

Name: [claimant_name]	CASENBR: [case_id#]	Examiner: [case_owner_desk_name]
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## 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
<b><u>CERVICAL SPINE</u></b>					
Forward Flexion	0° - 50°				
Extension	0° - 60°				
Lateral Flexion	0° - 45°				
Rotation	0° - 80°				
<b><u>LUMBAR SPINE</u></b>					
Forward Flexion	0° - 90°				
Extension	0° - 25°				
Lateral Flexion	0° - 25°				
<b><u>SHOULDER</u></b>					
Flexion	0° - 180°				
Extension	0° - 50°				
Abduction	0° - 170°				
Adduction	0° - 40°				
External Rotation	0° - 60°				
Internal Rotation	0° - 80°				
<b><u>ELBOW</u></b>					
Flexion	0° - 140°				
Extension	0°				
Pronation	0° - 80°				
Supination	0° - 80°				

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

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

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

**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 \_\_\_\_

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**SIGNATURE**

\_\_\_\_\_  
**DATE**