# Elbow/Wrist/Hand EVALUATION FORM

**Date:**

**Pt Name:**

**Pt Number:**

**Diagnosis:**

**Referred by:**

**Visit #:**

**Time in:**

**Time out:**

**Billable units:**

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## Patient Information:

**Patient Profile:**

**Chief Complaint:**

**Account of Current Condition:**

- History of present injury:
- Current Symptoms:
  - **Location:**
  - **Onset:**
  - **Character:**
  - **Intensity:**
  - **Duration:**
  - **Aggravating Factors:**
  - **Alleviating Factors:**
  - **24 hour behavior:**

**PMH:**

**Medication/Allergies:**

**Current Function %:**

- **Standardized Functional Questionnaire:**
  - **DASH:**

**Personal and Environmental Factors:**

- **Activity:**
- **Occupation:**

**Patient Goals:**

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## Systems Review:

**Cardiopulmonary:**

**Neuromuscular:**

**Integumentary:**

**Musculoskeletal:**

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## Tests and Measures:

**Observation:**

- **Joint Clearing:**

**ROM:**

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<th>AROM</th>
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<td>R</td>
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Flexion
Extension
Radial Deviation
Ulnar Deviation
Supination
Pronation
PIP Flexion
PIP Extension
DIP Flexion
DIP Extension

Functional Movements:
Pinch Grip:
Whole Grip:

Resisted Tests:

Flexibility:

Neurologic Screen:

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<th>Sensation</th>
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Special Tests:

- Lateral Epicondylosis:
  - Method 1:
  - Method 2:
  - Method 3:
- Medial Epicondylosis:
- Valgus Instability Test:
- Moving Valgus Stress Test:
- Varus Instability Test:
- Scaphoid Shift Test:
- Lunotriquetral Ballottement Test:
- Tight Retinacular Ligaments Test:
- Bunnel-Littler Test:
- Finkelstien Test:

- ULTT 1:
- ULTT 2:
- ULTT 3:
- ULTT 4:
- Tinel's Sign at the Elbow:
- Wartenberg's Sign:
- Froment's Sign:
- Tinel's Sign at the Wrist:
- Phalen's Test:
- Carpal Compression Test:
- Pronator Teres Syndrome Test:
- Pinch Grip Test:
- Digital Blood Flow Test:

Joint Mobility:

Palpation:

Functional Tests:

Today's Intervention:

Evaluation:

Summary:
Impairments:
Functional Limitations:
Response to today's intervention:

**Plan of Care:**

Outcomes:
- STG:
- LTG:

Prognosis:

Intervention Plan:

**Informed Consent:**

(☐Patient or ☐Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outline, including the given HEP.

Sign: _____

_____  _____  _____

Date: _____