

LOWER BODY RANGE OF MOTION AND STRENGTH

Name: DOB: Gender: Home Address:	Age:	PARIS ID: PHN: Phone:
---	-------------	--

Assessment Start Date:

Assessment End Date:

Carried Out By:

Range Of Motion: Lower Body

Function	Passive Right	Active Right	Passive Left	Active Left
Hip Flexion				
Hip Extension				
Hip Internal Rotation				
Hip External Rotation				
Hip Abduction				
Hip Adduction				
Knee Flexion				
Knee Extension				
Ankle Dorsiflexion				
Ankle Plantarflexion				
Ankle Inversion				
Ankle Eversion				
Other:				
Comments and Other (Toes):				

Strength: Lower Body

	Right	Left
Hip Flexion - L2 (L3)		
Hip Extension - S1 (S2)		
Hip Abduction - L5 (S1)		
Hip Adduction		
Hip Internal Rotation		
Hip External Rotation		
Knee Flexion - L5 (S1)		
Knee Extension - L3 (L4)		
Ankle Dorsiflexion - L4 (L5)		
Ankle Plantarflexion - S1 (L5 - S2)		
Ankle Inversion - S1		

LOWER BODY RANGE OF MOTION AND STRENGTH

Name:	PARIS ID:
--------------	------------------

Ankle Eversion _____

Other: _____

Comments and Other (great toe extension - L5 (S1)):

Needs

Need	Post to C/P	Processed	Comments
------	-------------	-----------	----------

Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----