

### 8.7.2 Assessment Form for the Hand – Range of Motion/Sensibility/Pain/Grip forms/Dexterity

The assessment of the range of motion using the AO neutral-0 method is complicated when there are deformities in DEB. It requires a great deal of time and shows little relevance to daily life. The following assessment form has therefore been based on an assessment for rheumatology which focused on deformities and contractures of the joints and different grips. It can provide better information about management of daily life (cf. Harrweg 2006).

#### ASSESSMENT FORM – HAND

##### Range of motion/sensibility/pain/grip forms/dexterity

<b>Patient:</b>	<b>Date of birth:</b>
Date:	Tel.:
Diagnosis:	
Date of surgery:	Therapist:
School/profession:	Doctor:
Dominance: <input type="checkbox"/> right <input type="checkbox"/> left	
Special notes:	
Aims of intervention:	

Left	INSPECTION	Right
<input type="checkbox"/>	State of the tissue (colour, trophic changes)	<input type="checkbox"/>
<input type="checkbox"/>	Blisters (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Scars (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Muscle atrophy (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Hyperkeratosis	<input type="checkbox"/>
<b>Contractures/pattern of contractures</b>		
<b>Wrist</b>		
<input type="checkbox"/>	Flexion contracture	<input type="checkbox"/>
<input type="checkbox"/>	Ulnar deviation	<input type="checkbox"/>

Left	Transverse arch	Right
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Flattened	<input type="checkbox"/>
<b>MCP joints II–V</b>		
<input type="checkbox"/>	Ulnar deviation	<input type="checkbox"/>
<input type="checkbox"/>	Webbing	<input type="checkbox"/>
<input type="checkbox"/>	Flexion contracture	<input type="checkbox"/>
<input type="checkbox"/>	Extension contracture	<input type="checkbox"/>
<b>MCP joint I</b>		
<input type="checkbox"/>	Hyperextension	<input type="checkbox"/>
<input type="checkbox"/>	Webbing	<input type="checkbox"/>
<b>PIP and DIP joints II–V</b>		
<input type="checkbox"/>	Extension deficit PIP	<input type="checkbox"/>
<input type="checkbox"/>	Extension deficit DIP	<input type="checkbox"/>
<input type="checkbox"/>	Flexion deficit PIP	<input type="checkbox"/>
<input type="checkbox"/>	Flexion deficit DIP	<input type="checkbox"/>
<b>Thumb</b>		
<input type="checkbox"/>	Adduction position	<input type="checkbox"/>
<input type="checkbox"/>	Pseudo-opposition position	<input type="checkbox"/>
<b>Other abnormality</b>		
<input type="checkbox"/>	Shortened fingers (bone reabsorption)	<input type="checkbox"/>
<b>SENSIBILITY</b>		
<input type="checkbox"/>	Hypersensitivity (where?)	<input type="checkbox"/>
<input type="checkbox"/>	Hyposensitivity (where?)	<input type="checkbox"/>
<b>PAIN</b>		
<input type="checkbox"/>	Where exactly?	<input type="checkbox"/>
	What does it feel like?	
<b>When?</b>		
<input type="checkbox"/>	At rest	<input type="checkbox"/>
<input type="checkbox"/>	Movement	<input type="checkbox"/>

Left		Right
<input type="checkbox"/>	Taking strain	<input type="checkbox"/>
<input type="checkbox"/>	Pressure pain (where?)	<input type="checkbox"/>
<b>FUNCTION</b>		
<b>Opening of the hand</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Power grip</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Hook grip</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Abduction DII–DV</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Radial abduction of the thumb</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Opposition of the thumb</b>		
<b>Hold objects</b>		
<input type="checkbox"/>	Big	<input type="checkbox"/>
<input type="checkbox"/>	Medium	<input type="checkbox"/>
<input type="checkbox"/>	Small	<input type="checkbox"/>

Left	Range of motion of the wrist	Right
<b>Radial</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Ulnar</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Dorsal</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Palmar</b>		
<input type="checkbox"/>	In order	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>FUNCTIONAL PHASE OF THE DEFORMITIES</b>		
<b>Power grip</b>		
<input type="checkbox"/>	Normal	<input type="checkbox"/>
<input type="checkbox"/>	Restricted	<input type="checkbox"/>
<input type="checkbox"/>	Not possible	<input type="checkbox"/>
<b>Precision grips</b>		
<input type="checkbox"/>	Two-point precision grip	<input type="checkbox"/>
<input type="checkbox"/>	Three-point precision grip	<input type="checkbox"/>
<input type="checkbox"/>	Key grip	<input type="checkbox"/>
<input type="checkbox"/>	Interdigital grip	<input type="checkbox"/>
<b>Dexterity</b>		
Moberg pickup test		
<b>Compensation</b>		
Possibilities		