

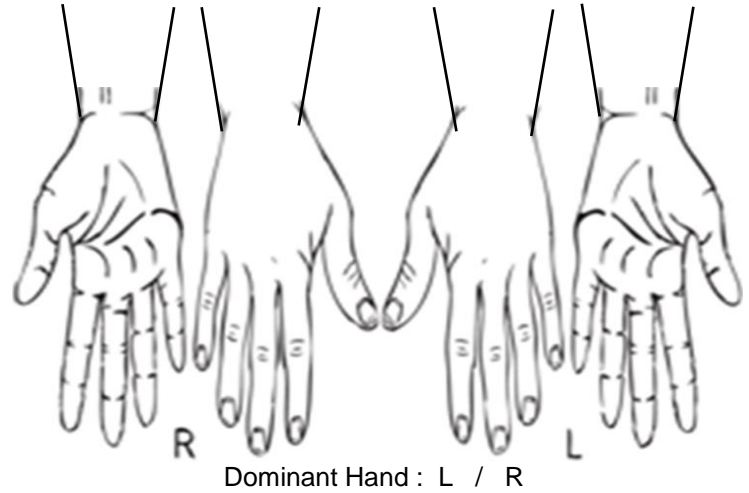
**KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
HAND ASSESSMENT FORM**

Name: ----- Age: ----- Sex: M / F RN / IC: ----- Date: -----

DIAGNOSIS

DOCTOR'S MANAGEMENT

PROBLEM



| | | |
|-------------------|------|--|
| PAIN SCORE | PRE | |
| | POST | |

CURRENT HISTORY

Area :
Nature :
Agg :
Ease :
24 Hours :
Irritability: High / Medium / Low

PAST HISTORY (relating to current problem)

SPECIAL QUESTION

General Health:

PMHx / Surgery :

Investigations :

Medication / Steroids :

Home / Social Situation :

Occupation / Recreation :

Splinting : Y / N

OBSERVATION (general / local)

PALPATION

| PHYSICAL EXAMINATION | | Active | | Passive | | Overpressure | | STRENGTH | | Left | Right |
|----------------------|------------|--------|---|---------|---|--------------|---|----------|--|------|-------|
| | | L | R | L | R | L | R | | | | |
| Index | MCP | | | | | | | | | | |
| | PIP | | | | | | | | | | |
| | DIP | | | | | | | | | | |
| | TAM/TPM | | | | | | | | | | |
| Middle | MCP | | | | | | | | | | |
| | PIP | | | | | | | | | | |
| | DIP | | | | | | | | | | |
| | TAM/TPM | | | | | | | | | | |
| Ring | MCP | | | | | | | | | | |
| | PIP | | | | | | | | | | |
| | DIP | | | | | | | | | | |
| | TAM/TPM | | | | | | | | | | |
| Little | MCP | | | | | | | | | | |
| | PIP | | | | | | | | | | |
| | DIP | | | | | | | | | | |
| | TAM/TPM | | | | | | | | | | |
| Thumb | MCP | | | | | | | | | | |
| | IP | | | | | | | | | | |
| | | | | | | | | | | | |
| Wrist | Flex | | | | | | | | | | |
| | Ext | | | | | | | | | | |
| | Radial Dev | | | | | | | | | | |
| | Ulnar Dev | | | | | | | | | | |
| Elbow | Flex | | | | | | | | | | |
| | Ext | | | | | | | | | | |
| Forearm | Pro. | | | | | | | | | | |
| | Sup. | | | | | | | | | | |
| | | | | | | | | | | | |

| STRENGTH | Left | Right |
|----------|-----------|-------|
| GRIP | | |
| PINCH | Lateral | |
| | Pulp | |
| | 3 - point | |

| Tick if necessary | 2nd | 3rd | 4th | 5th |
|----------------------------------|-----|-----|-----|-----|
| Pulp-pulp Opposition of thumb | | | | |
| Finger to Proximal Palmar Crease | | | | |

| Circumference | Left (cm) | | Right(cm) | |
|---------------|-----------|-----|-----------|-----|
| | PIP | DIP | PIP | DIP |
| Index | | | | |
| Middle | | | | |
| Ring | | | | |
| Little | | | | |
| Thumb | | | | |
| Palmar crease | | | | |
| Wrist | | | | |

| SENSATION TEST | |
|----------------|--|
| | |

| OTHER TESTS | |
|-------------|--|
| | |

| NEUROLOGY OF THE UPPER EXTREMITY | | | | | | PHYSIOTHERAPIST'S IMPRESSION | |
|-----------------------------------|-----------------|---|---|---------------------|-------|------------------------------|--|
| Absent (A), Normal (N), Brisk (B) | | | | | Grade | | |
| Root | Reflex | L | R | Muscle | L | R | |
| C5 | Biceps | | | Deltoid | | | |
| | | | | Biceps | | | |
| C6 | Brachioradialis | | | Wrist Extensor | | | |
| C7 | Triceps | | | Wrist Flexor | | | |
| | | | | Finger(MP) extensor | | | |
| | | | | Triceps | | | |
| C8 | - | | | Finger Flexion | | | |
| T1 | - | | | Hand intrinsic | | | |

| SHORT TERM GOALS | PLAN OF TREATMENT |
|------------------|-------------------|
| | |
| LONG TERM GOALS | |
| | |

Attending Physiotherapist:
Date : **Sign & Stamp**

KEMENTERIAN KESIHATAN MALAYSIA GUIDELINES FOR USE OF HAND ASSESSMENT FORM

DIAGNOSIS

- As in referral

DOCTOR'S MANAGEMENT

- Brief conservative or operative management

PROBLEM

- What is the presenting complaint?
- Pain, Stiffness, Weaknessetc.
- Patient's orientated goal or aim

PAIN SCORE

Level of pain as indicated by patient
(Whichever is applicable based on MOH Pain Scale)

Area

- Define the area and name them

Nature

- What are the pain characteristic?
- Dull, sharp, Tingling, Pinchingetc.
- Use patient's own words.

Aggravating (Agg)

- Activities which bring on the pain.

Ease

- What reducing pain.

24 hours

- AM : Better or worse? Stiffness, How bad and for how long?
- PM : Better or worse? Effect of daily activities at EOD (end of the day) / Weekends.
- NIGHT : Night pain, does it bother you at night?

Irritability

- The type and amount of activity required to cause or increase in symptoms.
- The severity of symptoms provoked
- The length of time taken for this increase in symptoms to return to its usual level

SPECIAL QUESTION

General Health

- General unwell, Malaise, Lethargy, etc.

Past Medical History (PMHx) / Surgery

- Existing pathology with bearing on current condition.
- Any recent surgery.

SKALA KESAKITAN KANAK-KANAK (3-7 TAHUN)



SKALA KESAKITAN DEWASA (>7 TAHUN)



SKALA FLACC (>1 BULAN -3 TAHUN / IMPAIRMENT)

| KATEGORI | PEMARKAHAN | | |
|-----------------|---|---|---|
| | 0 | 1 | 2 |
| WAJAH | TIADA EKSPRESI TERTENTU DI WAJAH ATAU DALAM KEADAAN TERSENYUM | KADANG TERLIHAT MUKA BERKERUT, MURUNG, TIDAK BERMAYA ATAU TIDAK BERSEMANGAT | RAHANG TERKANCING, DAGU BERGETAR (PADA KADAR KERAP HINGGA BERTERUSAN) |
| KAKI | KEDUDUKAN BIASA ATAU SELESA | KEADAAN TIDAK SELESA, RESAH ATAU TEGANG | MENENDANG-NENDANG ATAU MEMBENGKOKKAN KAKI |
| AKTIVITI | BERBARING TENANG, BERKEDUDUKAN BIASA, BERGERAK DENGAN SELESA | BERGULING BERGANJAK DEPAN DAN BELAKANG, TEGANG | MERINGKUK, KAKU ATAU MENGGELUPUR |
| TANGIS | TIDAK MENANGIS (KEADAAN TIDUR ATAU TERJAGA) | MERENGEK DAN KADANG MENGELUH | MENANGIS BERTERUSAN, BERTERIAK DAN TERESA-ESAK, SERING MENGELUH |
| KEBOLEH PUJUKAN | TENANG | MASIH DAPAT DIPUJUK DENGAN SESEKALI SENTUHAN, PELUKAN ATAU KATA-KATA SEHINGGA MUDAH TERGANGGU | SUKAR DIPUJUK |

SETIAP KATEGORI DIBEKSI MARKAH 0-2 DENGAN JUMLAH KESELURUHAN 0-10

Investigation (Ix/MRI/Xray)

- X-ray, Blood test. With relevant to presenting problem.

Medication / Steroids

- Esp. NSAIDS, corticosteroids.
- Side effects of long term - e.g. osteoporosis

Occupation / Recreation

- Nature of job and related stress of job.

Home / Social Situation

- Home alone / Carer support

Splinting

- Type of splint used.

HAND DIAGRAM / CHART

- Presenting complaint? Pain, Stiffness, Weakness or loss of sensation.
- To be marked on Hand chart

CURRENT HISTORY

- How did the injury occur?
- When did it occur?
- Is it better or worse now?

PAST HISTORY

- Relevant past history with regards to the presenting problem
- Has it occurred before?
- Onset, progression, physiotherapy treatment and effect

OBSERVATION

- Willingness and ability to use the hand
- The posture of the hand at rest
- The bone and soft tissue contours of the forearm, Wrist and hand.
- Any localized swelling.
- Any Vasomotor changes (e.g. Loss of hair on the hand, Brittle finger nails, Increase or decrease in sweating of the palm, shiny skin)
- Scars, indicate recent surgery or past injury.

PALPATION

- Tenderness, Pain, Warmth, Swelling, Muscle spasm...etc.

PHYSICAL EXAMINATION

RANGE OF MOTION

- Active range
Reflects ability of muscle tendon unit to move a joint
- Passive range
Reflects maximum potential motion of a joint

- TAM/TPM
Indicates maximum muscle tendon unit excursion
 - TAM (Total active motion)
 - TPM (Total passive motion)
- Circumference
Measurement of edema by measuring tape.
- Grip
Gross Grip Strength is measured by a dynamometer.
- Pinch
Pinch gauges or pinch strength dynamometer is used to measure tip (PUP), Key (Lateral) and 3 point (Palmar Pinch Strength).

SENSATION TEST

- Hot, Cold and Pin Prick sensation test

OTHER TESTS

SENSITIVITY

1. Two Point Discrimination.
This test is used to predict functional recovery and measures the quickly adapting Fibers receptor system. (*Result: Normal -Less than 6mm, Fair - 6 to 10mm*).
2. Simme's Mono Filamen.
Simme's Mono Filamen is used to test threshold levels of touch / pressure cutaneous sensation.
3. Muscle Power: Use oxford scale.
4. Hand Strength: Use hand dynamometer.

PHYSIOTHERAPIST'S IMPRESSION

- Problem in order of priority.

SHORT TERM GOALS

- The goals which are set according to priority.
- Must include the expected outcomes and time frame.

LONG TERM GOALS

- The goals which are set for a longer time frame based on patient goals and physiotherapist goals.

PLAN OF TREATMENT

- The physiotherapy treatment that will be given according to the goal set.

SIGN/ STAMP/DATE

- Need to be filled by attending physiotherapist.

References

1. The P5VS Guidelines (2nd edition, 2013)