

Shriners Hospital Upper Extremity Evaluation

Date _____

Therapist Signature _____

Name _____ Age _____ Diagnosis _____

History _____

Subjective - Goals of patient & family; functional limitations _____

RIGHT		WNL With Following Exceptions	LEFT	
A	P	RANGE OF MOTION	A	P
		Shoulder Abduction		
		Shoulder Flexion		
		Shoulder Internal Rotation		
		Shoulder External Rotation		
		Elbow Flexion		
		Elbow Extension		
		Forearm Supination		
		Forearm Pronation		
		Wrist Flexion		
		Wrist Extension		
		Ulnar Deviation		
		Radial Deviation		
		Finger Flexion		
		Finger Extension		
		Thumb CMC Palmar Abd.		
		Thumb CMC Radial Abd.		
		Thumb MCP		

Tone

Modified Ashworth Scale

0 No increase in muscle tone.	2 More marked increase in muscle tone through most of the ROM, but the part is easily moved.
1 Slight increase in tone, manifested by a catch & release, or by minimal resistance at the end of the ROM when the affected part is moved into flexion or extension.	3 Considerable increase in tone, passive movement is difficult.
	4 Affected part is rigid in flexion or extension.

ADL's

	Independent	Dependent	Assist	Comments
UE dressing				
LE dressing				
Orthotic				
Shoes				
Socks				
Fasteners				
Hygiene				

addressograph

Shriners Hospitals for Children
Greenville Hospital
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