YOUR LOGO
(optional)

CLINIC / PRACTITIONER NAME

Form OT-HAND-01

Address · phone · license #

Hand & Upper Extremity Evaluation

Range of motion, strength, sensation, and functional use of the hand and upper extremity.

CLIENT INFORMATION

Client name

Date of birth

Medical record # / ID

Date of evaluation

Diagnosis / mechanism of injury

Date of injury / surgery

Hand dominance

Precautions / protocol

JOINT / MOTION	R AROM	R PROM	L AROM	L PROM

MEASURE	RIGHT	LEFT	NORM / NOTES

Suggested: grip (lb/kg), lateral pinch, three-point pinch, tip pinch, manual muscle test

EDEMA, SENSATION & PAIN

Circumference / volumetrics

Semmes-Weinstein

Two-point discrimination

Pain (0–10) & description

SPECIAL TESTS — check if positive

- ☐ Phalen's
- ☐ Allen's
- ☐ Grind test
- ☐ Trigger / triggering
- ☐ Tinel's
- ☐ Froment's
- ☐ Elson's
- ☐ Instability
- ☐ Finkelstein's
- ☐ Watson shift
- ☐ Scar adherence
- ☐ Other (note below)

Functional use — grasp patterns, ADL impact, work & leisure demands

Clinical impression, goals & plan

SIGNATURES

This evaluation was completed by a licensed occupational therapist / certified hand therapist.

Therapist signature

Date

Client signature

Date