



**Range of Motion Loss —  
SHOULDER**

**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 shoulder joint is affected?**       Left       Right

Movement (in degrees)	Affected Shoulder				Unaffected Shoulder			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Abduction								
Adduction								
Flexion								
Extension								
External								
Internal								

**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

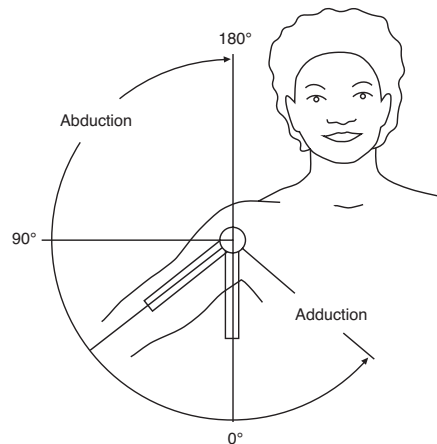
3. Have you treated this client before?       Yes       No

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.

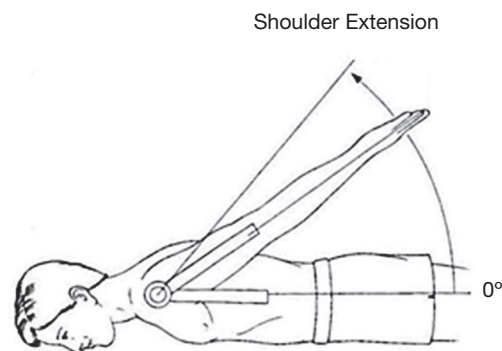
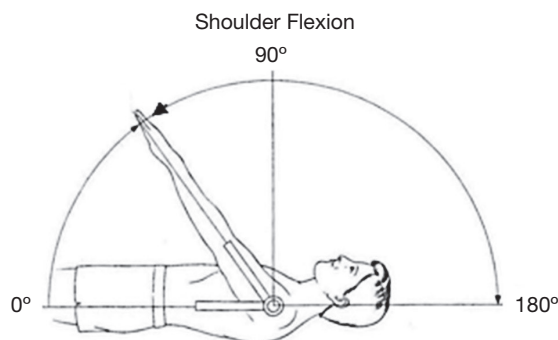
### A) How to measure shoulder abduction/adduction:

1. Client is supine or sitting.
2. The goniometer pivot is placed anterior to the acromion process, the stationary arm is aligned parallel to the long axis of the torso, and the movement arm is aligned on the midline of the anterior humerus.



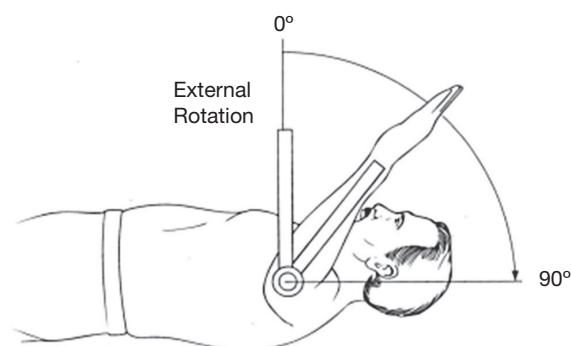
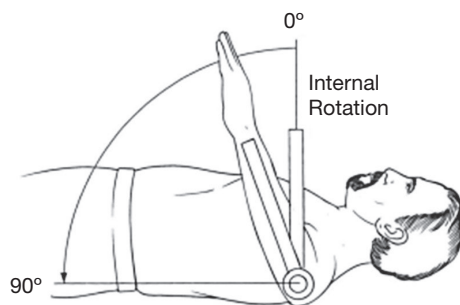
### B) How to measure shoulder flexion/extension:

1. Client is supine for flexion and prone for extension.
2. For both measures, the goniometer pivot is aligned lateral to the acromion process, the stationary arm is aligned parallel to the long axis of the torso, and the movement arm is aligned on the midline of the lateral humerus.



### C) How to measure internal/external rotation:

1. Client is supine with shoulder abducted to 90°, the elbow flexed at 90°, and the palm facing the feet.
2. The goniometer pivot is centered lateral to the olecranon process, the stationary arm is aligned perpendicular to the floor, and the movement arm is aligned on the long axis of the ulna.



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.