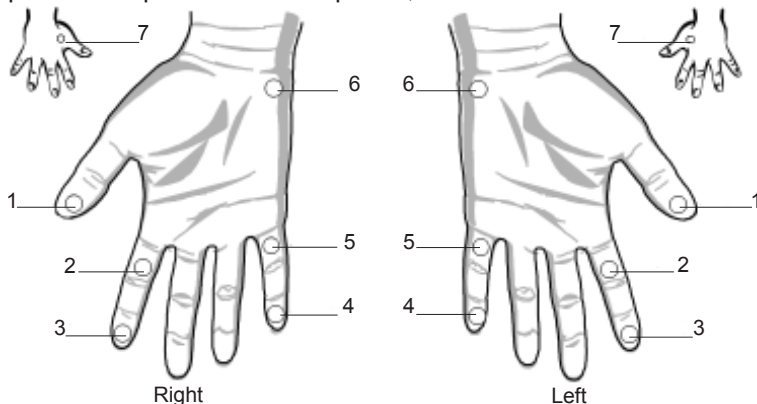


<b>HAND EVALUATION</b>	PROGRAM NAME: _____		
Patient's Name (Last, First, Middle): _____	DOB: _____	Pt. File No.: _____	Initial __ F/U __
Complaints/Changes: _____			

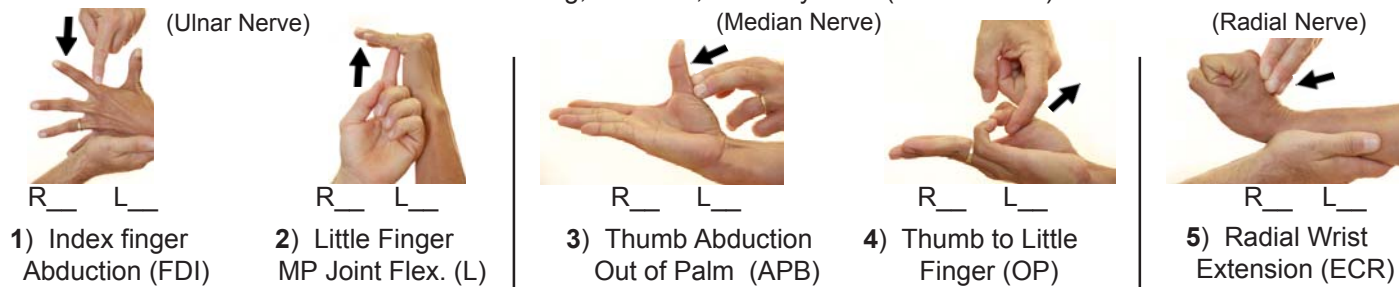
**Section I. SENSORY TESTING:** Begin with green filament. Mark filament number on corresponding line for each positive response. If no response, use the next heaviest filament until all sites are scored.



FILAMENT NUMBER	FORCE (gms)	INTERPRETATION	SCORE
2.83 (Green)	0.05	Normal Sensation	5
3.61 (Blue)	0.20	Residual Texture Sensation	4
4.31 (Purple)	2.00	Protective Sensation	3
4.56 (Red)	4.00	Loss of Protective Sensation	2
6.65 (Red)	300.00	Deep Pressure Sensation	1
6.65 (Red Line)	No Response	Impaired Deep Pressure Sensation	0
Black	N/A	Missing or Inaccessible	N/A

**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**-Other

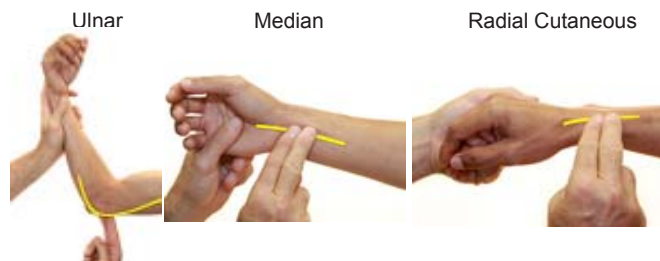
**Section III. MUSCLE TESTING:** Mark: **S**-Strong, **W**-Weak, **P**-Paralyzed (or Grade 5-0)



**Section IV. NERVE PALPATION:**

Ulnar (at Cubital Tunnel)  
 Median (at Carpal Tunnel)  
 Radial Cut. (Proximal to snuff box)

(Enlarged) R L      (Tender) R L



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

R L	R L
Open Wounds	Amputation/Absorption
Clawed but mobile hand	Wrist Drop
Contracted or stiff joints	Other _____

**Section VI. W.H.O. GRADE**

WHO Grade	Description	R	L
0	No protective sensory loss (Can feel 4.31 (2gm) filament or better at all test sites)		
1	Loss of protective sensation (Does <b>NOT</b> feel 4.31 (2gm) filament and NO HD damage/deformity)		
2	Loss of protective sensation and HD damage/deformity (Does <b>NOT</b> feel 4.31 (2gm) filament & has HD related damage/deformity)		

Examined by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_