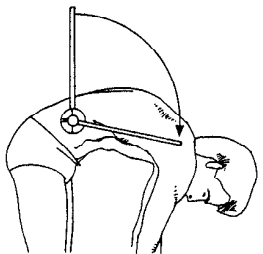
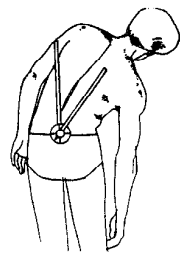
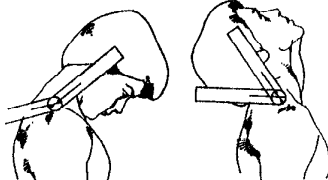
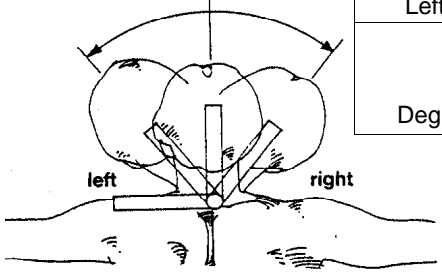
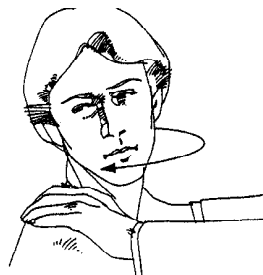
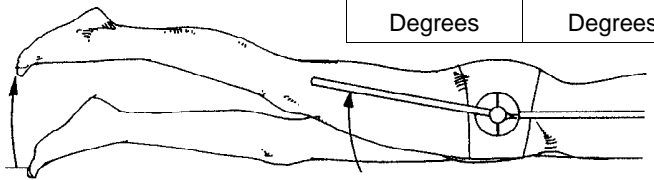
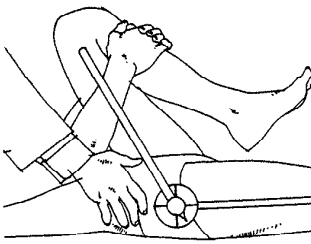
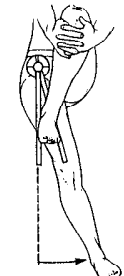
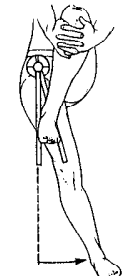
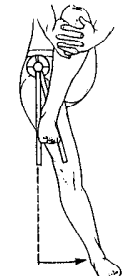
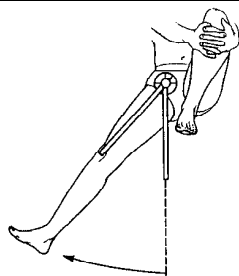
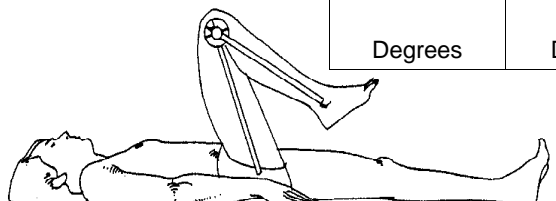


# ROM Evaluation Chart

NAME OF PATIENT	DATE OF BIRTH
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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.

<b>1. Back</b>		<b>2. Lateral (flexion)</b>	
	Extension 25°	Flexion 90°	
	Degrees	Degrees	
<b>3. Neck</b>		<b>4. Neck (lateral bending)</b>	
	Extension 60°	Flexion 50°	
	Degrees	Degrees	
<b>5. Neck (rotation)</b>		<b>6. Hip (backward extension)</b>	
	Left 80°	Right 80°	
	Degrees	Degrees	
<b>7. Hip (flexion)</b>		<b>8. Hip (adduction)</b>	
	Left		
	Knee Flexed 100°	Knee Extended 100°	
	Degrees	Degrees	
	Right		
Knee Flexed 100°	Knee Extended 100°		
Degrees	Degrees		
<b>9. Hip (abduction)</b>		<b>10. Knee (flexion)</b>	
	Left 40°	Right 40°	
	Degrees	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		
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		
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		
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		
19. Thumb (MP Joint)			20. Thumb (IP Joint)		
	Left	Right	Left		
	Flexion 60°	Flexion 60°	Flexion 80°	Flexion 80°	
	Degrees	Degrees	Degrees	Degrees	

DATE OF EXAMINATION	EXAMINING PHYSICIAN'S SIGNATURE	PRINT PHYSICIAN'S NAME
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