

WSSC Claim Number \_\_\_\_\_

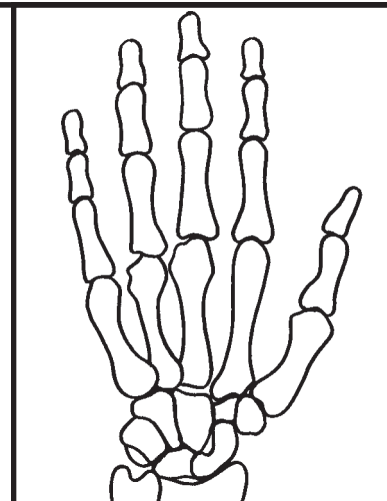
### Worker Information

Last Name				First Name								
Mailing Address (include postal code)				Community				Telephone (include area code)				
Residential Address				Date of Birth		YY	MM	DD	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X
Employer's Name				Social Insurance Number		Worker's Occupation						

### Health Care Provider Information

Name of Health Care Provider (please print)				<b>WSSC Supplier Billing Number</b> _____ Fee Code _____ Fee Submitted _____ Fee Code _____ Fee Submitted _____ Report Form Fee _____ Fee Submitted _____ <b>TOTAL \$</b> _____			
Telephone (include area code)							
Address (include postal code)							
Date of Injury	YY	MM	DD	Date of Exam	YY	MM	DD

2. **AMPUTATION** – Please mark by straight lines ("—") on the diagram opposite the site and direction of any amputation arising from the work-related incident.
3. **JOINTS WITH IMPAIRED MOVEMENT** – On the diagram opposite, please place an "O" on any joints in which **ankylosis** (complete loss of movement) exists as a result of the incident, and an "X" on any joints which have **permanently restricted range of movement** as a result of the incident.
4. **FLEXION AND EXTENSION OF IMPAIRED JOINTS** – In the table below, for each injured joint, show in degrees (a) the position of utmost flexion from a straight finger, and (b) the lack of extension. If ankylosed, show the position in which ankylosis exists. ***See explanation on back.***



INJURED HAND		Finger			Thumb		
		MCP/Prox.	PIP/2nd.	DIP/Distal.	MCP/Prox.	IP/2nd.	
Little Finger	Position of Utmost Flexion	.....°	.....°	.....°	Position of Utmost Flexion	.....°	.....°
	Extension	.....°	.....°	.....°	Extension	.....°	.....°
Ring Finger	Position of Utmost Flexion	.....°	.....°	.....°	Position of Utmost Flexion	.....°	.....°
	Extension	.....°	.....°	.....°	Extension	.....°	.....°
Middle Finger	Position of Utmost Flexion	.....°	.....°	.....°	Abduction	Full	Restricted
	Extension	.....°	.....°	.....°		(Check one)	
Index Finger	Position of Utmost Flexion	.....°	.....°	.....°	Adduction	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	.....°	.....°	.....°	Opposition	<input type="checkbox"/>	<input type="checkbox"/>

5. Please note any other impairment and comment on usefulness of hand (grip, wrist movement, sensation, ligament integrity, etc.)
6. What further improvement do you expect?

7. **FLEXION AND EXTENSION OF NON INJURED HAND JOINTS** – In the table below, show in degrees (a) the position of utmost flexion from a straight finger, and (b) the lack of extension. If ankylosed, show the position in which ankylosis exists. **See explanation below.**

NON INJURED HAND		Finger			Thumb		
		MCP/Prox.	PIP/2nd.	DIP/Distal.	MCP/Prox.	IP/2nd.	
Little Finger	Position of Utmost Flexion	.....°	.....°	.....°	Position of Utmost Flexion	.....°	.....°
	Extension	.....°	.....°	.....°	Extension	.....°	.....°
Ring Finger	Position of Utmost Flexion	.....°	.....°	.....°	Abduction	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	.....°	.....°	.....°		<input type="checkbox"/>	<input type="checkbox"/>
Middle Finger	Position of Utmost Flexion	.....°	.....°	.....°	Adduction	<input type="checkbox"/>	<input type="checkbox"/>
	Extension	.....°	.....°	.....°	Opposition	<input type="checkbox"/>	<input type="checkbox"/>
Index Finger	Position of Utmost Flexion	.....°	.....°	.....°			
	Extension	.....°	.....°	.....°			

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 I hereby certify the above is a correct statement of services personally rendered by me.

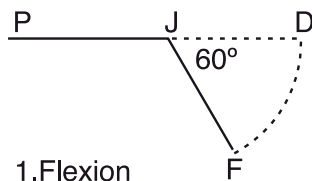
## Method for Describing Flexion and Extension of Injured Joints

Devising a simple and effective method of showing limitations of flexion and extension of finger joints has proven difficult. Describing extension has been the chief stumbling block. After careful consideration, we have decided to ask for the degrees of lack of extension, rather than the degrees of the contained angle.

Both flexion and extension are to be described by the arc or angle made with the distal end of a normal straight finger.

Remember, it is always the position of greatest possible flexion and the position of greatest possible extension that is required. From this can be deduced (by subtraction) the range of movement or, if there is complete ankylosis, the position of ankylosis.

### 1. Flexion



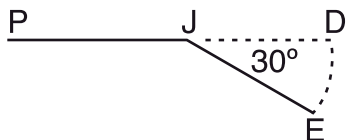
1.Flexion

In the example above, let **PJD** represent a straight extended finger, **P** being proximal, **D** distal, and **J** the injured joint.

In the first diagram, let **FJ** represent the position of utmost voluntary flexion. If the angle **FJD** is 60°, the position of utmost flexion is described as 60°.

In the second diagram, let **EJ** represent the position of utmost voluntary extension. If the angle **EJD** is 30°, the lack of extension is 30°.

### 2. Extension



If there is flexion to a right angle and no impairment of extension, the position of utmost flexion will be 90° and the lack of extension will be 0°. If there is ankylosis in the position represented in the first diagram, the position of utmost flexion, as before, will be described as 60° and the lack of extension will likewise be described as 60°.

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation.

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