

Elbow Evaluation

Name: _____ Sport: _____ Date: _____
BP: _____ HR: _____ Practice _____ Game _____ Evaluator: _____

HISTORY

- a. Do you remember a specific episode of trauma? If yes, when and please describe. _____

- If no, do you remember when you began to feel the discomfort? How long? _____
Has it progressively gotten worse? _____
- b. Have you had a injury to this elbow previously, If yes , when and please describe _____
Did you completely recover from this injury? _____
- c. Have you ever had an injury to your neck. Have you had any pain or numbness radiate down your arm to your forearm or hand
No_____ If yes, when and please describe _____
- d. Do you have any grinding or crepitis in your elbow. No___ If yes, where _____
- e. Do you ever have swelling or puffing around the elbow joint? _____
- f. Have you experienced any giving out, dislocation, or locking of your elbow joint.
If yes, please describe _____
- g. Do you have any stiffness? No___ Yes___ When _____
- h. What activities cause you to have pain in your elbow? Describe _____
- i. Can you put your finger on the point that gives you the most pain? _____
- j. At the time of your injury, describe the pain. _____
Dull, diffuse, burning throbbing, aching, sharp, knife-like? _____
- k. Has the pain changed? Yes or no? ___ How? _____
Time span _____
Rate it on a scale of 1 to 10 (with 0 being none and 10 being excruciating)
- l. What have you done since the injury? _____
- m. What makes the pain worse/what makes it better? _____
- n. Does pain wake you up at night? _____

OBSERVATION

- a. Condition of athlete: (Excellent - Good - Fair - Poor) _____
- b. Observe weight-description: _____
- c. Observe posture:-description: _____
- d. Gross deformity:-description: _____
- e. Swelling: (Hemarthrosis - Moderate - Mild Effusion) _____
- f. Discoloration: Echymosis and location. -description: _____

PALPATION

RULE OUT A FRACTURE

(POSITIVE - NEGATIVE) COMPRESSION _____ PERCUSSION _____ DISTRACTION _____

| | Tender | Crepitis |
|---|---------------|-----------------|
| 1. Shaft of ulna | Yes - No | Yes - No |
| 2. Medical epicondyle of Humerus | Yes - No | Yes - No |
| 3. Medial collateral ligament | Yes - No | Yes - No |
| 4. Wrist flexor muscle group | Yes - No | Yes - No |
| 5. Olecranon process | Yes - No | Yes - No |
| 6. Tricep musculature | Yes - No | Yes - No |
| 7. Lateral epicondyle of humerus | Yes - No | Yes - No |
| 8. Lateral collateral ligament | Yes - No | Yes - No |
| 9. Medial head of Ulna | Yes - No | Yes - No |
| 10. Annular ligament | Yes - No | Yes - No |
| 11. Shaft of the radius | Yes - No | Yes - No |
| 12. Common wrist extensor muscles insertion | Yes - No | Yes - No |
| 13. Biceps musculature and its insertion | Yes - No | Yes - No |
| 14. Cubital fossa | Yes - No | Yes - No |

ASSESSING MOTION

| | General ROM | Goniometer | End Feel | Muscle Testing w/Gravity | Muscle Testing w/out Gravity |
|------------------|-------------|------------|----------|-----------------------------|---------------------------------|
| Flexion (0-150) | _____ | _____ | _____ | _____ | _____ |
| Extension (0-80) | _____ | _____ | _____ | _____ | _____ |
| Supination | _____ | _____ | _____ | _____ | _____ |
| Pronation (0-80) | _____ | _____ | _____ | _____ | _____ |

RATINGS

| | |
|-------------------------------------|---|
| General ROM | (Painfull-Limited-Full) |
| Goniometer | (Percentage of Angle) |
| End Feel | Normal (Bony - Soft Tissue Apposition - Soft Tissue Stretch - Capsular Stretch) |
| Muscle Testing w/Gravity | Abnormal (Hard - Soft- Firm - Springy Block - Empty - Spasm) |
| Muscle Testing w/out Gravity | (5 4 4- 3+ 3 3- 2+) |
| | (2 2- 1+ 1 0) |

STRESS TEST

(+1 +2 +3)

| | | | | | |
|--|--------|--------|-----------------------------|--------|--------|
| Resistive Tennis Elbow Test (cozen's Test) | L_____ | R_____ | Resistive Tennis Elbow Test | L_____ | R_____ |
| Passive Tennis Elbow Test | L_____ | R_____ | Hyperextension Test | L_____ | R_____ |
| Elbow Flexion Test | L_____ | R_____ | Varus Stress Test | L_____ | R_____ |
| Tinel Sign | L_____ | R_____ | Valgus Stress Test | L_____ | R_____ |
| Pinch Grip Test | L_____ | R_____ | | | |

NEUROLOGICAL EXAM (POSITIVE - NEGATIVE)

| NERVE ROOT LEVEL | SENSORY TESTING | MOTOR TESTING | REFLEX TESTING |
|------------------|-----------------|---------------|----------------|
| C5 | _____ | _____ | _____ |
| C6 | _____ | _____ | _____ |
| C7 | _____ | _____ | _____ |
| C8 | _____ | _____ | _____ |
| T1 | _____ | _____ | _____ |

CIRCULATORY EXAM (POSITIVE - NEGATIVE)

Brachial Pulse _____ Radial Pulse _____

FUNCTIONAL TESTS

ACTIVITY SPECIFIC

- 1.
- 2.
- 3.
- 4.
- 5.

NOTES

Impression: _____

Referral: Emergency Room _____

Physician's Office: _____

Acute Management: Crutches _____ Posterior Splint _____ Compression Bandage _____ Air Cast _____ Vacuum Splint _____ Speedi Splint _____

Diagnostic Tests:

- X-rays: Anterior/Posterior view
 Lateral view
 Mortis view
 Anterior/Posterior view with stress

BoneScan: _____

