



**Range of Motion Loss — FINGERS**

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

**Fax** 1-877-686-4222



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.<sup>1</sup>

**Which finger and hand are affected (i.e. 2nd digit on left hand)?:** \_\_\_\_\_

Movement (in degrees)	Affected Hand				Unaffected Hand			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Flexion, MCP Joint								
Extension, MCP Joint								
Flexion, DIP Joint								
Extension, MCP Joint								
Flexion, PIP Joint								
Extension, PIP Joint								

**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

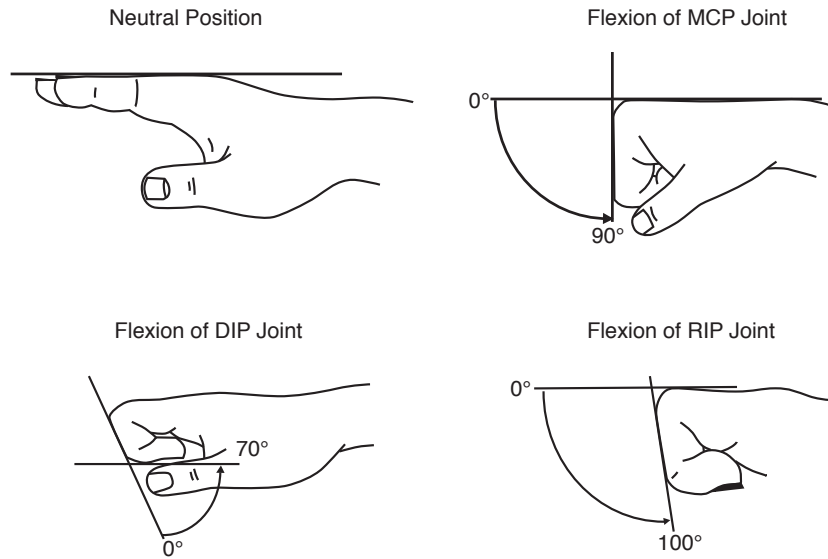
3. Have you treated this client before?  Yes  No

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

<sup>1</sup> 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.

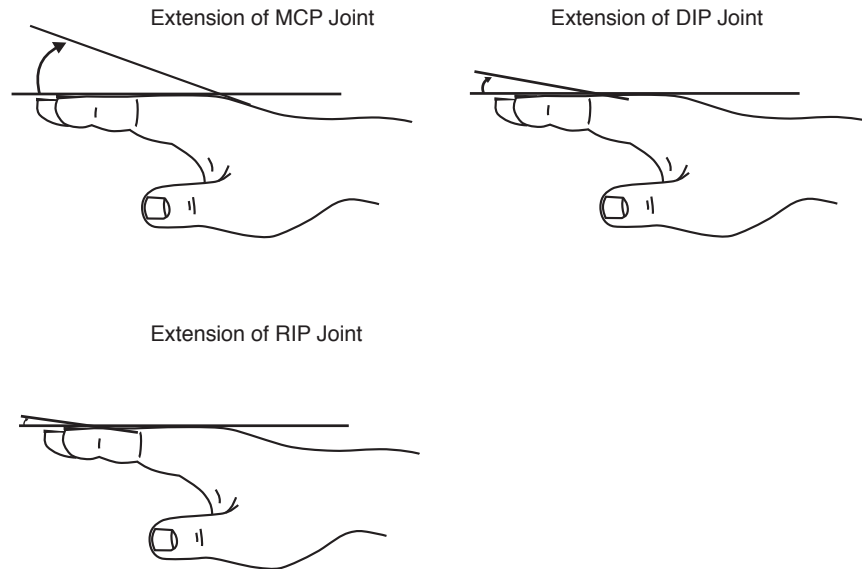
**A) How to measure MCP, DIP or PIP joint flexion:**

1. Client is seated with wrist and hand supported on table and in a neutral position.
2. The goniometer pivot is centered over the joint being measured, the stationary arm is aligned on the midline of more proximal bone of joint, and the moving arm is aligned on the midline of more distal bone.



**B) How to measure MCP, DIP or PIP joint extension:**

1. Client is seated with wrist and hand supported on table and in a neutral position.
2. The goniometer pivot is centered over the joint being measured, the stationary arm is aligned on the midline of more proximal bone of joint, and the moving arm is aligned on the midline of more distal bone.



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.