



### Elbow/Wrist/Hand EVALUATION FORM

Date:  
Pt Name: Pt Number:  
Diagnosis:  
Referred by:  
Visit #:  
Time in: Time out: Billable units:

**Patient Information:**

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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:

**Systems Review:**

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Cardiopulmonary:

Neuromuscular:

Integumentary:

Musculoskeletal:

**Tests and Measures:**

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Observation:

Joint Clearing:

ROM:

	AROM		PROM		End Feel	
	R	L	R	L	R	L



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:**

	Sensation		Reflexes		Motor	
	R	L	R	L	R	L
C1						
C2						
C3						
C4						
C5						
C6						
C7						
C8						
T1						

**Special Tests:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lateral Epicondylitis:            | <input type="checkbox"/> ULTT 1:                       |
| <input type="checkbox"/> Method 1:                         | <input type="checkbox"/> ULTT 2:                       |
| <input type="checkbox"/> Method 2:                         | <input type="checkbox"/> ULTT 3:                       |
| <input type="checkbox"/> Method 3:                         | <input type="checkbox"/> ULTT 4:                       |
| <input type="checkbox"/> Medial Epicondylitis:             | <input type="checkbox"/> Tinel's Sign at the Elbow:    |
| <input type="checkbox"/> Valgus Instability Test:          | <input type="checkbox"/> Wartenberg's Sign:            |
| <input type="checkbox"/> Moving Valgus Stress Test:        | <input type="checkbox"/> Froment's Sign:               |
| <input type="checkbox"/> Varus Instability Test:           | <input type="checkbox"/> Tinel's Sign at the Wrist:    |
| <input type="checkbox"/> Scaphoid Shift Test:              | <input type="checkbox"/> Phalen's Test:                |
| <input type="checkbox"/> Lunotriquetral Ballotment Test:   | <input type="checkbox"/> Carpal Compression Test:      |
| <input type="checkbox"/> Tight Retinacular Ligaments Test: | <input type="checkbox"/> Pronator Teres Syndrome Test: |
| <br>   | <input type="checkbox"/> Pinch Grip Test:              |
| <input type="checkbox"/> Bunnel-Littler Test:              | <input type="checkbox"/> Digital Blood Flow Test:      |
| <input type="checkbox"/> Finkelstien Test:                 |  |

**Joint Mobility:**

**Palpation:**

**Functional Tests:**

**Today's Intervention:**

**Evaluation:**

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**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: