

Name: _____

Elbow Evaluation

☐ Verbal Consent

Cervical/Shoulder Scan ☐ Clear ☐ See Notes

Neurological Scan ☐ Clear ☐ See Notes

Special Questions

Posture Analysis ☐ Edema ☐ Atrophy ☐ Q-angle

☐ Functional

Hand dominance ☐ Right ☐ Left

Range of Motion/Strength

Active R/L

Passive R/L

MMT (___/5) R/L

Elbow Flex (150°)

_____/____

_____/____

_____/____

Elbow Ext'n (0°)

_____/____

_____/____

_____/____

Pronation (80°)

_____/____

_____/____

_____/____

Supination (80°)

_____/____

_____/____

_____/____

Wrist Flex (80°)

_____/____

_____/____

_____/____

Wrist Ext'n (70°)

_____/____

_____/____

_____/____

Radial Dev (20°)

_____/____

_____/____

_____/____

Ulnar Dev (30°)

_____/____

_____/____

_____/____

Grip Strength (Kg) _____ R _____ L

Accessory Movements (↓,↑,N,NT) R / L

Medial Glide

_____/____

Lateral Glide

_____/____

Distraction

_____/____

Anteroposterior

_____/____

Stability Tests

Varus ☐ Clear ☐ NT

Valgus ☐ Clear ☐ NT

Special Tests

Lat Epicod. ☐ Clear ☐ NT

Med Epicond. ☐ Clear ☐ NT

Tinel's Sign ☐ Clear ☐ NT

Pinch Grip ☐ Clear ☐ NT

Other

Palpation

Signature _____

Date ____/____/____