

**4.5.1 Wrist Evaluation-History**  
*SLU Athletic Training Education*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**The student will demonstrate the ability to perform a history of the wrist:**

Actions	Points Possible	Points Awarded
Do you remember a specific episode of trauma?	1	
Have you had a injury to this wrist, hand, or finger previously?	1	
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.	1	
Do you have any grinding or crepitis in your hand, wrist, or fingers?	1	
Have you experienced any giving out or dislocation of your hand, wrist, or fingers?	1	
Do you have any stiffness?	1	
What activities cause you to have pain in your hand, wrist, or fingers?	1	
At the time of your injury, describe the pain.	1	
Has the pain changed?	1	
What have you done since the injury?	1	
What makes the pain worse/what makes it better?	1	
Does pain wake you up at night?_	1	
Other:		
<b>Note:</b>	<b>Total Points</b>	<b>12+</b>
<b>*Critical Criteria</b>		