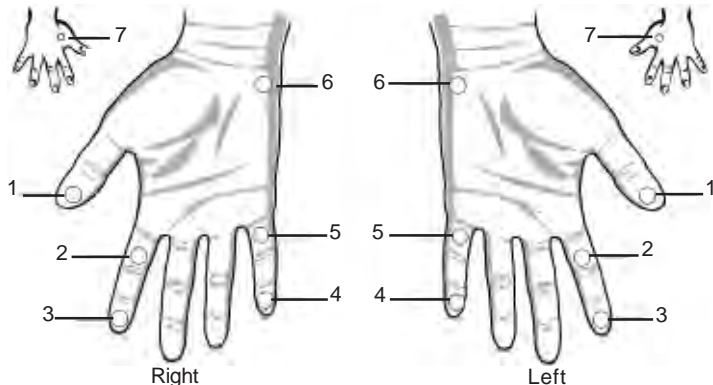


HAND EVALUATION	PROGRAM NAME: _____		
Patient's Name (Last, First, Middle): _____	DOB: _____	Pt. File No.: _____	Initial __ F/U __
Complaints/Changes: _____			

Section I. SENSORY TESTING: Begin with green filament. Mark filament number on corresponding line for each positive response. If no response, use the next heaviest filament until all sites are scored.



FILAMENT NUMBER	FORCE (gms)	INTERPRETATION	SCORE
2.83 (Green)	0.05	Normal Sensation	5
3.61 (Blue)	0.20	Residual Texture Sensation	4
4.31 (Purple)	2.00	Protective Sensation	3
4.56 (Red)	4.00	Loss of Protective Sensation	2
6.65 (Red)	300.00	Deep Pressure Sensation	1
6.65 (Red Line)	No Response	Impaired Deep Pressure Sensation	0
Black	N/A	Missing or Inaccessible	

Section II. SKIN INSPECTION: Describe skin condition in space provided below:
W-Wound, **C**-Callus, **S**-Swelling, **R**-Redness, **D**-Dryness, **T**-Temperature, **M**-Missing, **J**-Contracture, **O**-Other

Section III. MUSCLE TESTING: Mark: **S**-Strong, **W**-Weak, **P**-Paralyzed (or Grade 5-0)

 (Ulnar Nerve)		 (Median Nerve)		 (Radial Nerve)	
R__ L__	R__ L__	R__ L__	R__ L__	R__ L__	R__ L__
1) Index finger Abduction (FDI)	2) Little Finger MP Joint Flex. (L)	3) Thumb Abduction Out of Palm (APB)	4) Thumb to Little Finger (OP)	5) Radial Wrist Extension (ECR)	

Section IV. NERVE PALPATION:

Ulnar (at Cubital Tunnel) Median (at Carpal Tunnel) Radial Cut. (Proximal to snuff box)	<table border="0"> <tr><td>R</td><td>L</td></tr> <tr><td>Enlarged</td><td>Tender</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	R	L	Enlarged	Tender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R	L											
Enlarged	Tender											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											

Section V. DEFORMITY: (Check if present)

Open Wounds	R <input type="checkbox"/> L <input type="checkbox"/>	Amputation/Absorption	R <input type="checkbox"/> L <input type="checkbox"/>
Clawed but mobile hand	R <input type="checkbox"/> L <input type="checkbox"/>	Wrist Drop	R <input type="checkbox"/> L <input type="checkbox"/>
Contracted or stiff joints	R <input type="checkbox"/> L <input type="checkbox"/>	Other	<input style="width: 100%;" type="text"/>

Section VI. W.H.O. GRADE

WHO Grade	Description	R	L
0	Protective sensation (Can feel 4.31 (2gm) filament or better at all test sites)		
1	Loss of protective sensation (Does NOT feel 4.31 (2gm) filament and NO HD damage/deformity)		
2	Loss of protective sensation and HD damage/deformity (Does NOT feel 4.31 (2gm) filament & has HD related damage/deformity)		

Examined by: _____ Date: _____
 Entered by: _____ Date: _____