

POSM / OFALS Elbow Subjective New

Medical Record #

--	--	--	--	--

Name: _____

Exam Date:

		/			/				
--	--	---	--	--	---	--	--	--	--

Physician: KP EB Other

Injured Elbow: Right Left Both

Hand you write with: Right Left Ambidextrous

Gender: Male Female

WHAT IS THE MAIN REASON YOU CAME TO THE DOCTOR?

DATE OF ONSET OF SYMPTOMS:

		/			/				
--	--	---	--	--	---	--	--	--	--

NATURE OF PROBLEM :

1. Gradual 5. Injury in vehicle accident
 2. Sudden 6. Reinjury of previous problem
 3. Injury 7. Do not know
 4. Injury while at work 8. Other

DO YOU TAKE NARCOTIC PAIN MEDICATION? YES NO
 DO YOU TAKE ANTI INFLAMMATORIES? YES NO

1. Deformity 6. Weakness 11. Locking
 2. Pain 7. Loss of motion 12. Grinding
 3. Aching - sore 8. Loss of strength 13. Loss of work
 4. Numbness 9. Swelling 14. Loss of activities
 5. Stiffness 10. Going out 15. Other

WHAT RELIEVES YOUR SYMPTOMS?

1. Nothing 5. Physical therapy
 2. Rest 6. Repositioning the hand
 3. Activity 7. Splints
 4. Medicine 8. Other

SPORTS PARTICIPATION INFORMATION:

ATHLETE TYPE:

1. Professional, Major 2. Professional, Minor 3. Amateur 4. School Team 5. Recreation N/A

--	--

YEARS PLAYED:

BEFORE COMING TO SEE US:

- HAVE YOU EVER HAD THIS ELBOW TREATED OR EXAMINED BEFORE? YES NO
 HAVE YOU HAD YOUR ELBOW INJECTED? YES NO
 WERE YOU TREATED NON-SURGICALLY (CONSERVATIVELY) FOR THIS PROBLEM? YES NO
 WERE YOU EVER TREATED BY A PHYSICAL THERAPIST FOR THIS PROBLEM? YES NO
 DID YOU EVER TREATED THIS PROBLEM WITH SURGERY? YES NO

--	--

OF TIMES

--	--

OF TIMES

The following questions refer to your symptoms for a typical twenty-four-hour period during the past two weeks (choose one answer to each question)

How severe is the elbow pain that you have at night?
 1. I do not have hand or wrist pain at night 2. Mild pain 3. Moderate pain 4. Severe pain 5. Very severe pain

How often does the elbow pain wake you up during a typical night in the past two weeks?
 1. Never 2. Once 3. Two or three times 4. Four or five times 5. More than five times

Do you typically have pain in your elbow during the daytime?
 1. I never have pain during the day 3. I have moderate pain during the day 5. I have very severe pain during the day
 2. I have mild pain during the day 4. I have severe pain during the day

How often do you have elbow pain during the daytime?
 1. Never 2. Once or twice a day 3. Three to five times a day 4. More than five times a day 5. The pain is constant

How long, on average, does an episode of pain last during the daytime?
 1. I never get pain during the day 3. 10 to 60 minutes 5. The pain is constant throughout the day
 2. less than 10 minutes 4. Greater than 60 minutes

Do you have numbness (loss of sensation) in your hand?
 1. No 2. I have mild numbness 3. I have moderate numbness 4. I have severe numbness 5. I have very severe numbness

Do you have weakness in your elbow and/or hand or wrist?
 1. No weakness 2. Mild weakness 3. Moderate Weakness 4. Severe Weakness 5. Very severe Weakness

Do you have tingling sensations in your elbow/hand?
 1. No tingling 2. Mild tingling 3. Moderate tingling 4. Severe tingling 5. Very severe Weakness

How severe is numbness (loss of sensation) or tingling at night?
 1. I have no numbness or tingling at night 2. Mild 3. moderate 4. Severe 5. Very severe

How often did hand numbness or tingling wake you up during a typical night during the past two weeks?
 1. Never 2. Once 3. Two or three times 4. Four or five times 5. More than five times

Do you have difficulty with the grasping and use of small objects such as keys or pens?
 1. No difficulty 2. Mild difficulty 3. Moderate difficulty 4. Severe difficulty 5. Very severe difficulty



