

# RANGE OF MOTION ASSESSMENT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Equipment: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_

## NECK:

<b>Flexion:</b> Limited ROM	Pain	<b>Extension:</b> Limited ROM	Pain
<b>Right Lateral Flexion:</b> Limited ROM	Pain	<b>Left Lateral Flexion:</b> Limited ROM	Pain
<b>Right Lateral Rotation:</b> Limited ROM	Pain	<b>Left Lateral Rotation:</b> Limited ROM	Pain

## SPINE:

<b>Flexion:</b> Limited ROM	Pain	<b>Extension:</b> Limited ROM	Pain
<b>Right Lateral Flexion:</b> Limited ROM	Pain	<b>Left Lateral Flexion:</b> Limited ROM	Pain
<b>Right Rotation:</b> Limited ROM	Pain	<b>Left Rotation:</b> Limited ROM	Pain

## SHOULDERS:

<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
<b>Right ER:</b> Limited ROM	Pain	<b>Left ER:</b> Limited ROM	Pain
<b>Right IR:</b> Limited ROM	Pain	<b>Left IR:</b> Limited ROM	Pain
<b>Right Abduction:</b> Limited ROM	Pain	<b>Left Abduction:</b> Limited ROM	Pain

## ELBOWS:

<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
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## FOREARM/WRIST:

<b>Right Supination:</b> Limited ROM	Pain	<b>Left Supination:</b> Limited ROM	Pain
<b>Right Pronation:</b> Limited ROM	Pain	<b>Left Pronation:</b> Limited ROM	Pain
<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
<b>Right Deviation:</b> Limited ROM	Pain	<b>Left Deviation:</b> Limited ROM	Pain

## FINGERS:

<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
<b>Right Extension:</b> Limited ROM	Pain	<b>Left Extension:</b> Limited ROM	Pain

## HIP:

<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
<b>Right Extension:</b> Limited ROM	Pain	<b>Left Extension:</b> Limited ROM	Pain
<b>Right Abduction:</b> Limited ROM	Pain	<b>Left Abduction:</b> Limited ROM	Pain
<b>Right Adduction:</b> Limited ROM	Pain	<b>Left Adduction:</b> Limited ROM	Pain

## KNEE:

<b>Right Flexion:</b> Limited ROM	Pain	<b>Left Flexion:</b> Limited ROM	Pain
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## ANKLE:

<b>Right Plantar Flexion:</b> Limited ROM	Pain	<b>Left Plantar Flexion:</b> Limited ROM	Pain
<b>Right Dorsiflexion:</b> Limited ROM	Pain	<b>Left Dorsiflexion:</b> Limited ROM	Pain
<b>Right Inversion:</b> Limited ROM	Pain	<b>Left Inversion:</b> Limited ROM	Pain
<b>Right Eversion:</b> Limited ROM	Pain	<b>Left Eversion:</b> Limited ROM	Pain