



INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

Range of Motion (ROM) loss is evaluated by measuring **active** ROM with the aid of a measuring device (e.g. goniometer or inclinometer) according to standardized position and technique. Using the following procedure, record the following measurements on the form provided below:

- After adequate warm-up, record **three** trials to the nearest 5° and take the average of the three with evidence of maximal effort. If there is any question of whether adequate effort is provided, please indicate this **on the report**;
- Record both sides of the body to allow for comparison of the affected side to the non-affected side. Please indicate if the non-affected side has any obvious pathology present.¹

Which hand is the affected joint on? Left Right

Movement (in degrees)	Affected Thumb				Unaffected Thumb			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Flexion IP Joint								
Flexion MCP Joint								
Radial Abduction								
Adduction to 5 th digit in cm								
Opposition to 3 rd finger in cm								

Questions:

1. Has the client provided maximum and consistent effort? Yes No

If no, note any contributing factors (e.g. recent new event, flare up, swelling)

2. Has the client reached maximum recovery? Yes No

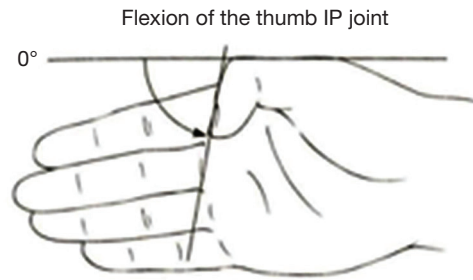
3. Have you treated this client before? Yes No

4. If yes, are today's measurements consistent with previous ones? Yes No

¹ If both sides are injured in the accident OR if the non-affected side had a pre-existing pathology, provide ROM measurements for both sides.

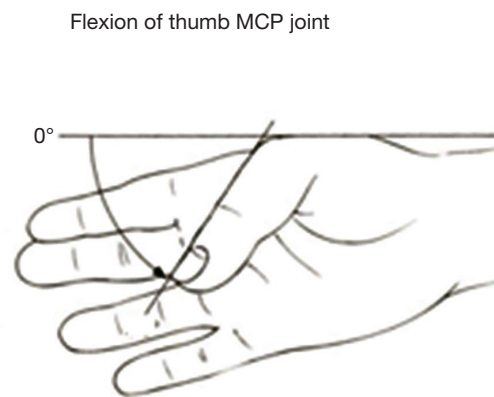
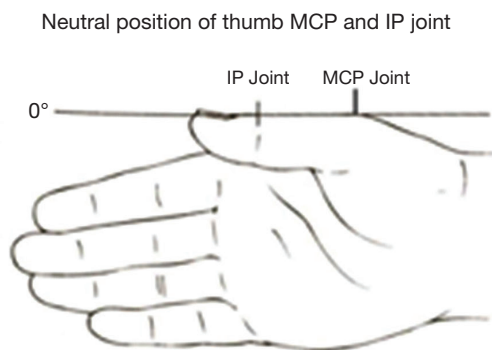
A) How to measure thumb IP joint flexion:

1. The client is sitting with the elbow flexed to 90° and the forearm in midposition. The forearm and hand are supported on the table with the wrist in its neutral position.
2. The goniometer pivot is placed over the dorsal aspect of the IP joint, the stationary arm is centered on the shaft of the bone proximal to the IP joint, and the movement arm is centered on the shaft of the bone distal to the IP joint.



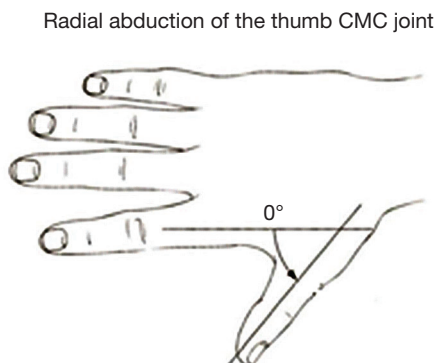
B) How to measure metacarpophalangeal (MCP) joint flexion:

1. Client is sitting with the elbow flexed to 90° and the forearm in midposition. The forearm and hand are supported on the table with the wrist in a neutral position.
2. The goniometer pivot is centered at the dorsal aspect of the MCP joint, the stationary arm is aligned on the dorsal midline of the 1st metacarpal, and the movement arm is aligned on the dorsal midline of the proximal phalanx of thumb.
3. Flexion occurs in the frontal plane.



C) How to measure carpometacarpal joint radial abduction:

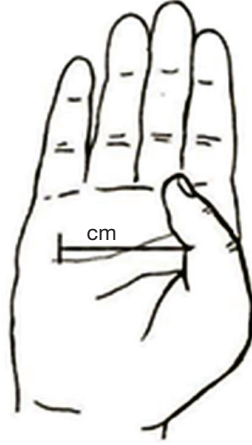
1. Client is seated with the forearm pronated and the palm is flat on the table.
2. The goniometer pivot is centered at the dorsal aspect of the CMC joint where the bases of the 1st and 2nd metacarpal meet, the stationary arm is aligned parallel to the shaft of the 2nd metacarpal, and the movement arm is aligned parallel to the shaft of the 1st metacarpal.



D) How to measure thumb adduction:

1. Client is seated with forearm supinated and the hand and wrist are in a neutral position, supported by the table.
2. Adduction is the difference in centimetres from the crease of the thumb IP joint to the palmar crease of the metacarpophalangeal joint of the little finger. Adduction to 0 cm gives 0% impairment; 8 cm of adduction *lack* results in 100% impairment.

Adduction of Thumb



E) How to measure opposition of thumb:

1. Client is seated with forearm supinated and the hand and wrist are in a neutral position, supported by the table.
2. Opposition is the largest distance (cm) from the palmar crease of the third finger to the thumb IP joint crease.

HEALTHCARE PROVIDER SIGNATURE

DATE

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.