

## Appendix – Parent-evaluated range of motion in the lower extremity

The appendix is an English version of the parent-evaluated range of motion assessment for the lower extremity with the purpose of evaluating whether parent-reported range of motion is an operational method of assessment. The parent-reported assessments are not intended to replace the CPUP range of motion values.

The parent is asked to evaluate range of motion on the most affected side, by stating whether the child's joint is capable of 'more' or 'less' movement than the depicted picture. The joint angle in the picture is the minimum range of motion considered acceptable according to the CPUP's physiotherapy protocol (1).

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The following pictures depict movement in different lower extremity joints. Please only assess range of motion in the most affected limb (the limb with the greatest movement limitation)

Please note which leg is assessed:  RIGHT  LEFT

Each movement is illustrated with one picture. Based on the picture, please evaluate whether your child's joint is capable of 'more' or 'less' than depicted.

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**Hip flexion** – the child is lying flat on his/her back, with the opposite leg stretched out on the floor. When you gently press the child's knee towards the stomach/chest, then

- The hip CANNOT reach the position in the picture before meeting resistance
- The hip can flex further (the knee is moved closer to the stomach/chest) than depicted.



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**Knee extension** – the child is lying flat on their back, with both legs stretched out. When you gently lift the child's foot from the surface, then

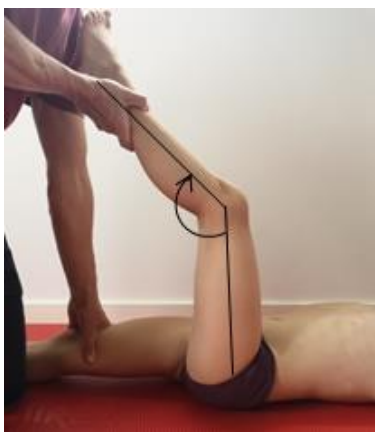
- The knee CANNOT reach the position in the picture
- The knee can reach the position in the picture, or may even bend backward (hyperextend)



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**Popliteal angle** – have the child lay on his/her back on the floor with the opposite leg stretched out. Hold the leg to be assessed so that the thigh is pointing straight up towards the ceiling. In this position, extend the knee as much as possible before meeting resistance.

- The knee CANNOT be extended as much as depicted
- The knee can be extended just as much, or more, than depicted



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**Flexion of the ankle with an extended knee** – have the child lay flat on his/her back with the opposite leg stretched out. Press against the sole of the foot with one hand

- The foot CANNOT be pressed towards the shin as depicted
- The foot can be pressed towards the shin as depicted, or further.



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**Flexion of the ankle with a flexed knee** – have the child lay flat on his/her back with the opposite leg extended. The test leg flexed 90 degrees in the hip and in the knee (see picture). Press against the sole of the foot with one hand, and hold back on the child's thigh with the other hand.

- The foot CANNOT be pressed towards the shin as depicted
- The foot can be pressed towards the shin as depicted, or further.



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1. Rasmussen HMea. CPOP Manual for Physiotherapy Protocol 2014 [updated 03.07.2014]. Available from: <http://www.cpop.dk/wp-content/uploads/2014.07.03-Fysioterapeut-manual.pdf>.