

**Pacific Northwest University of Health Sciences
School of Occupational Therapy
Upper Extremity Range of Motion Evaluation**

Client Name:

Primary Diagnosis:

←RIGHT→				←LEFT→		
Date		Date		Date		Date
A	P	A	P	A	P	A
SHOULDER						
ELBOW						
FOREARM						
WRIST						
THUMB, DIGIT 1						

←RIGHT→				←LEFT→			
Date		Date		Date		Date	
A	P	A	P	A	P	A	P
INDEX FINGER, DIGIT 2							
				MCP extension-flexion, 0-90			
				MCP hyperextension, 0-45			
				PIP extension-flexion, 0-100			
				DIP extension-flexion, 0-90			
LONG FINGER, DIGIT 3							
				MCP extension-flexion, 0-90			
				MCP hyperextension, 0-45			
				PIP extension-flexion, 0-100			
				DIP extension-flexion, 0-90			
RING FINGER, DIGIT 4							
				MCP extension-flexion, 0-90			
				MCP hyperextension, 0-45			
				PIP extension-flexion, 0-100			
				DIP extension-flexion, 0-90			
SMALL FINGER, DIGIT 5							
				MCP extension-flexion, 0-90			
				MCP hyperextension, 0-45			
				PIP extension-flexion, 0-100			
				DIP extension-flexion, 0-90			