



**Range of Motion Loss —  
KNEE**

**Return To** ICBC  
PO BOX 2121, STN TERMINAL  
VANCOUVER BC V6B 0L6

**Fax** 1-877-686-4222



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.<sup>1</sup>

**Which knee joint is affected?**     Left     Right

Movement (in degrees)	Affected Knee				Unaffected Knee			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
<b>Extension</b>								
<b>Flexion</b>								

**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)

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2. Has the client reached maximum recovery?     Yes     No

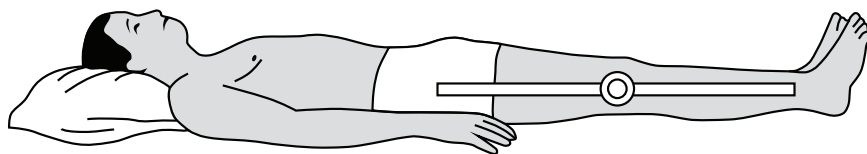
3. Have you treated this client before?     Yes     No

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

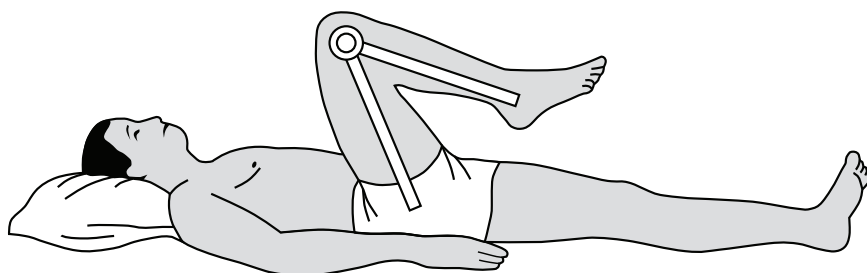
<sup>1</sup> If both sides are injured in the accident OR if the non-affected side had a pre-existing pathology, provide ROM measurements for both sides.

**A) How to measure knee extension/flexion:**

1. Client is supine.
2. The goniometer pivot is centered over the lateral femoral epicondyle, the stationary arm is centered over the midline of the femur aligned with the greater trochanter, and the movement arm is centered over the midline of the fibula aligned with the lateral malleolus. Any deviation from 0° is recorded.



3. The client should exert maximum effort to flex/extend the knee, and the angle subtended by the maximum arc of motion is recorded.



\_\_\_\_\_  
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.