Workers' Compensation Division
Department of Consumer and Business Services

Spinal (Cervical) Range of Motion

Worker's name: _____ DOI: _____ WCD #: _____

Use this form to describe range of motion of the spine. Indicate the active range of motion measured in degrees with an inclinometer. Bulletin No. 239 describes the criteria for measuring spinal range of motion using a single fluid-filled inclinometer. A video illustrating the use of a single fluid-filled inclinometer is available on the Workers' Compensation Division's website: https://wcd.oregon.gov/medical/provider-training/videos/Pages/spinal-range.aspx.

The values in parentheses under each movement are the norms established by the Workers' Compensation Division.

PLEASE COMPLETE AND RETURN WITH YOUR REPORT

	Movement	Description	Measurements (minimum of three)
1	Cervical flexion (60°)	a. Degrees of cranial flexion…… b. Degrees of T1 flexion…….. c. Cervical flexion angle (a minus b)…….. d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No e. Maximum cervical flexion angle ……..	
2	Cervical extension (75°)	a. Degrees of cranial extension…… b. Degrees of T1 extension…….. c. Cervical extension angle (a minus b)…….. d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No e. Maximum cervical extension angle……..	
3	Cervical right lateral flexion (45°)	a. Degrees of cranial right lateral flexion…….. b. Degrees of T1 right lateral flexion…….. c. Lateral flexion angle (a minus b)…… d. Are measurements within +/- 10% or 5° (whichever is greater)?…….. ☐ Yes ☐ No e. Maximum cervical right lateral flexion angle. ……..…	
4	Cervical left lateral flexion (45°)	a. Degrees of cranial left lateral flexion…….. b. Degrees of T1 left lateral flexion…….. c. Lateral flexion angle (a minus b)…… d. Are measurements within +/- 10% or 5° (whichever is greater)?……... ☐ Yes ☐ No e. Maximum cervical left lateral flexion angle. ……..	
5	Cervical right rotation (80°)	a. Degrees of right cervical rotation…… b. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No c. Maximum right cervical rotation angle..……..	
6	Cervical left rotation (80°)	a. Degrees of left cervical rotation…… b. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No c. Maximum left cervical rotation angle.....……..……..	

Examining physician name and title (print or type): _____

Signature: _____ Date of examination: _____