Workers' Compensation Division
Department of Consumer and Business Services

Spinal (Thoracic) 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	Thoracic Flexion (50°)	a. T12 angle compared to T1 (flexed)…...						
		b. T12 angle compared to T1 (erect) (*angle of minimum kyphosis*)…….						
		c. Angle of thoracic flexion (a minus b)…...						
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No						
		e. Maximum thoracic flexion angle……..						
2	Thoracic right rotation (30°)	a. Degrees of right rotation at T1……..						
		b. Degrees of right rotation at T12……						
		c. Thoracic right rotation angle (a minus b)……..						
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No						
		e. Maximum thoracic right rotation angle……						
3	Thoracic left rotation (30°)	a. Degrees of left rotation at T1…..……..						
		b. Degrees of left rotation at T12……..						
		c. Thoracic left rotation angle (a minus b)……						
		d. Are measurements within +/- 10% or 5° (whichever is greater)?…… ☐ Yes ☐ No						
		e. Maximum thoracic left rotation angle……...						

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

Signature: _____ Date of examination: _____