

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 — Hip

Which hip joint is affected?

☐ Left
 ☐ Right
 **When clicking left and right, the table will expand to accommodate the assessment.*

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

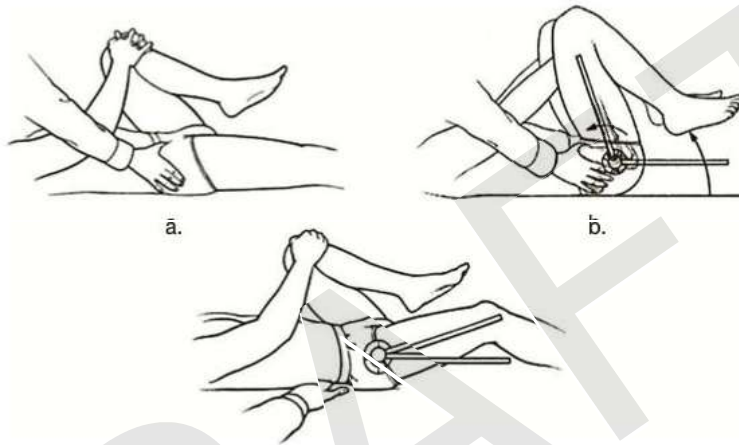
Date (dd-mm-yyyy)

Signature

This form is provided pursuant to section 58 of the *Automobile Insurance Act*, which requires an assessing or treating health care practitioner, upon request, to provide information reasonably required by the insurer related to the claimant's bodily injury for the administration of the claim.

A) How to measure hip flexion:

1. Goniometer is placed at the right hip, and the pelvis is locked in the neutral position by flexing the left hip until the lumbar spine is flat.
2. The client flexes the right hip until the anterior superior iliac spine begins to move, then the angle is recorded.
3. To measure loss of extension of the right hip, the left hip is flexed until the lumbar spine is flat on the examining table, as determined by the examiner's hand, which is placed between the lumbar spine and table surface. The right thigh should rest flat on the table; any right hip flexion is recorded as a flexion contracture.



B) How to measure hip extension:

1. The client is in a prone position.
2. The goniometer pivot is aligned over the greater trochanter, the stationary arm is aligned over the midline of the pelvis, and the movement arm is aligned over the long axis of the femur using the lateral epicondyle as the distal reference point.
3. Stabilize the pelvis to avoid trunk extension. This may require help from someone.

