



**Range of Motion Loss —
HIP**

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

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INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

Range of Motion (ROM) loss is evaluated by measuring **active** ROM with the aid of a measuring device (e.g. goniometer or inclinometer) according to standardized position and technique. Using the following procedure, record the following measurements on the form provided below:

- After adequate warm-up, record **three** trials to the nearest 5° and take the average of the three with evidence of maximal effort. If there is any question of whether adequate effort is provided, please indicate this **on the report**;
- Record both sides of the body to allow for comparison of the affected side to the non-affected side. Please indicate if the non-affected side has any obvious pathology present.¹

Which hip joint is affected? Left Right

Movement (in degrees)	Affected Hip				Unaffected Hip			
	Trial 1	Trial 2	Trial 3	Average	Trial 1	Trial 2	Trial 3	Average
Flexion								
Extension								
Abduction								
Adduction								
Internal								
External								

Questions:

1. Has the client provided maximum and consistent effort? Yes No

If no, note any contributing factors (e.g. recent new event, flare up, swelling)

2. Has the client reached maximum recovery? Yes No

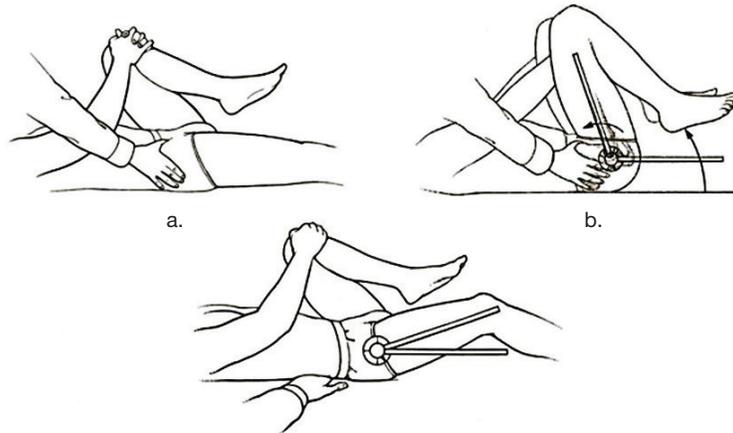
3. Have you treated this client before? Yes No

4. If yes, are today's measurements consistent with previous ones? Yes No

¹ If both sides are injured in the accident OR if the non-affected side had a pre-existing pathology, provide ROM measurements for both sides.

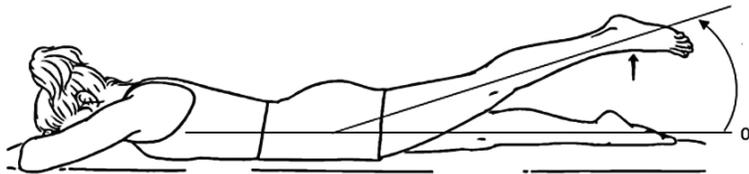
A) How to measure hip flexion:

1. Goniometer is placed at the right hip, and the pelvis is locked in the neutral position by flexing the left hip until the lumbar spine is flat.
2. The client flexes the right hip until the anterior superior iliac spine begins to move, then the angle is recorded.
3. To measure loss of extension of the right hip, the left hip is flexed until the lumbar spine is flat on the examining table, as determined by the examiner's hand, which is placed between the lumbar spine and table surface. The right thigh should rest flat on the table; any right hip flexion is recorded as a flexion contracture.



B) How to measure hip extension:

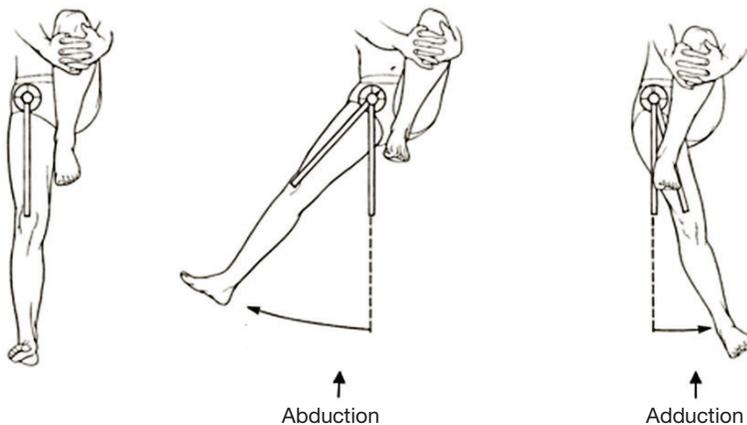
1. The client is in a prone position.
2. The goniometer pivot is aligned over the greater trochanter, the stationary arm is aligned over the midline of the pelvis, and the movement arm is aligned over the long axis of the femur using the lateral epicondyle as the distal reference point.
3. Stabilize the pelvis to avoid trunk extension. This may require help from someone



C) How to measure hip abduction/adduction:

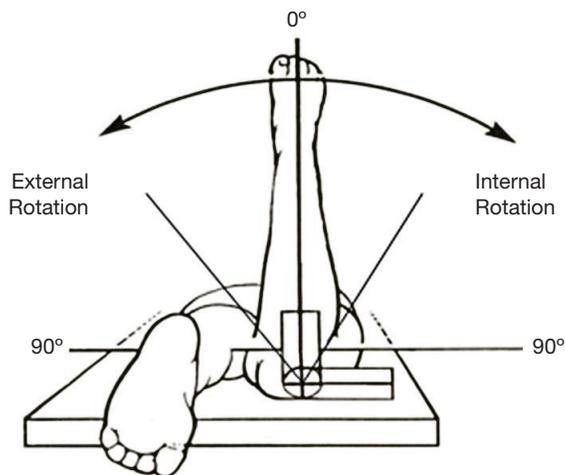
1. The client is in a supine position.
2. The goniometer pivot is aligned over the anterior superior iliac spine, the stationary arm and movement arm is positioned over the long axis of the femur, using the middle of the patella as the distal reference.
3. To improve consistency, flex the knee to stabilize the pelvis.
4. The end of hip adduction is reached when the pelvis begins to laterally tilt.

Note: While measuring adduction, people who find it difficult to hold the leg not being measured can start with that leg abducted to allow room to complete the full ROM in adduction.



D) How to measure Internal/External Rotation of the hip:

1. The client is in a prone position.
2. The goniometer pivot is aligned over the center of the patella, stationary arm is placed parallel on the examining table, and the movement arm is positioned over the long axis of the tibia using the center of the talocrural joint as the distal reference.



HEALTHCARE PROVIDER SIGNATURE _____

DATE _____

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.