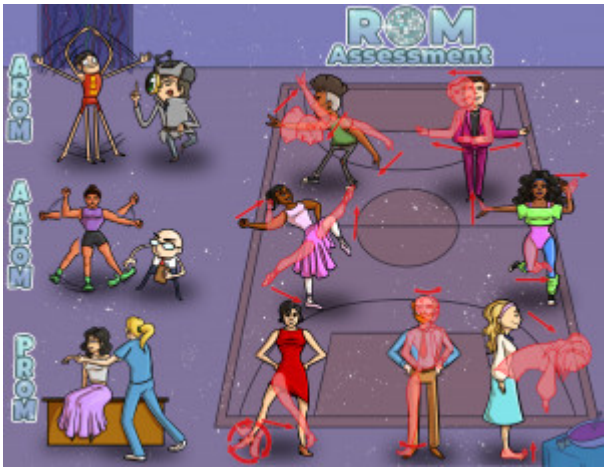
ROM Assessment

There are three varying ROM assessments depending on the patient's mobility and challenges. The first one is active range of motion (AROM) which is when a patient independently moves specific joints based on their muscle weaknesses, and the type of activity that needs strengthening. Active assisted ROM (AAROM) involves the joint receiving partial support from an outside force. The last type of ROM is passive ROM (PROM) which is when movement to a joint is achieved by another person or motion machine. ROM assessments are divided into the upper body and lower body. To assess the neck flexion, extension and rotation have the patient tilt their head slowly toward the right shoulder and then toward the left shoulder, and then slowly turn their head to look over their right and then left shoulder. Shoulder flexion, extension, and rotation is done by holding the wrist with one hand and grasping the elbow joint with the other hand. Have the palm inwards, and elbow straight, and move the arm from the side of the body, up to the head. When assessing the shoulder rotation, bring the arm out to the side to shoulder level with the hand facing the ceiling, and then turn the arm so that the hand faces the floor. Elbow flexion and extension is assessed by holding the arm the same way as above, and bending the arm at the elbow so that the hand touches the shoulder. The fingers and wrist flexion and extension, shown as the fingers and wrist flexion and extension. Bend the wrist back 90 degrees, while straightening the fingers out. Then bend the wrist inwards curling the fingers into a fist. Next, we move on to the lower body assessment with hip and knee flexion. Lift and bend the knee into the chest, without twisting the hips, and then lower the leg to the starting position. Observe the hip abduction and rotation by keeping the knee straight, and moving the leg out to the side (approximately 45 degrees). With the rotation, bend the knee so that there is a 90 degree bend in the leg. Pull the foot toward you and then push it away. With the ankle rotation assessment hold the ankle with one hand and place the other hand around the foot. Turn the foot inward, then outward. For toe flexion and extension gently move the toes forward and backward. Lastly for lumbar rotation and spine inspection assess the rotation by bending the knees up and together. Twist and lower them to one side and then repeat on the other side. Inspect the spine for any abnormalities that may affect rotation, such as lordosis, kyphosis, and scoliosis.



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Types of ROM

Active ROM (AROM)

Active-gear and Full Range of Motion

Active range of motion (AROM) is when a patient independently moves specific joints based on their muscle weaknesses, and the type of activity that needs strengthening. AROM is used when a patient can intentionally contact, direct and coordinate movements. The nurse should be aware of contraindications to AROM, such as a healing fracture, surgical site, and soft tissue trauma.

Active Assisted ROM (AAROM)

Active-gear with Assistant and Full Range of Motion

Active assisted ROM (AAROM) involves the joint receiving partial support from an outside force. AAROM results from most of the motion applied by the individual performing the exercise.

Passive ROM (PROM)

Physician-forced Full Range of Motion in Prom-dress

Passive ROM (PROM) is when the movement to a joint is achieved by another person or motion machine. PROM is given to a completely relaxed joint and the outside force moves the body part throughout the available range.

Upper Extremity

Neck Flexion, Extension and Rotation

Neck Flexion, Extension and Rotation

To assess neck flexion and extension, have the patient tilt their head slowly toward the right shoulder and then toward the left shoulder, getting the ear as close to the shoulder as they can. Assess neck rotation by having the patient slowly turn their head to look over their right shoulder, and then their left.

Shoulder Flexion, Extension and Rotation

Shoulder Flexion, Extension and Rotation

To assess shoulder flexion and extension, hold the wrist with one hand and grasp the elbow joint to stabilize it with the other hand. Have the palm inwards, towards the body, and keep the elbow relatively straight. Move the arm from the side of the body, up to the head. When assessing the shoulder rotation, place one hand under the elbow and hold the forearm with the other. Bring the arm out to the side to shoulder level with the hand facing the ceiling, and then turn the arm so that the hand faces the floor and the upper arm rotates in the shoulder joint.

Elbow Flexion and Extension

Elbow Flexion and Extension

With elbow flexion and extension, hold the wrist with one hand and under the elbow with the other hand to stabilize the arm. Bend the arm at the elbow so that the hand touches the shoulder, and then straighten the arm completely.

Fingers and Wrist Flexion and Extension

Fingers and Wrist Flexion and Extension

Fingers and wrists are evaluated by holding the forearm below the wrist with one hand and grasping the fingers with your other hand. Bend the wrist back 90 degrees, while straightening the fingers out. Then bend the wrist inwards curling the fingers into a fist.

Lower Extremity

Hip and Knee Flexion

Hip and Knee Flexion

When assessing the ROM of hip and knee flexion, Place one hand under the bent knee, and grasp the heel with the other hand. Lift and bend the knee into the chest, do not allow hip twisting during this movement, and then lower the leg to the starting position.

Hip Abduction and Rotation

Hip Abduction and Rotation

With hip abduction and adduction, hold the leg with one hand under the knee and the other hand under the heel. Keep the knee straight, and move the leg out to the side (approximately 45 degrees). Then bring the leg back to the other leg. With the rotation, place one hand on the thigh and other hand under the leg, just below the knee. Bend the knee so that there is a 90 degree bend in the leg. Pull the foot toward you and then push it away. Lower leg to starting position.

Ankle Rotation

Ankle Rotation

Have the patient keep their knee straight. Hold the ankle with one hand and place the other hand around the foot. Turn the foot inward, then outward.

Toe Flexion and Extension

Toe Flexion and Extension

Hold the foot just below the toes and with the other hand, gently move the toes forward and backward.

Lumbar Rotation and Spine Inspection

Lumbar Rotation and Spine Inspection

Assess the rotation by bending the knees up and together. Twist and lower them to one side as far as they comfortably go. Repeat on the other side.

Inspect the spine for any abnormalities that may affect rotation, such as lordosis, kyphosis, and scoliosis.