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|  | **Range of Joint Motion Evaluation Chart** | | | | | | |
| NAME OF PATIENT | | | | | CLIENT IDENTIFICATION NUMBER | | |
| 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** | | | | 1. **Lateral (flexion)** | | | |
|  | | Extension 25O | Flexion 90O |  | | Left 25O | Right 25O |
| Degrees | Degrees | Degrees | Degrees |
|  | |  | |
| 1. **Neck** | | | | 1. **Neck (lateral bending)** | | | |
|  | | Extension 60O | Flexion 50O |  | | Left 45O | Right 45O |
| Degrees | Degrees | Degrees | Degrees |
|  | |  | |
| 1. **Neck (rotation)** | | | | 1. **Hip (backward extension)** | | | |
|  | | Left 80O | Right 80O |  | | Left 30O | Right 30O |
| Degrees | Degrees | Degrees | Degrees |
|  | |  | | | |
| 1. **Hip (flexion)** | | | | 1. **Hip (adduction)** | | | |
|  | | Left | |  | | Left 20O | Right 20O |
| Knee Flexed 100O | Knee Extended 100O | Degrees | Degrees |
| Degrees | Degrees |
| Right | |
| Knee Flexed 100O | Knee Extended 100O |  | |
| Degrees | Degrees |
| 1. **Hip (abduction)** | | | | 1. **Knee (flexion)** | | | |
|  | | Left 40O | Right 40O |  | | Left 150O | Right 150O |
| Degrees | Degrees | Degrees | Degrees |
|  | |  | | | |

|  |  |  |  |  |  |
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| 1. **Shoulder (Abduction – Adduction)** | | | 1. **Shoulder (Flexion – Extension)** | | |
|  | Left | |  | Left | |
| Abduction 150O | Adduction 30O | Extension 50O | Flexion 150O |
| Degrees | Degrees | Degrees | Degrees |
| Right | | Right | |
| Abduction 150O | Adduction 30O | Extension 50O | Flexion 150O |
| Degrees | Degrees | Degrees | Degrees |
| 1. **Elbow** | | | 1. **Forearm (Pronation – Supination)** | | |
|  | Left | |  | Left | |
| Extension 0O | Flexion 150O | Pronation 80O | Supination 80O |
| Degrees | Degrees | Degrees | Degrees |
| Right | | Right | |
| Extension 0O | Flexion 150O | Pronation 80O | Supination 80O |
| Degrees | Degrees | Degrees | Degrees |
| 1. **Ankle** | | | 1. **Ankle (Flexion – Extension)** | | |
|  | Left | |  | Left | |
| Inversion 30O | Eversion 20O | Plantar 40O | Dorsal 20O |
| Degrees | Degrees | Degrees | Degrees |
| Right | | Right | |
| Inversion 30O | Eversion 20O | Plantar 40O | Dorsal 20O |
| Degrees | Degrees | Degrees | Degrees |
| 1. **Wrist (radial, ulnar)** | | | 1. **Wrist** | | |
|  | Left | |  | Left | |
| Radial 20O | Ulnar 30O | Extension 60O | Flexion 60O |
| Degrees | Degrees | Degrees | Degrees |
| Right | | Right | |
| Radial 20O | Ulnar 30O | Extension 60O | Flexion 60O |
| Degrees | Degrees | Degrees | Degrees |
| 1. **Thumb (MP Joint)** | | | 1. **Thumb (IP Joint)** | | |
|  | Left | Right |  | Left | Right |
| Flexion 60O | Flexion 60O | Flexion 80O | Flexion 80O |
| Degrees | Degrees | Degrees | Degrees |
|  | |  | |
| DATE OF EXAMINATION | EXAMINING PHYSICIAN’S SIGNATURE | | | DATE OF REPORT | |