



THERAPRACTICS

ELBOW, WRIST, HAND RE-EVAL

PATIENT: _____ DATE: _____

PATIENT #: _____ EMPLOYER: _____

DIAGNOSIS: _____ PHYSICIAN: _____

GENERAL COMMENTS:

Pain level & % improvement: _____
 Since the Initial Eval. on _____ / Re-Eval. on _____ the patient has had _____ treatments.
 The patient's physical therapy treatment program has consisted of: Ther. Exs. STM Jt. Mobs. IFC
U.S. Iontophoresis Other: _____
 The patient has had a total of _____ treatments since the Initial Evaluation.
ASSESSMENT / OBJECTIVE PALPATION: _____

ELBOW ROM	Right	Left	ELBOW STRENGTH	Right	Left
FLEXION	°	°	FLEXION	/5	/5
EXTENSION	°	°	EXTENSION	/5	/5
PRONATION	°	°	PRONATION	/5	/5
SUPINATION	°	°	SUPINATION	/5	/5

GRIP STRENGTH: RIGHT: _____ / _____ / _____ # **LEFT:** _____ / _____ / _____ #
 (Jamar Dynamometer #2 performing 3 grips per hand) Dominant hand: _____(L) _____(R)

RANGE OF MOTION	Right	Left	RANGE OF MOTION	Right	Left
WRIST			LONG FINGER		
Flexion 0 - 80°	°	°	MP Flexion 0 - 90°	°	°
Extension 0 - 70°	°	°	MP Extension 0 - 15°	°	°
Ulnar Deviation 0 - 30°	°	°	PIP Flexion 0 - 110°	°	°
Radial Deviation 0 - 20°	°	°	DIP Flexion 0 - 80°	°	°
THUMB			RING FINGER		
MP Flexion 0 - 60°	°	°	MP Flexion 0 - 90°	°	°
IP Flexion 0 - 90°	°	°	MP Extension 0 - 15°	°	°
Abduction 0 - 50°	°	°	PIP Flexion 0 - 110°	°	°
INDEX FINGER			DIP Flexion 0 - 80°		
MP Flexion 0 - 90°	°	°	LITTLE FINGER		
MP Extension 0 - 15°	°	°	MP Flexion 0 - 90°	°	°
PIP Flexion 0 - 110°	°	°	MP Extension 0 - 15°	°	°
DIP Flexion 0 - 80°	°	°	PIP Flexion 0 - 110°	°	°
			DIP Flexion 0 - 80°	°	°

SUMMARY: The patient has made Good Fair Poor progress in physical therapy.

Additional comments: _____

Recommend that the patient be Discharged to a H.E.P. Continue with the following treatment plan:

Treatment Plan: Ther. Exs. STM Jt. Mobs. IFC U.S. Iontophoresis Other: _____

Frequency: _____x/wk. **Duration:** _____wks.

R.P.T., D.C.