

GONIOMETRIC MEASUREMENT FORM

Supporting documentation for the Rowing Australia Medical Diagnostics Form
To be completed by a Physiotherapist

Athlete's Name

Shoulders

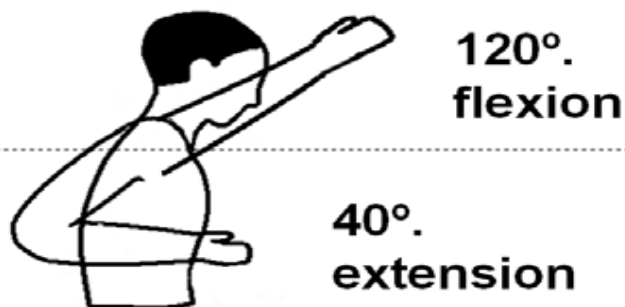
0° - 80°
81° - 100°
101° - 120°
121° - 140°
141° - 159°
160°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Elbows

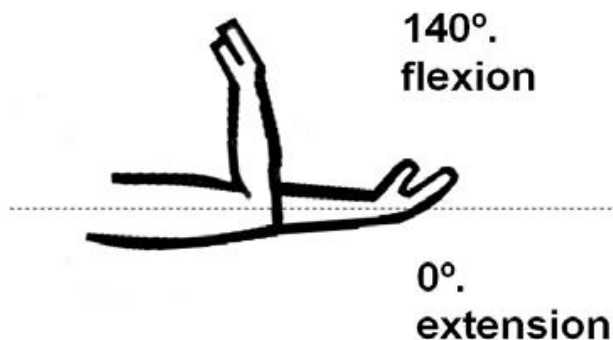
0° - 70°
71° - 89°
90° - 107°
108° - 124°
125° - 139°
140°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Wrists

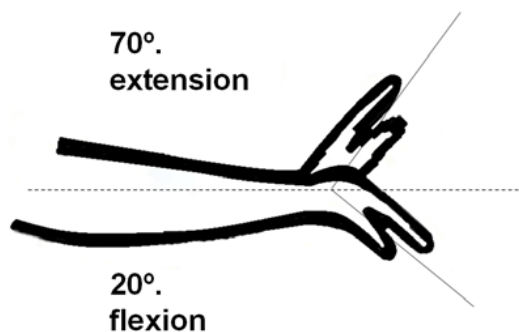
0° - 45°
46° - 56°
57° - 67°
68° - 78°
79° - 89°
90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Athlete's Name	
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Fingers

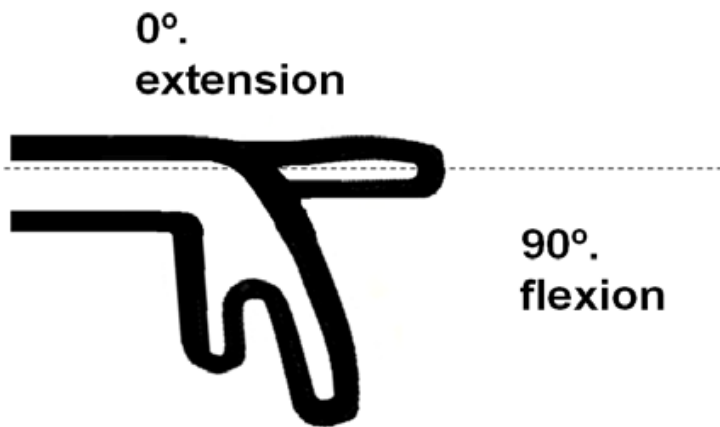
- 0° - 45°
- 46° - 56°
- 57° - 67°
- 68° - 78°
- 79° - 89°
- 90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Hips

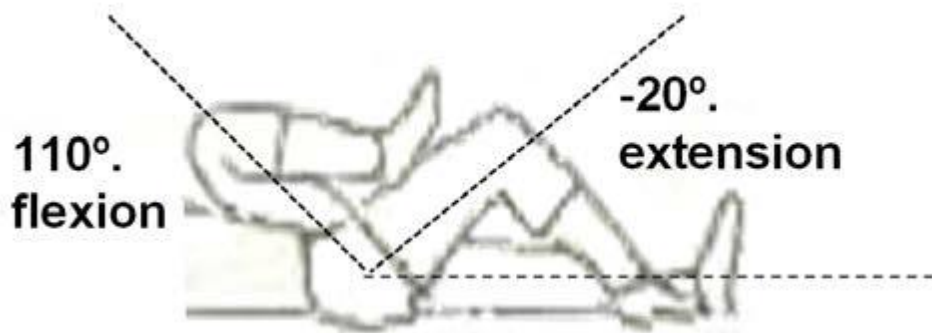
- 0° - 45°
- 46° - 56°
- 57° - 67°
- 68° - 78°
- 79° - 89°
- 90°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Knees

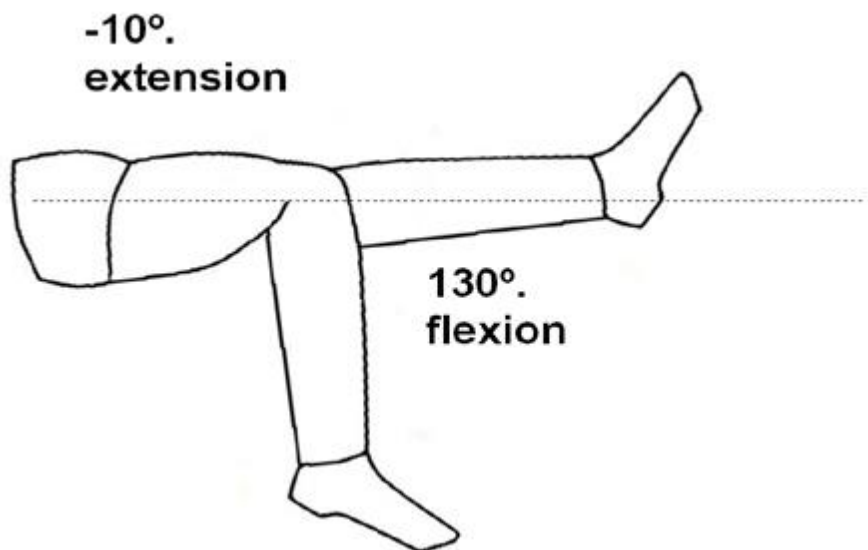
- 0° - 60°
- 61° - 75°
- 76° - 90°
- 91° - 105°
- 106° - 119°
- 120°

Rower's flexion AFROM

R _____ L _____

Rower's extension AFROM

R _____ L _____



Athlete's Name

Ankles

0° - 35°

36° - 43°

44° - 52°

53° - 61°

62° - 69°

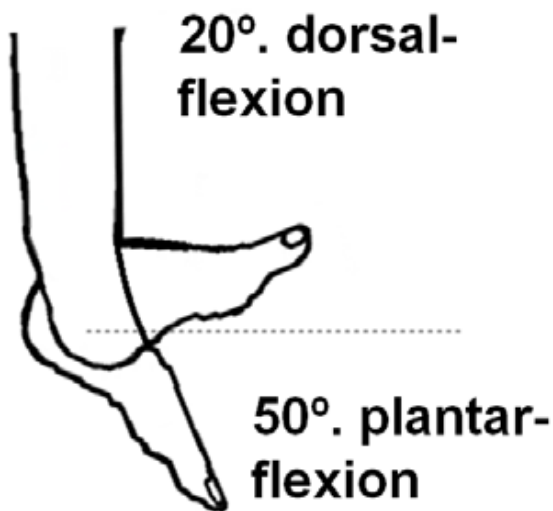
70°

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: _____