

Goniometric Measurements (ROM)

Supporting documentation for the Para-Rowing Classification Medical Diagnostic Form
To be completed by a Physiotherapist

Shoulders

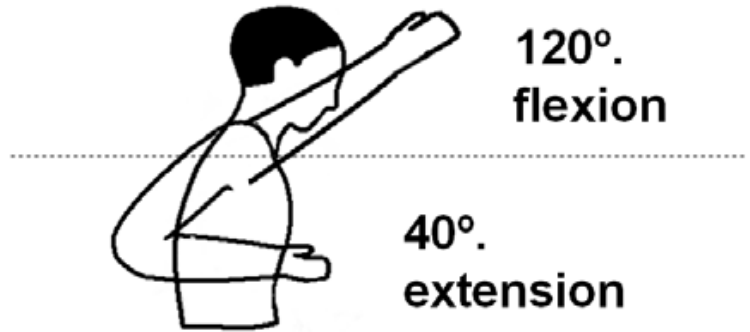
- 0° - 80°
- 81° - 100°
- 101° - 120°
- 121° - 140°
- 141° - 159°
- 160°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Elbows

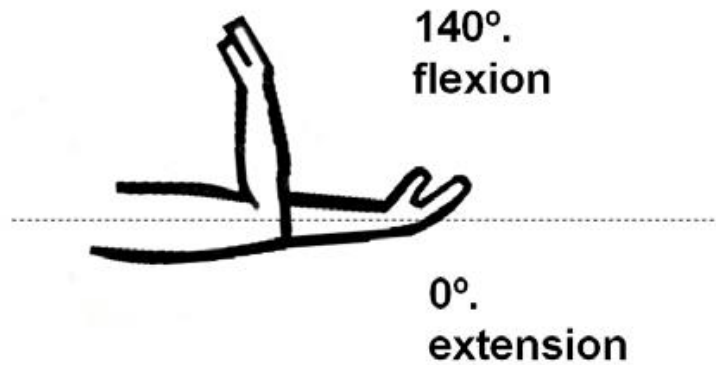
- 0° - 70°
- 71° - 89°
- 90° - 107°
- 108° - 124°
- 125° - 139°
- 140°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Wrists

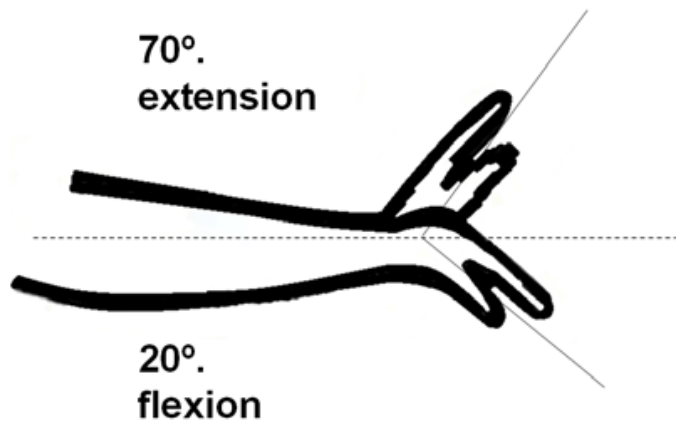
- 0° - 45°
- 46° - 56°
- 57° - 67°
- 68° - 78°
- 79° - 89°
- 90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Fingers

- 0° - 45°
- 46° - 56°
- 57° - 67°
- 68° - 78°
- 79° - 89°
- 90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Hips

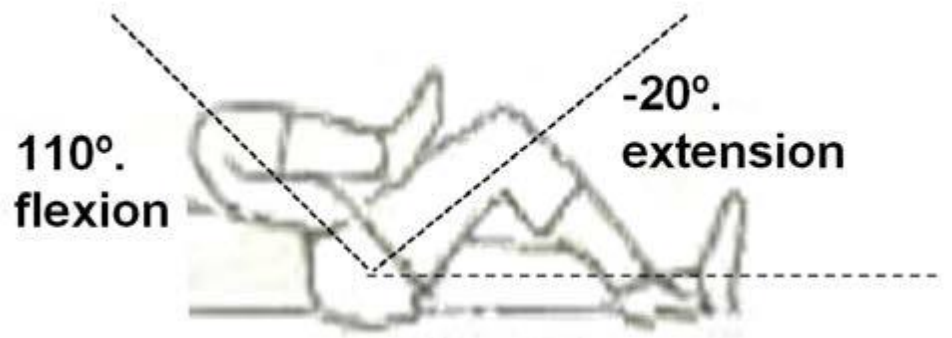
- 0° - 45°
- 46° - 56°
- 57° - 67°
- 68° - 78°
- 79° - 89°
- 90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Knees

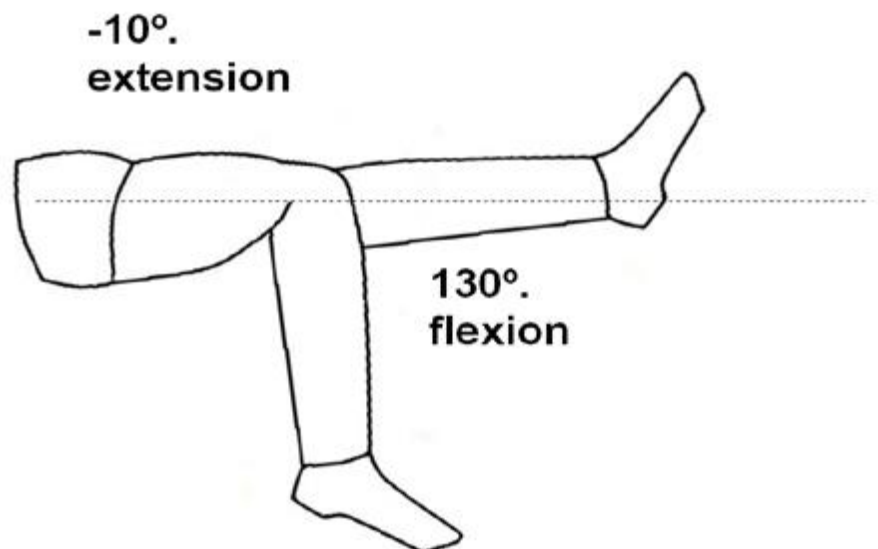
- 0° - 60°
- 61° - 75°
- 76° - 90°
- 91° - 105°
- 106° - 119°
- 120°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Ankles

0° - 35°

36° - 43°

44° - 52°

53° - 61°

62° - 69°

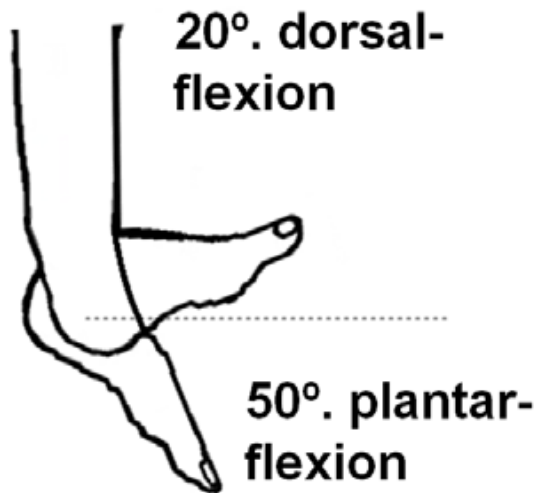
70°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Physiotherapist Declaration

I certify that the above information is correct at the time of the assessment

Athlete's Name: _____

Physiotherapist's Name: _____

Registration Number: _____

Practice: _____

Address: _____

City: _____ State: _____

Postcode: _____ Tel: _____

E-mail: _____

Signature of Physiotherapist: _____

Date: _____