

SHUEE Scoring Form

Patient Name _____

Patient # _____

Date	Initials	Spontaneous Functional Analysis					Dynamic Positional Analysis					Grasp / Release			
		Total Score		Percentage			Total Score		Percentage			Total Score	%		
		/ 45					/ 72					/ 6			
		/ 0	/ 1	/ 2	/ 3	/ 4	/ 5	Thumb	Finger	Wrist	Frarm	Elbow	Flex	Neut	Ext
								/ 12	/ 12	/ 24	/ 12	/ 12	/ 2	/ 2	/ 2

Comments, e.g. intervention & date, score changes, etc.

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Comments, e.g. intervention & date, score changes, etc.

Shriners Hospitals for Children

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