

Patient's Name (Last, First, Middle)

Date of Birth:

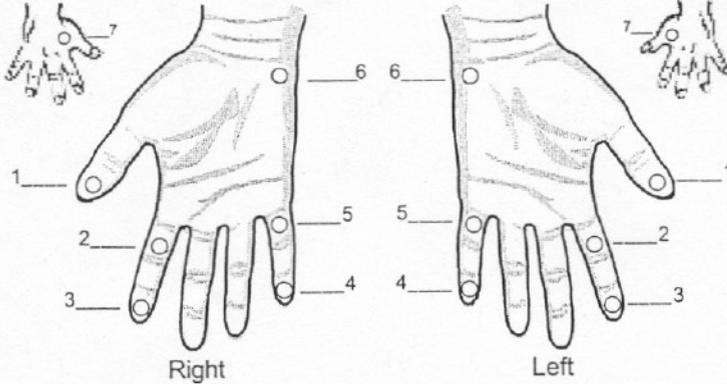
Social Security Number:

Medication:

Date of Disease Onset:

Initial F/U

Section I. **SENSORY TESTING:** Use first filament (A) at site indicated (*apply three times*). If no response, use next heavier filament to determine level of loss.



Filament	Force, gms	Interpretation	(Grade Pts.)
A Green (2.83)	0.05	Normal	(5)
B Blue (3.61)	0.20	Residual Texture	(4)
C Purple (4.31)	2.00	Residual Protective Sensation	(3)
D Red (4.56)	4.00	Loss of Protective Sensation	(2)
E Orange (6.65)	300.00	Residual Deep Pressure	(1)

Section II. **SKIN INSPECTION:** Draw and label (*above*): **W** - Wound, **C** - Callus, **S** - Swelling, **R** - Redness, **D** - Dryness, **T** - Temperature, **M** - Missing, **J** - Contracture, **O** - Other

Section III. **MUSCLE TESTING:** Mark (*below*): **S** = Strong, **W** = Weak, **P** = Paralysis (*or Grade 5 to 0*)

(Ulnar Nerve)

(Median Nerve)

(Radial Nerve)



R\_\_ L\_\_

1) Index finger Abduction (FDI)



R\_\_ L\_\_

2) Little Finger MP Joint Flex. (L)



R\_\_ L\_\_

3) Thumb Abduction Out of Palm (APB)



R\_\_ L\_\_

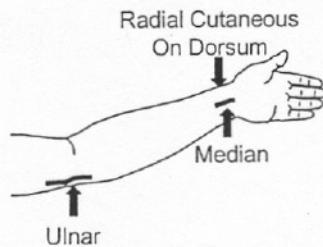
4) Thumb to Little Finger (OP)



R\_\_ L\_\_

5) Radial Wrist Extension (ECR)

Section IV. **PERIPHERAL NERVE RISK:** Mark: U, M, R (*or combination*)



- |   |     |     |
|---|-----|-----|
| 1) Enlarged or swollen nerve                  | R__ | L__ |
| 2) Tender / painful on stretch or compression | R__ | L__ |
| 3) Sensory change in the last 12 months       | R__ | L__ |
| 4) Muscle change in the last 12 months        | R__ | L__ |

High Risk (*acute or changing nerve*): Yes \_\_\_ No \_\_\_  
(refer to physician/therapist)

Section V. **DEFORMITY RISK:** (*Check if present*)

- |   |     |     |   |     |     |
|---|-----|-----|---|-----|-----|
| 1) Loss of Protective Sensation             | R__ | L__ | 4) Injuries ( <i>wounds, blisters, etc.</i> ) | R__ | L__ |
| 2) Clawed but Mobile Hand                   | R__ | L__ | 5) Contracted or Stiff Joints                 | R__ | L__ |
| 3) Fingertip Absorption (Mild___ Severe___) | R__ | L__ | 6) Wrist Drop ( <i>radial nerve</i> )         | R__ | L__ |

High Risk (*any of the above*): Yes \_\_\_ No \_\_\_  
(refer for appropriate treatment)

Has there been a change in the hand since any previous exam? Yes \_\_\_ No \_\_\_

Examined by: \_\_\_\_\_