

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?

☐ Ankle
 ☐ Wrist
 ☐ Toes
 ☐ Fingers
 ☒ Thumb
 ☐ Shoulder
 ☐ Hip
 ☐ Knee
 ☐ Elbow

Range of Motion Loss — Thumb

Which hand is the affected joint on? **When clicking left and right, the table will expand to accommodate the assessment.*

☐ Left thumb
 ☐ Right thumb

Movement (in degrees)	Affected Thumb				Unaffected Thumb			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Flexion IP Joint								
Flexion MCP Joint								
Radial Abduction								
Adduction to little finger in cm								
Opposition to middle finger in cm								
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

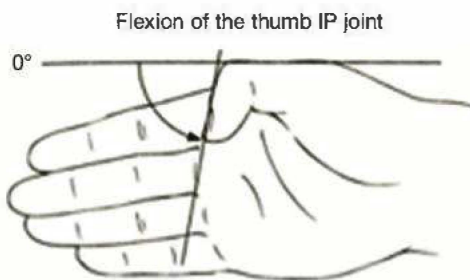
Part 4. Health Care Practitioner Signature

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 (dd-mm-yyyy)
 Signature

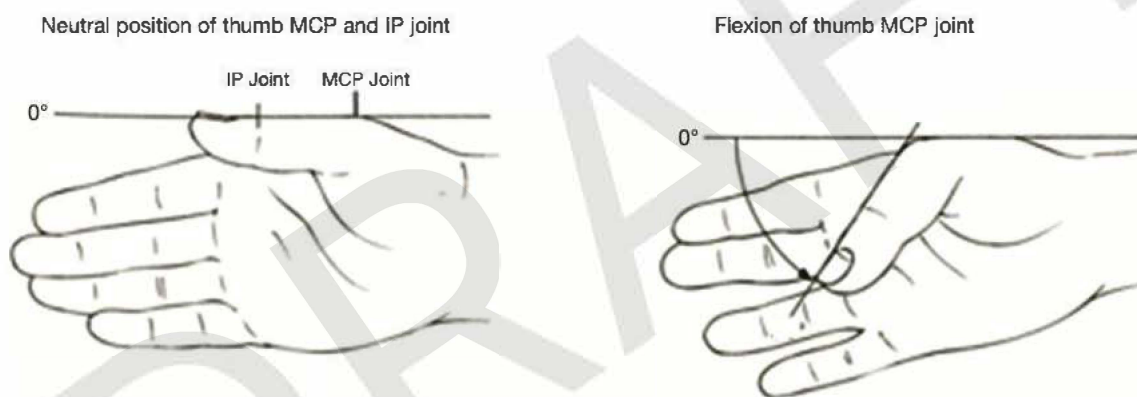
A) How to measure thumb IP joint flexion:

1. The claimant is sitting with the elbow flexed to 90° and the forearm in midposition. The forearm and hand are supported on the table with the wrist in its neutral position.
2. The goniometer pivot is placed over the dorsal aspect of the IP joint, the stationary arm is centered on the shaft of the bone proximal to the IP joint, and the movement arm is centered on the shaft of the bone distal to the IP joint.



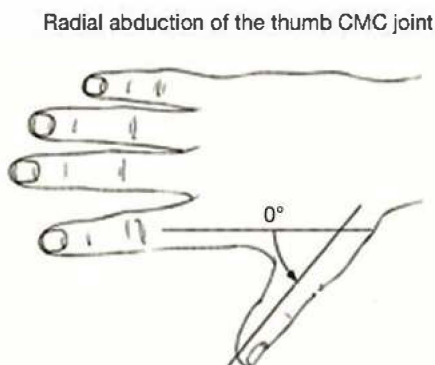
B) How to measure metacarpophalangeal (MCP) joint flexion:

1. Claimant is sitting with the elbow flexed to 90° and the forearm in midposition. The forearm and hand are supported on the table with the wrist in a neutral position.
2. The goniometer pivot is centered at the dorsal aspect of the MCP joint, the stationary arm is aligned on the dorsal midline of the 1st metacarpal, and the movement arm is aligned on the dorsal midline of the proximal phalanx of thumb.
3. Flexion occurs in the frontal plane.



C) How to measure carpometacarpal joint radial abduction:

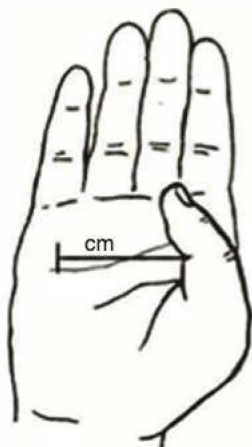
1. Client is seated with the forearm pronated and the palm is flat on the table.
2. The goniometer pivot is centered at the dorsal aspect of the CMC joint where the bases of the 1st and 2nd metacarpal meet, the stationary arm is aligned parallel to the shaft of the 2nd metacarpal, and the movement arm is aligned parallel to the shaft of the 1st metacarpal.



D) How to measure thumb adduction:

1. Claimant is seated with forearm supinated and the hand and wrist are in a neutral position, supported by the table.
2. Adduction is the difference in centimetres from the crease of the thumb IP joint to the palmar crease of the metacarpophalangeal joint of the little finger. Adduction to 0 cm gives 0% impairment; 8 cm of adduction *lack* results in 100% impairment.

Adduction of Thumb



E) How to measure opposition of thumb:

1. Claimant is seated with forearm supinated and the hand and wrist are in a neutral position, supported by the table.
2. Opposition is the largest distance (cm) from the palmar crease of the third finger to the thumb IP joint crease.