



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 elbow joint is affected? Left Right

Movement (in degrees)	Affected Elbow				Unaffected Elbow			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Flexion								
Extension								
Pronation								
Supination								

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

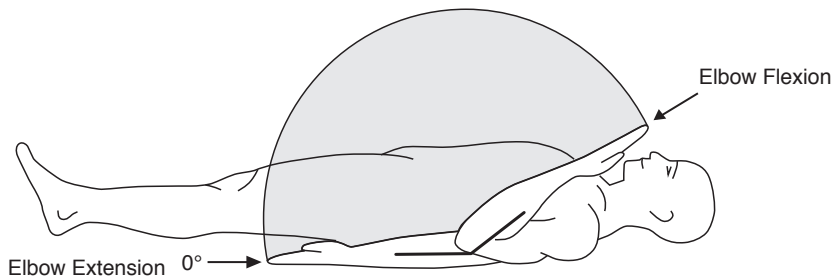
3. Have you treated this client before? Yes No

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.

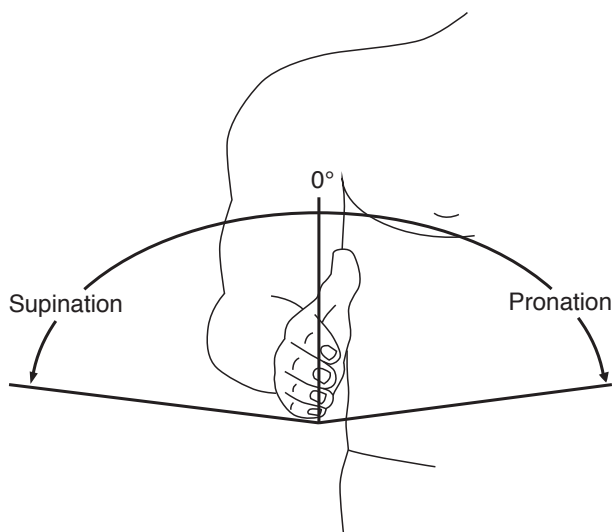
A) How to measure elbow flexion/extension:

1. Client is supine with the humerus close to the body with the forearm supinated. A bolster is placed under the elbow.
2. The goniometer pivot is aligned over the center of the lateral epicondyle, the stationary arm is aligned with the long axis of the humerus using the acromion process as the proximal landmark, and the movement arm is aligned with the long axis of the radius using the styloid process as the distal landmark.



B) How to measure supination/pronation:

1. The client is sitting with the humerus held against the body with the elbow flexed to 90°.
2. The goniometer pivot is aligned lateral to the ulnar styloid process and the stationary arm is aligned parallel to the midline of the humerus.
3. For supination, the movement arm is placed across the dorsal side of the forearm, proximal to the radiocarpal joint.
4. For pronation, the movement arm is placed across the ventral side of the forearm, proximal to the radiocarpal joint.



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.