Alberta

Range of Motion Assessment: Ankle (CF-ROM-1)

For accidents that occur on or after **January 1, 2027**

Part 1. Claimant Information

Last Name	First Name	Middle Name(s)

Mailing Address	City or Town

Province	Country	Postal Code	Email Address

Telephone Number	Date of Birth *(dd-mm-yyyy)*	Date of Accident *(dd-mm-yyyy)*

Policy Number (if known)	Claim Number (if known)

Insurance Company

Part 2. Health Care Practitioner Information

Full Name of Health Care Practitioner

Profession

Professional License Number, Registration Number, Association Membership Number as applicable

Mailing Address

City	Province	Country	Postal Code

Clinic Name	Administrative Contact's Full Name

Telephone Number	Fax Number

Email	Preferred Contact Method
	☐ Phone ☐ Email

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, regardless of whether one or both sides are injured or if a non-affected side had a pre-existing pathology. Please indicate if either side has any obvious pathology present that is unrelated to the accident.

Which joint(s) is affected?

[X] Ankle [ ] Wrist [ ] Toes [ ] Fingers [ ] Thumb [ ] Shoulder [ ] Hip [ ] Knee [ ] Elbow

Range of Motion Loss — Ankle

Which ankle joint is affected?

[ ] Left [ ] Right

Movement (in degrees)	Affected Ankle				Unaffected Ankle			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Plantar Flexion								
Dorsiflexion								
Inversion								
Eversion								
Notes								

Questions

Has the claimant's injury become static or stabilized?

[ ] Yes, the impairment unlikely to change significantly with further therapy [ ] No

If no, please note any factors contributing to the injury's ongoing instability

Have you treated this claimant before?

[ ] Yes [ ] No

If yes, are today's measurements consistent with previous ones?

[ ] Yes [ ] No

If no, please specify

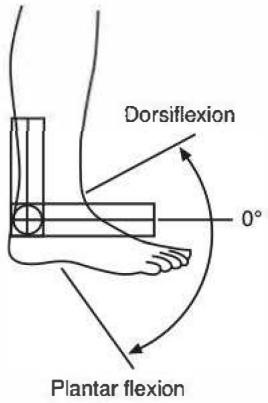
Part 4. Health Care Practitioner Signature

I certify that the information provided is true and correct to the best of my knowledge.

Full Name of Health Care Practitioner (Please Print)	Date Report Completed and Signed (DD/MM/YYY)	Signature

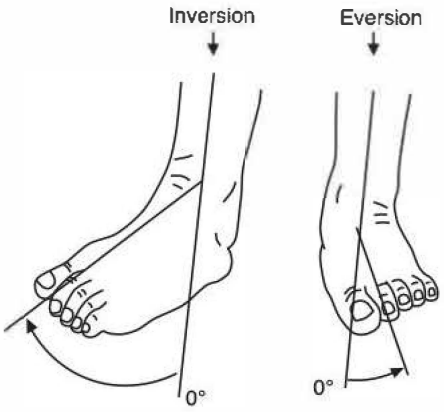
A) How to measure plantar flexion/dorsiflexion:

1. The claimant is sitting with leg unsupported and the knee flexed to 90°.
2. The goniometer's pivot is centred over the lateral malleolus, the stationary arm is aligned with the long axis of the fibula, and the movement arm is aligned parallel with the bottom of the foot.
3. Measurements are relative to ankle at 90°.



B) How to measure inversion/eversion:

1. The claimant is seated with leg unsupported and the knee flexed to 90°.
2. The goniometer pivot is placed at the midpoint between the malleoli, the stationary arm is aligned with the midline of the tibia, and the movement arm is aligned with the midline of the second metatarsal.



Notice for Statutory Authority to Collect and Disclose Personal Information
The *Automobile Insurance Act* authorizes the collection and disclosure of the personal information required by this document.

Please consult your privacy officer, legal counsel, or the Office of the Information and Privacy Commissioner of Alberta regarding any questions about your obligations under applicable privacy legislation.