

# Knee Range of Motion Chart

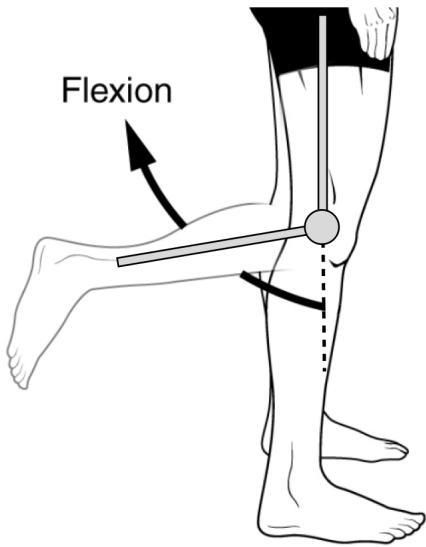
Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Medical History (if needed):

Referring Physician's Name: \_\_\_\_\_



Left (150°)	Right (150°)

Notes (Result Interpretation, Next Steps, etc.):