



Range of Motion Loss — ANKLE

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

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INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

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 of the affected side to the non-affected side. Please indicate if the non-affected side has any obvious pathology present.¹

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								

Questions:

1. Has the client provided maximum and consistent effort? Yes No

If no, note any contributing factors (e.g. recent new event, flare up, swelling)

2. Has the client reached maximum recovery? Yes No

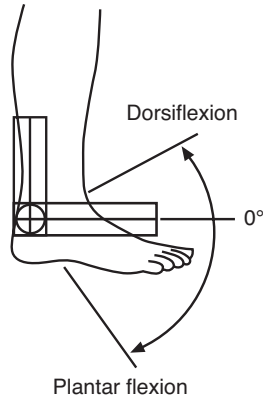
3. Have you treated this client before? Yes No

4. If yes, are today's measurements consistent with previous ones? Yes No

¹ If both sides are injured in the accident OR if the non-affected side had a pre-existing pathology, provide ROM measurements for both sides.

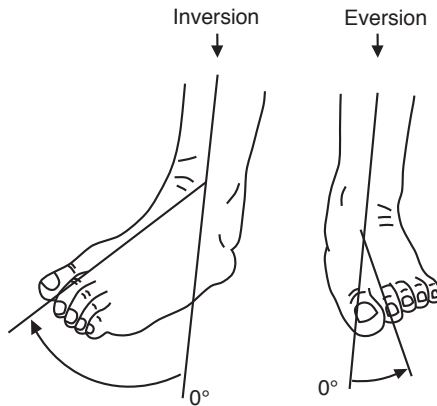
A) How to measure plantar flexion/dorsiflexion:

1. The client 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 client 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.



HEALTHCARE PROVIDER SIGNATURE _____

DATE _____

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.