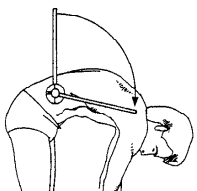

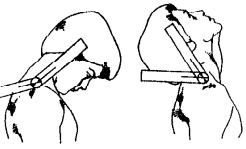
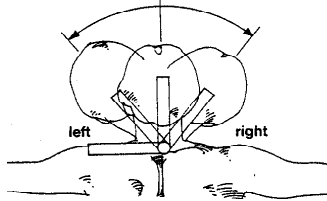

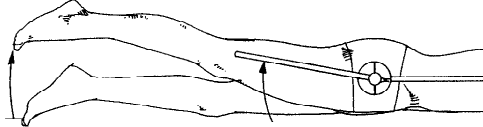
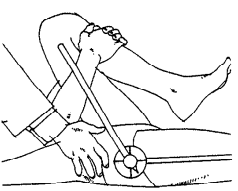
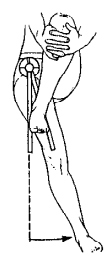
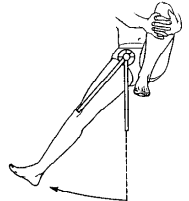
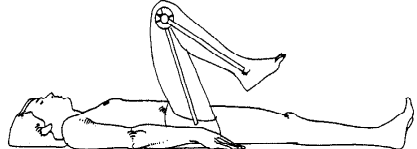


Range of Joint Motion Evaluation Chart

NAME OF PATIENT	CLIENT IDENTIFICATION NUMBER
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INSTRUCTIONS: For each affected joint, please indicate the existing limitation of motion by drawing a line(s) on the figures below, showing the maximum possible range of motion or by notating the chart in degrees. Provide a complete description of all affected joints in your narrative summary. If range of motion was normal for all joints, please comment in your narrative summary. If joints which do not appear on this chart are affected, please indicate the degree of limited motion in your narrative.

1. Back		2. Lateral (flexion)		
	Extension 25°	Flexion 90°		
	Degrees	Degrees		Left 25°
		Right 25°		
		Degrees		
3. Neck		4. Neck (lateral bending)		
	Extension 60°	Flexion 50°		
	Degrees	Degrees		Left 45°
		Right 45°		
		Degrees		
5. Neck (rotation)		6. Hip (backward extension)		
	Left 80°	Right 80°		
	Degrees	Degrees		Left 30°
		Right 30°		
		Degrees		
7. Hip (flexion)		8. Hip (adduction)		
	Left			
	Knee Flexed 100°	Knee Extended 100°		Left 20°
	Degrees	Degrees		Degrees
	Right			
Knee Flexed 100°	Knee Extended 100°	Right 20°		
Degrees	Degrees	Degrees		
9. Hip (abduction)		10. Knee (flexion)		
	Left 40°	Right 40°		
	Degrees	Degrees		Left 150°
		Right 150°		
		Degrees		

11. Shoulder (Abduction – Adduction)		12. Shoulder (Flexion – Extension)			
	Left			Left	
	Abduction 150°	Adduction 30°		Extension 50°	Flexion 150°
	Degrees	Degrees		Degrees	Degrees
	Right			Right	
Abduction 150°	Adduction 30°	Extension 50°	Flexion 150°	Degrees	Degrees
Degrees	Degrees	Degrees	Degrees	Degrees	Degrees
13. Elbow		14. Forearm (Pronation – Supination)			
	Left			Left	
	Extension 0°	Flexion 150°		Pronation 80°	Supination 80°
	Degrees	Degrees		Degrees	Degrees
	Right			Right	
Extension 0°	Flexion 150°	Pronation 80°	Supination 80°	Degrees	Degrees
Degrees	Degrees	Degrees	Degrees	Degrees	Degrees
15. Ankle		16. Ankle (Flexion – Extension)			
	Left			Left	
	Inversion 30°	Eversion 20°		Plantar 40°	Dorsal 20°
	Degrees	Degrees		Degrees	Degrees
	Right			Right	
Inversion 30°	Eversion 20°	Plantar 40°	Dorsal 20°	Degrees	Degrees
Degrees	Degrees	Degrees	Degrees	Degrees	Degrees
17. Wrist (radial, ulnar)		18. Wrist			
	Left			Left	
	Radial 20°	Ulnar 30°		Extension 60°	Flexion 60°
	Degrees	Degrees		Degrees	Degrees
	Right			Right	
Radial 20°	Ulnar 30°	Extension 60°	Flexion 60°	Degrees	Degrees
Degrees	Degrees	Degrees	Degrees	Degrees	Degrees
19. Thumb (MP Joint)		20. Thumb (IP Joint)			
	Left	Right		Left	Right
	Flexion 60°	Flexion 60°		Flexion 80°	Flexion 80°
	Degrees	Degrees		Degrees	Degrees
DATE OF EXAMINATION	EXAMINING PHYSICIAN'S SIGNATURE		DATE OF REPORT		