Patient's Name (Last, First, Middle):  Complaints/Changes:  Section I. SENSORY TESTING: Begin with green filament. Mark filament number on corresponding line for each positive response. If no response, use the next heaviest filament until all sites are scored.  7	HAND EVALUATION	J	PROGRAM NAME	:						
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### Section II. MUSCLE TESTING: Mark: S-Strong, W-Weak, P-Paralyzed (or Grade 5-0)  (Ulnar Nerve)  1) Index finger 2) Little Finger Abduction (FDI) MP Joint Flex. (L)  1) Index finger 2) Little Finger Abduction (FDI) MP Joint Flex. (L)  1) Index finger 2) Little Finger Abduction (FDI) MP Joint Flex. (L)  1) Index finger 2) Little Finger 3) Thumb Abduction 4) Thumb to Little 5) Radial Nerve)  (Radial Nerve)  (Radial Nerve)  (Radial Nerve)  (Radial Cutar Median Nerve)  (Radial Nerve)  (	( ) = 1	- W	1	` '				on	4	
Bestion II.   Skin Inspection: Describe skin condition in space provided below:   Biack   N/A   Missing or inaccessible	1_6	-		1				t:	3	
Right Left  Section II. SKIN INSPECTION: Describe skin condition in space provided below:  W-Wound, C-Callus, S-Swelling, R-Redness, D-Dryness, T-Temperature, M-Missing, J-Contracture, O-Ot  Section III. MUSCLE TESTING: Mark: S-Strong, W-Weak, P-Paralyzed (or Grade 5-0)  (Median Nerve)  (Wilnar Nerve)  (Wilnar Nerve)  (Wilnar Nerve)  (Radial Nerve)	5 5			` '	+	Deep Pressure Sensation			1	
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