

Name: _____

Wrist/Hand Evaluation

☐ Verbal Consent

Cervical/Shoulder/Elbow Scan ☐ Clear ☐ See Notes

Neurological Scan ☐ Clear ☐ See Notes

Special Questions

Posture Analysis ☐ Edema ☐ Atrophy ☐ Functional

Hand dominance ☐ Right ☐ Left

Range of Motion/Strength

Active R/L

Passive R/L

MMT (___/5) R/L

Wrist Flex (80°)	____/____	____/____	____/____
Wrist Ext'n (70°)	____/____	____/____	____/____
Radial Dev (20°)	____/____	____/____	____/____
Ulnar Dev (30°)	____/____	____/____	____/____
Pronation (80°)	____/____	____/____	____/____
Supination (80°)	____/____	____/____	____/____
Finger Flex(90,115,90°)	____/____	____/____	____/____
Finger Ext'n (30,0,20°)	____/____	____/____	____/____
Finger Abd'n(60°)	____/____	____/____	____/____
Finger Add'n(0°)	____/____	____/____	____/____
Thumb Flex(50,50,85°)	____/____	____/____	____/____
Thumb Ext'n(0,5°)	____/____	____/____	____/____
Thumb Abd'n(70°)	____/____	____/____	____/____
Thumb Add'n(30°)	____/____	____/____	____/____
Opposition	____/____	____/____	____/____

Grip Strength (Kg) ____ R ____ L

Accessory Movements (↓,↑,N,NT) R / L

Stability Tests

Varus ☐ Clear ☐ NT

Valgus ☐ Clear ☐ NT

Ulnar coll ☐ Clear ☐ NT

Lunatotriquetral ☐ Clear ☐ NT

Long-axis ext'n	____/____
Anteroposterior	____/____
Side glide	____/____
Side tilt	____/____
Rotation	____/____
Carpal	____/____

Special Tests

Phalens ☐ Clear ☐ NT

Finkelstein ☐ Clear ☐ NT

Tinel's Sign ☐ Clear ☐ NT

Pinch Grip ☐ Clear ☐ NT

Other _____

Palpation

Signature

____/____/____
Date