

Return To ICBC

PO BOX 2121, STN TERMINAL VANCOUVER BC V6B 0L6

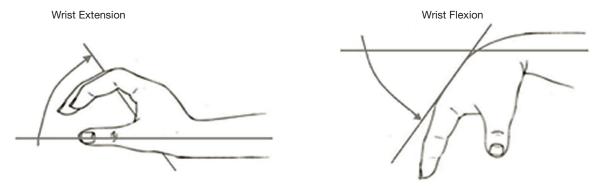


Fax 1-877-686-4222

INVOICE INFORMATION												
CLAIM NUMBER	M NUMBER DATE OF AC		CIDENT (d	d/mmm/yyyy)	DATE OF REPO	DATE OF REPORT (dd/mmm/yyyy)			VENDOR NUMBER			
INVOICE/REFERENCE NUMBER	3	PAYEE NAME	Ξ		'			,				
PAYEE ADDRESS		I										
PAYEE ADDRESS												
CLIENT INFORMATION												
FIRST NAME			LAST NA	ME			DATE OF	BIRTH (dd/m	mm/yyyy)	PERSONAL HEAI	LTH NUMBER (PHN)	
PRACTITIONER INFORMATI	ON											
FIRST NAME			LAST NA	ME			PRACTIT	IONER NUME	BER			
according to standardibelow:  • After adequate warn any question of whe  • Record both sides o side has any obviou  Which wrist joint is	n-up, record ther adequa f the body to s pathology	three tria te effort is allow for present.1	lls to th provid	e nearest 5° and led, please indic	d take the ave	rage of	the thre <u>t</u> ;	e with ev	idence	of maximal e	effort. If there is	
Movement		Affected Wrist					Unaffected Wrist					
(in degrees)	Trial 1	Tria	al 2	Trial 3	Average	Tria	al 1	Trial 2	2	Trial 3	Average	
Flexion												
Extension												
Radial Deviation												
Ulnar Deviation												
Questions:  1. Has the client provide If no, note any control					up, swelling)					□ Yes	□No	
2. Has the client reached maximum recovery? ☐ Ye									☐ Yes	□No		
3. Have you treated this client before? ☐ Yes									☐ Yes	□No		
4. If yes, are today's measurements consistent with previous ones? ☐ Yes									☐ Yes	□No		
If both sides are injured in	the accident (	OR if the no	n-affecte	ed side had a pre-e	existing pathology	y, provide	ROM m	easurement	ts for bo	th sides.		

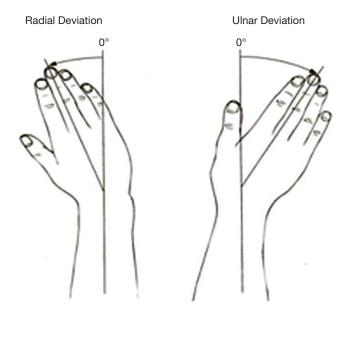
## A) How to measure wrist flexion/extension:

- 1. Client is seated with forearm pronated and hand hanging off the end of the table. The elbow is flexed to 90°.
- 2. The goniometer pivot is aligned with the ulnar styloid process, the stationary arm is aligned on the midline of the ulnar shaft, and the movement arm is parallel to the midline of the fifth metacarpal.



## B) How to measure radial/ulnar deviation:

- 1. Client is seated with forearm pronated with the hand resting on the table and elbow is flexed to 90°.
- 2. The goniometer pivot is aligned with the capitate bone on the dorsal aspect of the wrist, the stationary arm is aligned with the midline of the forearm, and the movement arm is aligned with the midline of the third metacarpal.



HEALTHCARE PROVIDER SIGNATURE	DATE	

Please send a copy of this completed form to my attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under section 26 of the Freedom of Information and Protection of Privacy Act (BC) and section 28 or 28.1 of the Insurance Vehicle Act (BC) for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information can be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.