Workers' Compensation Division
Department of Consumer and Business Services

Spinal (Lumbar) 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	**Lumbar flexion (60°)**	a. Degrees of flexion at T12……..	
		b. Degrees of flexion at midsacrum……..	
		c. True lumbar flexion angle (a minus b)……..	
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…….. ☐ Yes ☐ No	
		e. Maximum true lumbar flexion angle……	
2	**Lumbar extension (25°)**	a. Degrees of extension at T12……..	
		b. Degrees of extension at midsacrum……..	
		c. True lumbar extension angle (a minus b)……	
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No	
		e. Maximum true lumbar extension angle……	
3	**Passive straight-leg raising right**	a. Right straight-leg raising (SLR) angle……..	
		b. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No	
		c. Maximum straight-leg raising right……..	
	Passive straight-leg raising left	d. Left straight-leg raising (SLR) angle……	
		e. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No	
		f. Maximum straight-leg raising left……..	
	Straight-leg raising validity check	g. Total motion at midsacrum (1b + 2b)……	
		h. Maximum midsacral motion……	
		i. Tightest SLR equal to or within 10° of maximum midsacral motion (3h)?.. ☐ Yes ☐ No	
		j. Therefore, lumbar flexion is valid…… ☐ Yes ☐ No	
4	**Lumbar right lateral flexion (25°)**	a. Degrees of right lateral flexion at T12……..	
		b. Degrees of right lateral midsacral flexion……..	
		c. Right lateral flexion angle (a minus b)……..	
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No	
		e. Maximum lumbar right lateral flexion angle……..	
5	**Lumbar left lateral flexion (25°)**	a. Degrees of left lateral flexion at T12……	
		b. Degrees of left lateral midsacral flexion……..	
		c. Left lateral flexion angle (a minus b)……	
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No	
		e. Maximum lumbar left lateral flexion angle……..	

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

Signature: _____ Date of examination: _____