

Thumb Assessment

Name	Assessment Date
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Hand Dominance: L ____ R ____ **Affected Hand:** L ____ R ____ Both ____

Thumb MP Joint is Unstable: Left Yes No Right Yes No

Thumb Position at Rest: Left Flexed (inside palm) Extended (outside palm) Normal

Right Flexed (inside palm) Extended (outside palm) Normal

Joint Flexion Creases

	Left		Right	
	Present	Absent	Present	Absent
Thumb MP				
Thumb IP				

STRENGTH (3 trials)

Left				Right		
			Grip			
			Key (Lateral Pinch)			
			Tripod Pinch			

Box and Block Test

	# of Blocks in 60 seconds
Left	
Right	

9-Hole Peg Test

	Time
Left	
Right	

Range Of Motion

Left		Motion	Right	
Active	Passive		Active	Passive
		T-ARC 0-90° 0°=extension 90°=flexion		
		CMC Radial Abduction		
		Thumb CMC Extension		
		Thumb MP Flex/Ext		
		Thumb IP Flex/Ext		

Thumb Assessment

Kapandji Opposition Test

Thumb to:	Left Hand	Right Hand
Lateral Side Second Phalanx Index		
Lateral Side of Third Phalanx Index		
Index Fingertip		
Middle Fingertip		
Ring Fingertip		
Small Fingertip		
Small Finger DIP Crease		
Small Finger PIP Crease		
Small Finger Proximal Crease - MCP		
Distal Volar Crease		

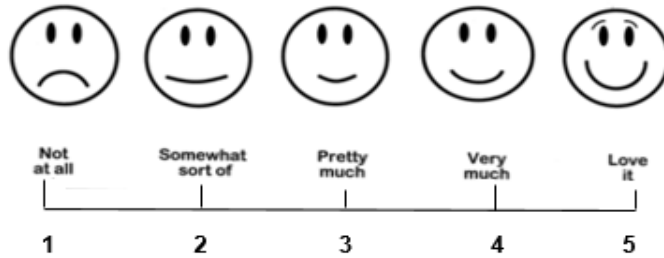
FACES QUESTIONNAIRE

1. Point to the face that shows how happy you are with the way your thumb **looks**.

Parent: Left: _____ Patient: Left: _____
 Right: _____ Right: _____

2. Point to the face that shows how happy you are with the way your thumb **works**.

Parent: Left: _____ Patient: Left: _____
 Right: _____ Right: _____



Activities of Daily Living

Activities you are unable to complete because of your hand difference? _____

T-Gap Score: Left _____ Right _____ Percentage of Thumb Use: Left _____ Right _____

Concerns /Plan: _____

