Vancouver Coastal Health
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

UPPER BODY RANGE OF MOTION AND STRENGTH

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

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Range Of Motion: Upper Body

Function	Passive Right	Active Right	Passive Left	Active Left
Shoulder Flexion	_____	_____	_____	_____
Shoulder Extension	_____	_____	_____	_____
Shoulder Abduction	_____	_____	_____	_____
Shoulder Horizontal Adduction	_____	_____	_____	_____
Shoulder External Rotation	_____	_____	_____	_____
Shoulder Internal Rotation	_____	_____	_____	_____
Elbow Flexion	_____	_____	_____	_____
Elbow Extension	_____	_____	_____	_____
Forearm Pronation	_____	_____	_____	_____
Forearm Supination	_____	_____	_____	_____
Wrist Flexion	_____	_____	_____	_____
Wrist Extension	_____	_____	_____	_____
Ulnar Deviation	_____	_____	_____	_____
Radial Deviation	_____	_____	_____	_____
Finger Flexion	_____	_____	_____	_____
Finger Extension	_____	_____	_____	_____
Thumb Opposition	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Comments and Other (scapular, hand, thumb, individual digits, and feel):

Strength: Upper Body

	Right	Left
Scapular Elevation - C4 (C3)	_____	_____
Shoulder Flexion - C5	_____	_____
Shoulder Extension	_____	_____
Shoulder Abduction - C5 (C6)	_____	_____
Shoulder Adduction	_____	_____
Shoulder External Rotation - C5 (C6)	_____	_____

UPPER BODY RANGE OF MOTION AND STRENGTH

Name:	PARIS ID:

Shoulder Internal Rotation - C5 (C6) _____ _____ _____

Elbow Flexion - C6 (C5) _____ _____ _____

Elbow Extension - C7 (C8) _____ _____ _____

Wrist Flexion - C7 (C8) _____ _____ _____

Wrist Extension - C6 (C5) _____ _____ _____

Finger Flexion _____ _____ _____

Finger Extension _____ _____ _____

Other: _____ _____ _____

Comments and Other (Thumb Extension / Ulnar Deviation - C8, Hand Intrinsics - T1, Hand Grip - C8 (T1)):

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 --