

Wrist/Hand 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 not, 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 area before, 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 wrist/hand. No___ If yes, where _____
- e. Do you ever have swelling or puffing around the wrist/hand joint? _____
- f. Have you experienced any giving out, dislocation, or locking of your wrist/hand joint.
If yes, please describe _____
- g. Do you have any stiffness? No___ Yes___ When _____
- h. What activities cause you to have pain in your wrist/hand? 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: Ecchymosis and location. -description: _____

PALPATION

RULE OUT A FRACTURE (POSITIVE - NEGATIVE)

	COMPRESSION	PERCUSSION	DISTRACTION		
	Tender	Crepitus	Tender	Crepitus	
1. Styloid process of the ulna	Yes - No	Yes - No	8. Proximal palmar crease	Yes - No	Yes - No
2. Styloid process of the radial	Yes - No	Yes - No	9. Thenar eminence	Yes - No	Yes - No
3. Metacarpal bones	Yes - No	Yes - No	10. Hypothenar eminence	Yes - No	Yes - No
4. Capitate bone	Yes - No	Yes - No	11. Anatomical Snuff Box	Yes - No	Yes - No
5. Pisiform bone	Yes - No	Yes - No	12. Phalanges/Tufts	Yes - No	Yes - No
6. Thumb web space	Yes - No	Yes - No	13. Palmaris Longus Tendon	Yes - No	Yes - No
7. Distal palmar crease	Yes - No	Yes - No			

ASSESSING MOTION

	General ROM	Goniometer	End Feel	Muscle Testing w/Gravity w/out Gravity	Muscle Testing w/out Gravity
Flexion (0-80)	_____	_____	_____	_____	_____
Extension (0-70)	_____	_____	_____	_____	_____
Ulnar deviation (0-30)	_____	_____	_____	_____	_____
Radial deviation (0-20)	_____	_____	_____	_____	_____
CM flexion (0-15)	_____	_____	_____	_____	_____
CM extension (0-20)	_____	_____	_____	_____	_____
CM abduction (0-70)	_____	_____	_____	_____	_____
MCP flexion (0-50)	_____	_____	_____	_____	_____
IP flexion	_____	_____	_____	_____	_____
MCP digit 2 flexion (0-90)	_____	_____	_____	_____	_____
extension (0-45)	_____	_____	_____	_____	_____
abduction	_____	_____	_____	_____	_____
adduction	_____	_____	_____	_____	_____
MCP digit 3 flexion (0-90)	_____	_____	_____	_____	_____
extension (0-45)	_____	_____	_____	_____	_____
abduction (radial)	_____	_____	_____	_____	_____
adduction (ulnar)	_____	_____	_____	_____	_____
MCP digit 4 flexion (0-90)	_____	_____	_____	_____	_____
extension (0-45)	_____	_____	_____	_____	_____
abduction	_____	_____	_____	_____	_____
adduction	_____	_____	_____	_____	_____
MCP digit 5 flexion (0-90)	_____	_____	_____	_____	_____
extension (0-45)	_____	_____	_____	_____	_____
abduction	_____	_____	_____	_____	_____
adduction	_____	_____	_____	_____	_____
PIP digit 2 flexion (0-100)	_____	_____	_____	_____	_____
3 flexion (0-100)	_____	_____	_____	_____	_____
4 flexion (0-100)	_____	_____	_____	_____	_____
5 flexion (0-100)	_____	_____	_____	_____	_____
DIP digit 2 flexion (0-90)	_____	_____	_____	_____	_____
3 flexion (0-90)	_____	_____	_____	_____	_____
4 flexion (0-90)	_____	_____	_____	_____	_____
5 flexion (0-90)	_____	_____	_____	_____	_____

RATINGS

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

STRESS TEST

(+1 +2 +3)

Tap Test	L___ R___	Tinel Test	L___ R___	Bunnell Littner Test	L___ R___
Compression Test	L___ R___	Froment's Sign	L___ R___	Murphy's Sign	L___ R___
Long Finger Flexor Test	L___ R___	Wrinkle Test	L___ R___	Watson Test	L___ R___
Finkelstein Test	L___ R___	Digital Allen Test	L___ R___	Phalens Test	L___ R___
Ulnar L. Stress Test (Thumb)	L___ R___				

NEUROLOGICAL EXAM

(POSITIVE - NEGATIVE)

NERVE ROOT LEVEL	SENSORY TESTING	MOTOR TESTING	REFLEX TESTING
C5	_____	_____	_____
C6	_____	_____	_____
C7	_____	_____	_____
C8	_____	_____	_____
T1	_____	_____	_____
Radial Nerve	_____	_____	_____
Ulnar Nerve	_____	_____	_____
Median Nerve	_____	_____	_____

CIRCULATORY EXAM

(POSITIVE - NEGATIVE)

Brachial Pulse _____

Radial Pulse _____

FUNCTIONAL TESTS

ACTIVITY SPECIFIC

- 1.
- 2.
- 3.

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