexion					
Extension	0° - 25°				
Lateral Flexion	0° - 25°				
<u>SHOULDER</u>	0° - 180°				
Flexion					
Extension	0° - 50°				
Abduction	0° - 170°				
Adduction	0° - 40°				
External Rotation	0° - 60°				
Internal Rotation	0° - 80°				
<u>ELBOW</u>	0° - 140°				
Flexion					
Extension	0°				
Pronation	0° - 80°				
Supination	0° - 80°				

<u>WRIST</u>		0° - 60°				
	Dorsiflexion					
	Palmar Flexion	0° - 60°				
	Ulnar Deviation	0° - 30°				
	Radial Deviation	0° - 20°				
<u>HAND</u>						
THUMB	Adduction CMC joint	≤ 2cm				
	Abduction CMC joint	0° - 50°				
	Flexion MCP joint	0° - 60°				
	Flexion IP joint	0° - 80°				
INDEX	Flexion MCP joint	0° - 90°				
	Flexion PIP joint	0° - 100°				
	Flexion DIP joint	0° - 70°				
MIDDLE	Flexion MCP joint	0° - 90°				
	Flexion PIP joint	0° - 100°				
	Flexion DIP joint	0° - 70°				
RING	Flexion MCP joint	0° - 90°				
	Flexion PIP joint	0° - 100°				
	Flexion DIP joint	0° - 70°				
LITTLE	Flexion MCP joint	0° - 90°				
	Flexion PIP joint	0° - 100°				
	Flexion DIP joint	0° - 70°				
<u>HIP</u>		0° - 100°				
	Flexion					

Extension	0° - 10°				
Abduction	0° - 25°				
Adduction	0° - 15°				
Internal Rotation	0° - 20°				
External Rotation	0° - 30°				
<u>KNEE</u>	0° - 110°				
Flexion					
Extension	0° - 5°				
<u>ANKLE</u>	0° - 10°				
Dorsiflexion					
Plantar Flexion	0° - 20°				
Inversion	0° - 30°				
Eversion	0° - 15°				

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<u>HALLUX</u>	0° - 30°				
Dorsiflexion MTP joint					
Plantar flexion MTP joint	0° - 30°				
Flexion IP Joint	0° - 20°				

DESCRIBE STRAIGHT LEG RAISING: (supine and seated)

DESCRIBE GAIT AND STATION: If an assistive device is used for ambulation, comment on its medical necessity and the patient's ability to walk without it.

DESCRIBE DEXTERITY: Include observation of ability to pinch, grasp and manipulate small and large objects. Please comment on the presence of any deformities or contractures of the hands. Is claimant able to make a fully closed fist? Can the fingers be opposed?

Grip Strength (0-5/5): Left: 0 1 2 3 4 5 **Right:** 0 1 2 3 4 5

EFFORT ON EXAM: GOOD ____ FAIR ____ POOR ____

SIGNATURE

DATE