

# Range Of Motion Assessment

## Patient Information

Full Name	
Date of Birth	
Address	
Contact Number	
Emergency Contact	
Referring Physician	
Insurance Details	

## Medical History

Known Conditions:

Previous Surgeries:

Current Medications:

Known Allergies:

Previous physical therapy treatments:

## Related Questions

Any recent injuries?:

Pain during movement?:

Any stiffness noticed?:

Previous physiotherapy?:

Areas of numbness or tingling?:

Restrictions in daily activities due to pain or stiffness?:

Have you noticed any swelling?:

Any history of joint dislocations or fractures?:

# Tests & Findings

Joint/Area	Active ROM (degrees)	Passive ROM (degrees)	Notes
Neck Flexion			
Neck Extension			
Shoulder Flexion			
Shoulder Abduction			
Elbow Flexion			
Wrist Flexion			
Wrist Extension			
Hip Flexion			
Hip Abduction			
Knee Flexion			
Ankle Dorsiflexion			
Ankle Plantarflexion			

## Interpretation

Specific Findings:

Recommendations:

## Overall Interpretation

Summary:

Next Steps: