

# RANGE OF MOTION

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

## INSTRUCTIONS: TO BE COMPLETED BY HEALTH CARE PROVIDER

### CERVICAL SPINE

\_\_\_\_\_ Flexion  
\_\_\_\_\_ Extension  
\_\_\_\_\_ Right Lateral Flexion  
\_\_\_\_\_ Left Lateral Flexion  
\_\_\_\_\_ Right Rotation  
\_\_\_\_\_ Left Rotation

### THORACIC SPINE

\_\_\_\_\_ Flexion  
\_\_\_\_\_ Extension  
\_\_\_\_\_ Right Rotation  
\_\_\_\_\_ Left Rotation

### LUMBOSACRAL SPINE

\_\_\_\_\_ Flexion  
\_\_\_\_\_ Extension  
\_\_\_\_\_ Right Lateral Flexion  
\_\_\_\_\_ Left Lateral Flexion

### SHOULDER

_____ L	Flexion	R _____
_____ L	Extension	R _____
_____ L	ABduction	R _____
_____ L	ADduction	R _____
_____ L	Internal Rotation	R _____
_____ L	External Rotation	R _____

### ELBOW

_____ L	Flexion	R _____
_____ L	Extension	R _____
_____ L	Pronation	R _____
_____ L	Supination	R _____

### WRIST

_____ L	Flexion	R _____
_____ L	Extension	R _____
_____ L	ABduction	R _____
_____ L	ADduction	R _____
_____ L	Pronation	R _____
_____ L	Supination	R _____

### HIP

_____ L	Flexion	R _____
_____ L	Extension	R _____
_____ L	ABduction	R _____
_____ L	ADduction	R _____
_____ L	Internal Rotation	R _____
_____ L	External Rotation	R _____

### KNEE

_____ L	Flexion	R _____
_____ L	Extension	R _____
_____ L	Internal Rotation	R _____
_____ L	External Rotation	R _____

### ANKLE

_____ L	Dorsi-Flexion	R _____
_____ L	Plantar-Flexion	R _____
_____ L	Inversion	R _____
_____ L	Eversion	R _____