

**New Patient Examination
Hand / Wrist Evaluation Form**

Name:

DOB:

Date:

Which hand / wrist hurts? Right Left
 Are right-handed or left-handed? Right Left
 Are you having pain in your hand / wrist today? Yes No
 Where is the location of your pain? Dorsal Volar Radial Ulnar
Phalanges Metacarpal Carpal
 Is the pain: Sharp Dull Achy Burning Constant
 Activity related (before/during/after) Mild Moderate Severe
 Do you have pain in your neck or upper back? Yes No
 Do you have numbness or tingling in your arm or hand? Yes No
 Do you have pain in your shoulder? Yes No
 Does it keep you awake? Yes No
 Do you have Weakness Catching/popping Grinding Loss of motion
 Does your work involve repetitive hand / wrist motion? Yes No
 How bad is your pain today on a scale of 1 to 10? _____
 How long ago did the pain start? _____
 How did the pain start? _____ Gradually over time / acutely
 Date of Injury _____
 Did you suffer? _____ Fall No accident or injury
 Other injury, please specify _____
 If you suffered an *acute injury* did you feel a: Pop Snap None
 Were you able to use your arm immediately? Yes No
 Did you seek medical attention? Yes No
 Where? ER PMD Other _____
 Do you take pain medication? Yes No
 How often? _____ Does it help? Yes No
 Have you had trauma to this hand / wrist in the past? Yes No
 If yes, when? _____
 What type of injury? Dislocation Fracture Laceration
 What previous treatment have you had on your Hand / Wrist?
 Physical Therapy / Surgery / Steroid injections / Brace When? _____
 Did you hand / wrist improve with the above? Yes No
 Do you have pain with the following?
 Shaking hands or grasping objects? Yes No
 Does your work involve repetitive hand / wrist motion? Yes No
 Does your hand / wrist prevents you from playing sports, work, or doing daily activities? Yes No
 Do you feel any catching or locking in the wrist / hand / fingers Yes No

Physical Examination:

Cervical Spine

Normal Examination

Inspection:

No Muscle wasting/Asymmetry

Palpation:

Posterior elements/paracervical muscle

Trigger points

Full ROM active Flexion/Extension /Rotation

Compression Test

Generalized ligamentous Laxity:

Hand / Wrist Examination

Erythema					Right	Left
Atrophy					Yes	No
Edema					Yes	No
Nail Bed	Erythema	Edema	Intact		Hematoma	

Bony Palpation

Radial Styloid Process			Tenderness	Yes	No
Anatomic Snuff Box				Yes	No
Scaphoid, Trapezium, Radial Tubercle				Yes	No
Capitate, Lunate				Yes	No
Ulnar Styloid Process, Triquetrum, Pisiform,				Yes	No
Hook of the Hamate				Yes	No
First Digit IP Joint				Yes	No
Metacarpal	Phalanges			Yes	No

Soft Tissue Palpation

Zone I Radial Styloid Process	anatomic snuffbox, Radial Artery	Yes	No
Zone II Tubercle of the Radius		Yes	No
Zone III Ulnar Styloid Process		Yes	No
Zone IV Pisiform (Palmer)	FCU, Tunnel of Guyon, Ulnar Artery	Yes	No
Zone V CT, PL, FCR		Yes	No
Angulatory / Rotatory Deformity	None	Yes	No

Range of Motion

Wrist Flexion/Extension (80/70)				Not Tested
Ulnar/Radial Deviation (30/20)				Normal
First Finger Flexion and Extension				Normal
Thumb MCP (0/50)	IP (locked)	P ABD/ADD (70/0)	OPP	Normal

Muscle Testing/Myotomes: Affected by pain

MMT (5/5)		Normal	Abnormal	Yes	No
Wrist Extension	Flexion	Supination		Not Tested	
Fingers Extension	Flexion	ABD		Pronation	
Thumb Extension	Flexion			ADD	
ABD	ADD				
Pinch	OPP				
Sensation	C6, C7, C8			Intact	Deficit

Specialty Tests

Phalen's Test	Positive	Negative
Finkelstein Test	Positive	Negative
Long Finger Flexor Tests	Positive	Negative

Neurologic Testing:

Radial	Ulna	Median	Axillary	LAC	MBC	MAB	Normal	Abnormal
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Radiographs: _____

MRI: _____

EMG/NC _____

Diagnosis:

- Tendonitis Tendinosis Bursitis Wrist Sprain Finger Sprain
- Dislocation MCP PIP DIP Mallet Finger Swan Neck Deformity
- Trigger Finger Trigger Thumb Olecranon Bursitis
- Calcific Tendonitis Loose Body Foreign Body CTS
- Entrapment Median Ulnar Radial Wrist Elbow
- Ligament/Tendon Strain Rupture Gamekeepers Flexor Extensor
- Fracture Scaphoid Radius Ulna MC PP DP
- Cervicalgia Radiculopathy Myopathy
- Osteoarthritis RA Gout Pseudogout
- Contracture Proximal Biceps Rupture Distal Biceps Rupture
- MCL Rupture De Quervain's FCR Tendonitis Intersection Syndrome
- ECU Subluxation TFCC Tear Ulnar Impaction FCU/ECU Tendonitis
- Kienböck's Disease PIN Entrapment Ganglion Cyst DRUJ Instability
- Scapholunate Ligament Tear Nail Bed Injury
- Other _____

Treatment:

- MRI Conventional MRI Gadolinium
- Sling Stacked Splint Plumbers Tape Cast with outrigger
- Buddy Tape Cock Up Splint Cock Up with Thumb Dynamic Splint
- Radiographs AP Lateral Oblique
- Physical Therapy Home Hand Therapist
- Referral Pain Management EMG/NC Rheumatologist
- Medication NSAIDs Narcotics Other _____
- Corticosteroid Injection _____
0.5% Marcaine 2% Lidocaine Depo Medrol Celestone

Surgery:

ORIF Trigger Release CTR Decompression Ulnar Wrist/Elbow Nerve Transposition

Schedule:

- QVH SHH Fairfield Other _____

RTC Week Month PRN Referral _____

Notes: