Workers' Compensation Division

Department of Consumer and Business Services

Shoulder
Range of Motion

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 shoulder			**Left shoulder**		
extension (50°)	**-0-**	**flexion** (180°)	**extension** (50°)	**-0-**	**flexion** (180°)
adduction (40°-50°)	**-0-**	**abduction** (170°-180°)	**adduction** (40°-50°)	**-0-**	**abduction** (170°-180°)
internal rotation (80°-90°)	**-0-**	**external rotation** (60°-90°)	**internal rotation** (80°-90°)	**-0-**	**external rotation** (60°-90°)

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

Signature: _____ Date of examination: _____