PATIENT NAME:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Range of Motion** | | | | | | | | | |
|  | **Date:** |  | |  | |  | |  | |
|  |  | **Act (Pass)** | | **Act (Pass)** | | **Act (Pass)** | | **Act (Pass)** | |
|  |  | Left | Right | Left | Right | Left | Right | Left | Right |
| **IF** | MCP |  |  |  |  |  |  |  |  |
|  | PIP |  |  |  |  |  |  |  |  |
|  | DIP |  |  |  |  |  |  |  |  |
| **MF** | MCP |  |  |  |  |  |  |  |  |
|  | PIP |  |  |  |  |  |  |  |  |
|  | DIP |  |  |  |  |  |  |  |  |
| **RF** | MCP |  |  |  |  |  |  |  |  |
|  | PIP |  |  |  |  |  |  |  |  |
|  | DIP |  |  |  |  |  |  |  |  |
| **LF** | MCP |  |  |  |  |  |  |  |  |
|  | PIP |  |  |  |  |  |  |  |  |
|  | DIP |  |  |  |  |  |  |  |  |
| **Thumb** | CMC |  |  |  |  |  |  |  |  |
|  | IP |  |  |  |  |  |  |  |  |
|  | Thumb- IF (abd) |  |  |  |  |  |  |  |  |
|  | Thumb-LF |  |  |  |  |  |  |  |  |
| **Wrist** | Ext/Flex |  |  |  |  |  |  |  |  |
|  | Ulnar Dev |  |  |  |  |  |  |  |  |
|  | Rad Dev |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Distance to Palmar Crease (DPC)** | | | | | | | | |
|  | (L) | (R) | (L) | (R) | (L) | (R) | (L) | (R) |
| **IF** |  |  |  |  |  |  |  |  |
| **MF** |  |  |  |  |  |  |  |  |
| **RF** |  |  |  |  |  |  |  |  |
| **LF** |  |  |  |  |  |  |  |  |