**PASSIVE RANGE OF MOTION EVALUATION /**

***ÉVALUATION DE L’AMPLITUDE ARTICULAIRE PASSIVE***

**LOWER EXTREMITIES/ *MEMBRE INFÉRIEURS***

**Name / *Nom*:**

**Date of Birth / *Date de naissance*:**

**Country / *Pays*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Hip / *Hanche*** | **Norm / *Norme*** | **Result / *Résultat*** | |
| **Right/*Droit*** | **Left/*Gauche*** |
| **Flexion** | **0-120** | /120 | /120 |
| **Extension** | **0-30** | /30 | /30 |
| **Abduction** | **0-45** | /45 | /45 |
| **Adduction** | **0-30** | /30 | /30 |
| **Internal rotation / Rotation Interne** | **0-45** | /45 | /45 |
| **External rotation / Rotation externe** | **0-45** | /45 | /45 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Knee / *Genou*** | **Norm / *Norme*** | **Result / *Résultat*** | |
| **Right/*Droit*** | **Left/*Gauche*** |
| **Flexion** | **0-140** | /140 | /140 |
| **Extension** | **0** | /0 | /0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ankle / *Cheville*** | **Norm / *Norme*** | **Result / *Résultat*** | |
| **Right/*Droit*** | **Left/*Gauche*** |
| **Plantarflexion / *Flexion plantaire*** | **0-50** | /50 | /50 |
| **Dorsiflexion** | **0-20** | /20 | /20 |

Date / *Date:*

Medical Practitioner name and title / *Nom et titre du professionnel de la santé*:

Medical Practitioner signature / *Signature du professionnel de la santé*: