POSM / OFALS
Hand / Wrist Subjective New

Medical Record # ☐☐☐☐☐

Name: _____

Exam Date: ☐☐ / ☐☐ / ☐☐☐☐

Physician: ○ KP ○ EB ○ Other

Injured Hand / Wrist: ○ Right ○ Left ○ Both

Hand you write with: ○ Right ○ Left ○ Ambidextrous

Gender: ○ Male ○ Female

WHAT IS THE MAIN REASON YOU CAME TO THE DOCTOR?

○ 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

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

WHAT RELIEVES YOUR SYMPTOMS?

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

DO YOU TAKE NARCOTIC PAIN MEDICATION? ○ YES ○ NO

DO YOU TAKE ANTI INFLAMMATORIES? ○ YES ○ NO

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 HAND/WRIST TREATED OR EXAMINED BEFORE? ○ YES ○ NO ☐☐ # OF TIMES

HAVE YOU HAD YOUR HAND/WRIST 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 ☐☐ # OFTIMES

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 hand or wrist 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 did hand or wrist 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 hand or wrist 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 hand or wrist 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 hand or wrist?

○ 1. No weakness ○ 2. Mild weakness ○ 3. Moderate Weakness ○ 4. Severe Weakness ○ 5. Very severe Weakness

Do you have tingling senations in your 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

On a typical day during the past two weeks have hand and wrist symptoms caused you to have any difficulty doing the activities listed below? Please circle one number that best describes your ability to do the activity.

FUNCTION:	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Cannot do at all due to hand or writs symttoms
Writing	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Buttoning of clothes	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Holding a book while reading	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Gripping of a telephone handle	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Opening of Jars	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Household chores	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Carrying of grocery bags	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5
Bathing and dressing	◯ 1	◯ 2	◯ 3	◯ 4	◯ 5

Are you currently working? ◯ Yes ◯ No ◯ Not Applicable (retired, student, etc.)

If YES, how long were you out of work due to this injury?

- ◯ No days missed
- ◯ Less than 1 week
- ◯ 1 - 2 weeks
- ◯ 3 - 5 weeks
- ◯ 6 - 8 weeks
- ◯ 2 - 4 months
- ◯ 5 - 8 months
- ◯ 9 - 12 months
- ◯ Greater than 1 year

If NO, choose one of the following reasons:

- ◯ Doctor instructions
- ◯ Other injury or surgery
- ◯ Other complications
- ◯ Symptoms from surgery/injury
- ◯ Can't perform work or sport
- ◯ Not because of hand

Since your injury, do you do: ◯ less manual labor ◯ same manual labor ◯ more manual labor

How much keyboard/computer entry do you do in a day? ◯ a. <1 hour ◯ b. 3 hours ◯ c. 5 hours ◯ d. >7 hours

How much writing do you do in a day? ◯ a. <1 hour ◯ b. 3 hours ◯ c. 5 hours ◯ d. >7 hours

Is there a Worker's Compensation claim involved with your injury? ◯ YES ◯ NO

IF YES, is this case: ◯ a. closed ◯ b. litigation still pending ◯ c. other

Thank you for completing this questionnaire. If you have surgery, we will mail you a questionnaire each year following your surgery. Even if you feel great, we would like you to complete the form. If you would like to receive your questionnaires via e-mail please enter your e-mail address here:

By completing this form, you agree to allow the Orthopaedic Foundation for Active Lifestyles & Plancher Orthopaedic and Sports Medicine to use this data and future questionnaire data for research and contact purposes only. All data is kept anonymous. It is our goal to monitor patient outcomes in an effort to improve quality of care. Your input is crucial to our mission. If you have any questions or would like more information about the foundation or clinic, please contact us .

Thank-you for your time.