

RANGE OF MOTION AND STRENGTH ASSESSMENT Not Indicated

	Strength	ROM	Limitations in strength and/or range of motion
Neck	<input type="checkbox"/> WFL <input type="checkbox"/> Limited	<input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Trunk	<input type="checkbox"/> WFL <input type="checkbox"/> Limited	<input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Shoulder	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Elbow	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Hand	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Hip	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Knee	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Ankle	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	
Foot	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	Right: <input type="checkbox"/> WFL <input type="checkbox"/> Limited Left: <input type="checkbox"/> WFL <input type="checkbox"/> Limited	

Supine and Sitting Alignment and Range of Motion Assessment Not Indicated

1. Max hip flexion range with no pelvic movement:
L _____ R _____
2. Hip abduction (Measure distance between knees):
_____ inches
3. Hips Windswept: L _____ R _____
4. Knee Range L _____ R _____
5. Head Rotation:
Slight L _____ R _____
Moderate L _____ R _____
Full L _____ R _____
6. Toe position: (if applicable for positioning, footwear, skincare)

Position of Spine/Pelvis:

Kyphosis? _____
Scoliosis? Yes ___ No ___
Fixed? Yes ___ No ___
Describe:

Pelvis

High on L ___ R ___
ASIS Anterior? L ___ R ___
Apparent LLD? R ___ L ___

NOTES:

1. Max hip flexion angle (in existing seating system) without pelvic movement:
L _____ R _____
2. Pelvis:
Anterior tilt _____
Posterior tilt _____
Neutral _____
3. Hip abduction (Measure distance between knees):
_____ inches
4. Hips Windswept: L _____ R _____
5. Knee Extension: L _____ R _____
6. Knee Flexion to 90? L _____ R _____
7. Foot Position: (varus, valgus, PF, DF, neutral)
8. Head position:
9. Position of shoulders/elbows/wrists:
L:

R:
10. Shoulders: *Elevated* Yes ___ No ___
Protracted Yes ___ No ___ *Retracted* Yes ___ No ___

Flexion to 90 L _____ R _____

Abduction to 90 L _____ R _____
11. Elbow extension: L _____ R _____
12. Forearm:
Pronation L: Yes ___ No ___ R: Yes ___ No ___

Supination L: Yes ___ No ___ R: Yes ___ No ___
13. Wrists:
Flexion: L _____ R _____

Extension: L _____ R _____
14. Hands: (Passive - Active)
will open fully Yes _____ No _____
will close fully Yes _____ No _____