



# 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 Department of Consumer and Business Services.

Right shoulder			Left shoulder		
<b>extension</b> (50°)	<b>-0-</b>	<b>flexion</b> (180°)	<b>extension</b> (50°)	<b>-0-</b>	<b>flexion</b> (180°)
<b>adduction</b> (40°-50°)	<b>-0-</b>	<b>abduction</b> (170°-180°)	<b>adduction</b> (40°-50°)	<b>-0-</b>	<b>abduction</b> (170°-180°)
<b>internal rotation</b> (80°-90°)	<b>-0-</b>	<b>external rotation</b> (60°-90°)	<b>internal rotation</b> (80°-90°)	<b>-0-</b>	<b>external rotation</b> (60°-90°)

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

Signature: \_\_\_\_\_ Date of examination: \_\_\_\_\_