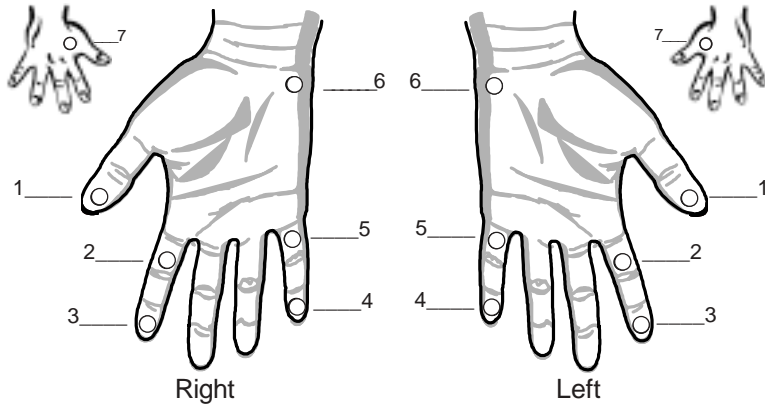


PROGRAM NAME:		<b>HAND SCREEN RECORD</b>		Date:	
Patient's Name (Last, First, Middle):			SS No.	Reaction: Type I ___ Type II ___	
Patient's File No.	Medications:		Date of Disease Onset	Classification	Initial ___ F/U ___

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.



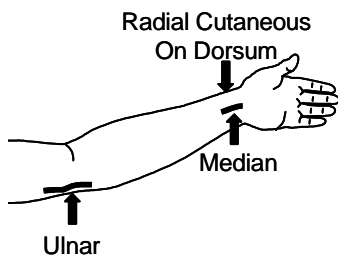
Filament	Force, gms	Interpretation	(Grade Pts.)
<b>A</b> Green (2.83)	0.05	Normal	(5)
<b>B</b> Blue (3.61)	0.20	Residual Texture	(4)
<b>C</b> Purple (4.31)	2.00	Residual Protective Sensation	(3)
<b>D</b> Red (4.56)	4.00	Loss of Protective Sensation	(2)
<b>E</b> Orange (6.65)	300.00	Residual Deep Pressure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



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: \_\_\_\_\_