

Sports Medicine

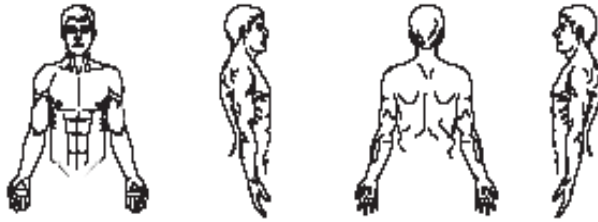
Elbow Evaluation Form

Which Elbow hurts?	Right	Left
Are you right-handed or left-handed?	Right	Left
Are you having pain in your elbow today?		Yes
No		
Where is the location of your pain?	medial	lateral
	posterior	other
Is the pain:	sharp	dull
	aching	burning
	constant	moderate
	activity related (before/ during /after)	severe
Do you have pain in your shoulder or wrist?	Yes	No
Do you have numbness or tingling in your hand?	Yes	No
Do you have pain in your elbow at night and does it keep you awake?	Yes	No
Do you have	weakness	catching/popping
	swelling	grinding
	stiff	loss of motion
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 or acutely?	_____
Date of Injury _____		
How did the injury occur?	Fall	No accident or injury
Other injury, please specify _____		
If you suffered an <i>acute injury</i> did you feel a:	Pop	Snap
Were you able to use your elbow immediately?	Yes	None
Did you seek medical attention?	Yes	No
Do you take pain medication?	Yes	No
How often? _____	Does it help?	Yes
Have you had trauma to this elbow in the past?	Yes	No
If yes, when? _____		
What type of injury?	Dislocation	Subluxation
	Tendonitis	Fracture
What previous treatments have you had on your elbow?		
Physical Therapy / Surgery / Steroid injections	When?	_____
Did your elbow improve with the above?	Yes	No
Does your elbow feel unstable (as if it is going to dislocate)?		Yes
No		

Do you have pain with the following?

Shaking hands or grasping objects		Yes
No		
Doing repetitive activities?	Yes	No
Lifting, pushing or pulling using your elbow?	Yes	No
Doing your usual work?	Yes	No
Does your work involve repetitive elbow motion?	Yes	No
Does your elbow prevent you from playing sports or doing daily or work related activities?	Yes	No

Sports Medicine Elbow Evaluation Form



Elbow Examination

Right / Left

Palpation

Lateral / Medial Humeral Condyle	Tenderness		Yes	No
Olecranon			Yes	No
Radial Head			Yes	No
Collateral Ligaments (Flex 30 degrees)				
Ulnar			Yes	No
Lateral			Yes	No
Cubital Tunnel Tenderness		Yes	No	Tinel
Sign				

Other tenderness:

Triceps/Anconeus	Biceps/Brachialis	Brachioradialis	Pronator Teres
Forearm Extensors	Forearm Flexors		

Scars-location _____

Pain _____

Atrophy _____

Deformity _____

Range of Motion

	Active	Passive	Normal
Flexion			<input type="checkbox"/>
Extension (0-140degrees +/-10)			<input type="checkbox"/>
Supination (70degrees)			<input type="checkbox"/>
Pronation (85degrees)			<input type="checkbox"/>

Gross crepitus with ROM	Yes	No
Neurological Testing	Intact (+)	Deficit (-)

Radial	Lateral Antebrachial Cutaneous	Medial Brachial Cutaneous	Medial Antebrachial
Ulnar Nerve	Median Nerve	Axillary Nerve	

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Pivot Shift	Yes	No		
Anterior translation	Yes	No		
Posterior translation	Yes	No		
Varus / Valgus Instability (flex 25 degrees)	Yes	No		
Muscle Testing/Myotomes:	Weakness		Normal	
Triceps/Anconeus (C7-8)	Yes	No	<input type="checkbox"/>	
Biceps/Brachialis (C5-6)	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Brachioradialis (C5-6)	Yes	No	<input type="checkbox"/>	
Supinator (C6)	Yes	No	<input type="checkbox"/>	
Pronator Teres (C6-7)	Yes	No	<input type="checkbox"/>	
Forearm Extensors (C7-8)	Yes	No	<input type="checkbox"/>	
Forearm Flexors (C7-T1)	Yes	No	<input type="checkbox"/>	
Muscle Testing/Myotomes: Affected by pain	Yes	No	<input type="checkbox"/>	

Radiographs: _____

MRI: _____

Diagnosis:

- Medial / Lateral Epicondylitis
- Osteoarthritis / Rheumatoid Arthritis
- _____
- Cubital Tunnel Syndrome / Ulnar Nerve Compression
- UCL / LCL Strain / Rupture
- Instability
- Fracture Radial Head Olecranon Humeral Condyle
- Loose Bodies Olecranon Bursitis
- Other _____

Treatment:

- MRI / Radiographs
- Physical Therapy
- Corticosteroid Injection _____
- Casting Bracing Matt Strap Elbow Sleeve
- Surgery Arthroscopic ORIF Ulna Nerve Transposition ECRB Release
- Medication: _____
- Referral _____
- RTC one week two week four weeks two months six months
- P.R.N.

- Other _____
- _____

*Sports Medicine
Elbow Evaluation Form*

Notes:

Surgical Procedure:

Stephen J. Franzino, MD

Date