

ELBOW, WRIST, & HAND DATA COLLECTION FORM

Today's Date: / /

Initial Data Point: New Patient Appt Follow-Up

HISTORY (Initial Only)

Patient Sex (circle): Male / Female Patient Age (yrs): _____ Involved Side: Rt Lt Bilat

Duration of Current Episode: _____ days Dominant Arm: Right Left

Have you had this problem before? Yes No If yes, how long: _____

Injury/Disorder (check all that apply): Lateral Epicondylalgia Other: _____

Surgery for disorder? Yes No Date: / / Procedure: _____ Did it help? Yes No

Injection for disorder? Yes No If yes, where? _____ Did it help? Yes No

Do you work at a job requiring keyboarding? Yes No Was your injury work related? Yes No

Was your injury sport related? Yes No Do you feel you have "nerve" symptoms? Yes No

Do your symptoms improve with moving, "shaking", or positioning your hands or wrists? Yes(improves) No

Other symptoms (check and circle all that apply even if unrelated): Neck Thoracic Shoulder: unilat / bilat

Arm: unilat / bilat Elbow: unilat / bilat Forearm: unilat / bilat Wrist: unilat / bilat Hand: unilat / bilat

Comorbidities: HTN: Blood Pressure ____/____ DM CVD Pulmonary Disease Depression

Obesity: Height ____ft ____in, Weight ____lbs Smoker (circle one): Current / Past / Never

Medications For: Cardiac Cholesterol Vascular Depression Diabetes Shoulder Pain

Other musculoskeletal pain Other: _____

PHYS EXAM: (Initial Only)

Reflexes: Not Indic

C5: NI Dec Inc

C6: NI Dec Inc

C7: NI Dec Inc

Dermatomes (C5-T1)

Not Indicated

Normal Abnormal

If abnormal, which dermatome(s)(circle):
C5 C6 C7 C8 T1

Myotomes (C5-T1)

Not Indicated

Normal Abnormal

If abnormal, which myotome(s): (circle)
C5 C6 C7 C8 T1

Nerve Fields (check here if not indicated)

Median Normal Abnormal

Radial Normal Abnormal

Ulnar Normal Abnormal

Other Normal Abnormal (nerve: _____)

Upper limb tension: + -

Neck clearing: Neck symptoms only
 Reproduction of UE symptoms
 No symptoms

For Wrist Patients: Phalen's Test + -

Carpal Compression Test + -

For Elbow Patients: Grip Strength Uninvolved: _____ lbs ; _____ kg

Time	Interventions				Elbow Cases: Pain Free Grip Strength	NPRS (0-10)	Quick DASH
	1	2	3	4			
Initial Visit							
2 Wk							
3 Wk							
4 Wk							
5 Wk							
6 Wk							
D/C							

- | | | | |
|----------------------------------|-----------------------------|------------------------------|---------------------------------|
| 1. Patient education/instruction | 9. Mob - Spine | 17. AROM/PROM - Spine | 25. Soft Tissue - Scapular |
| 2. PROM | 10. Mob - Shoulder | 18. E-Stim for pain | 26. Soft Tissue - Thoracic |
| 3. AROM | 11. Mob - Elbow | 19. E-Stim for strengthening | 27. Soft Tissue - Elbow & below |
| 4. PREs - wrist extensors | 12. Mob - Wrist / Hand | 20. Ultrasound | 28. Wrist Splint: _____ |
| 5. PREs - scapular muscles | 13. Manip - Neck | 21. Hot Packs | 29. Elbow Strap |
| 6. PREs - other | 14. Manip - Tx Spine / Ribs | 22. Cryotherapy | 30. Other: _____ |
| 7. Isometric Exercise | 15. Manip - Elbow | 23. Ionto | 31. Other: _____ |
| 8. Eccentric Exercise | 16. Manip - Wrist / Hand | 24. Soft Tissue - neck | 32. Other: _____ |

Examiner: Licensed PT Student Both

Treater: Licensed PT Student Both

First visit: / / Total number visits: _____ Total wks in PT: _____ SPT Last Name: _____

Last visit: / / Last visit: Discharge Last Available If a PT student, class of: _____