INTRODUCTION
Standardized photography for wrist flexion and extension movement are; the patient is seated right in front of the position and the shoulders are perpendicular to the sagittal plan while the palms are joined together and the fingertips are pointing upward for extension, and for flexion finger tips pointing down to combine hand dorsums. The purpose of this study is to investigate whether the correct active range of motion is masked by the passive range of motion of the damaged wrist joint.

MATERIAL AND METHOD
Between 2014 and 2016, nine patients who were treated conservatively or surgically for unilateral wrist fractures were included in the study. Photography was done by the same surgeon, with the same camera and lens, in the same photo studio, with the same light and the same distance. Photographs taken for each patient: 1. Active extention, 2. Active flexion, 3. Passive extension, 4. Passive flexion (Figure 1, 2)
On the photographs, the angles between the bilateral ulna and the 5th metacarpal of all patients were measured with the Image J software. For each patient, both the active and the passive sides of the patient and the active range of motion of the joints were evaluated. The difference between non-sick side (NS) and sick side (SS) were evaluated both for flexion and extension motions.

RESULTS
No significant difference was found between active and passive extension ROMs (p=0.0581). There was no significant difference between active and passive flexion ROMs (p=0.1707).
However, there was a significant difference between the SS group’s active and passive extension ROMs (p=0.0001).
Significant difference was also found between SS group’s active and passive ROMs (p=0.0389).
There was no significant difference between NS and SS sides’ Passive-Active ROMs in extension (p=0.1538). There was no significant difference between NS and SS sides’ Passive-Active ROMs in flexion (p=0.8809).

CONCLUSION
Patients were also seen to be able to push the SS side joints up to their NS sides during passive motion, either in the extension or in the flexion.
We propose to photograph the active ROM measurements instead of the passive ROM, which has become a standard in wrist imaging, may mask bad results in wrist extension and flexion movement.