Workers' Compensation Division
Department of Consumer and Business Services

Upper Extremity Range of Motion Deformity/Deviation Amputation and Sensation

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

Range of motion: Report **active** range of motion in degrees of any joints ***applicable*** and the corresponding contralateral joint, if contralateral has no history of injury or disease. The values in parentheses are the norms established by the Workers' Compensation Division.

Right elbow			**Left elbow**		
extension (0°)	**-0-**	**flexion** (150°)	**extension** (0°)	**-0-**	**flexion** (150°)
pronation (80°)	**-0-**	**supination** (80°)	**pronation** (80°)	**-0-**	**supination** (80°)
Right wrist			**Left wrist**		
dorsiflexion (60°)	**-0-**	**palmar flexion** (70°)	**dorsiflexion** (60°)	**-0-**	**palmar flexion** (70°)
radial deviation (20°)	**-0-**	**ulnar deviation** (30°)	**radial deviation** (20°)	**-0-**	**ulnar deviation** (30°)

Right hand (digits)

	Thumb ROM
MP (0-60°)	**-0-**
IP (0-80°)	**-0-**

	Carpometacarpal joint of the thumb
Ext. (Abd.) (30°)	
Flex. (Add.) (15°)	

	Index finger		**Middle finger**		**Ring finger**		**Little finger**	
	Ext.	Flex.	Ext.	Flex.	Ext.	Flex.	Ext.	Flex.
MP (0-90°)	**-0-**		**-0-**		**-0-**		**-0-**	
PIP (0-100°)	**-0-**		**-0-**		**-0-**		**-0-**	
DIP (0-70°)	**-0-**		**-0-**		**-0-**		**-0-**	

Identify any rotational deformity or lateral deviation

Rotational deformity
☐ yes ☐ no
digit:

Lateral deviation
☐ yes ☐ no
digit:

Left hand (digits)

	Thumb ROM
MP (0-60°)	**-0-**
IP (0-80°)	**-0-**

	Carpometacarpal joint of the thumb
Ext. (Abd.) (30°)	
Flex. (Add.) (15°)	

	Index finger		**Middle finger**		**Ring finger**		**Little finger**	
	Ext.	Flex.	Ext.	Flex.	Ext.	Flex.	Ext.	Flex.
MP (0-90°)	**-0-**		**-0-**		**-0-**		**-0-**	
PIP (0-100°)	**-0-**		**-0-**		**-0-**		**-0-**	
DIP (0-70°)	**-0-**		**-0-**		**-0-**		**-0-**	

Identify any rotational deformity or lateral deviation

Rotational deformity
☐ yes ☐ no
digit:

Lateral deviation
☐ yes ☐ no
digit:

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

Signature: _____ Date of examination: _____

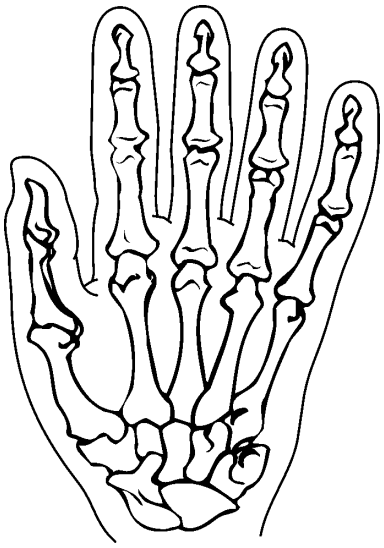
See reverse: Amputation / Sensation

Amputation and Sensation Of the Upper Extremity (side 2)

Amputation or resection (without reattachment) ☐ **N/A**

For the thumb: check the box that applies and, on the illustrations, indicate the most proximal level of amputation as specified below:

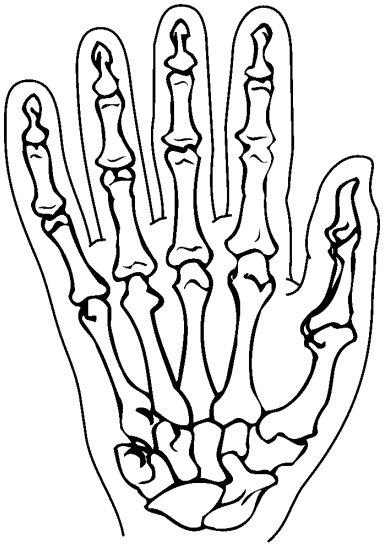
- ☐ skin (dermis) only
- ☐ significant flesh or tissue loss only (no bone)
- ☐ bone involvement to mid-shaft of the distal phalanx
- ☐ proximal to/including mid-shaft of the distal phalanx to/including the head of the proximal phalanx
- ☐ proximal to the head of the proximal phalanx



R

For the fingers: check the box that applies and, on the illustrations, indicate the most proximal level of amputation as specified below:

- ☐ skin (dermis) only
- ☐ significant flesh or tissue loss only (no bone)
- ☐ bone involvement to mid-shaft of the distal phalanx
- ☐ proximal to/including mid-shaft of distal phalanx to the distal epiphysis of the middle phalanx
- ☐ proximal to the distal epiphysis (head) of the middle phalanx to mid-shaft of the middle phalanx
- ☐ proximal to the mid-shaft of middle phalanx to/including the distal epiphysis of the proximal phalanx
- ☐ proximal to the distal epiphysis (head) of the proximal phalanx



L

For reattached digits, indicate any loss of overall length. For amputations, proximal to the carpometacarpal joints, indicate the most distal bony landmark involved in the amputation.

Sensation ☐ **N/A**

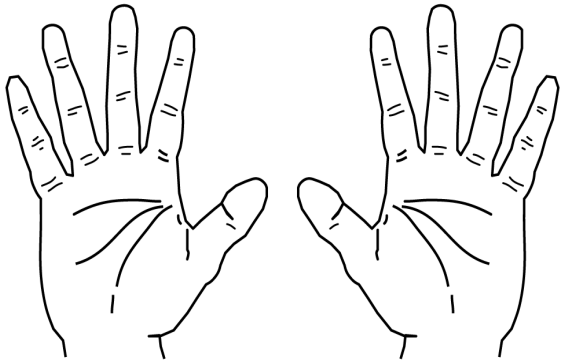
On the illustrations, mark and grade palmar surface (volar) sensation.

Grade 1: normal (two-point discrimination six millimeters or less)

Grade 2: less than normal (two-point discrimination 7-10 millimeters)

Grade 3: protective (two-point discrimination 11-15 millimeters)

Grade 4: total loss (two-point discrimination >15 millimeters)



R **L**