

Patient Name:  
Date:

Date of birth:  
Time:

NHS Number:

## PHYSIOTHERAPY AND OCCUPATIONAL THERAPY HAND ASSESSMENT

Time of assessment: 4.30pm 1/9/2022

Diagnosis: OA with Dupuytren's contracture

R Hand dominance

### Observation

(deformity, oedema, nails, pain, tenderness)

R – hand lies flat on table in -4 degrees extension. Bouchards node D4  
Palmer aspect – evidence of Dupuytren's forming under D2&3

L – hand lies in +22 flexion at MCP's. Small Bouchards node at D5.  
Palmer aspect – Established Dupuytren's contracture under D2&3 with some thickening in D, D3 & D4 in ulnar drift.

See photos

Reason for assessment:

Research evaluation

	Right	Left	Comment
Wrist Supination	full	full	
Pronation	full	full	
Flexion	full	full	
Extension	64	70	
Ulnar deviation	none	Mild of D2&3	
Radial deviation	none	none	
MCP Flexion	80	80	
Extension	+16 extensor lag	+20 extensor lag	
	Right	Left	Comment
PIP Flexion	100	90	
Extension	full	full	
DIP Flexion	82	86	
Extension	0	0	

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Thumb ROM	-20 extension 80 flexion at PIP	-34 extension 80 flexion at PIP	
Opposition Kapanji	10	9	
Span - measure	7.3cm across palmer crease 4.2cm wrist	7.0 across palmer crease 4.2cm wrist.	
Grip to proximal palmer crease			
Grip strength	kgN	kgN	
Pinch grip Strength	KgN	KgN	
Tripod grip			

MCP=metacarpal phalangeal joint, PIP=proximal interphalangeal joint, DIP-distal interphalangeal joint

The following questions refer to your **right** hand/wrist

	Very good	Good	Fair	Poor	Very Poor
1. Overall, how well did your <b>right</b> hand work?	1	2x	3	4	5
2. How well did your <b>right</b> fingers move?	1	2x	3	4	5
3. How well did your <b>right</b> wrist move?	1x	2	3	4	5
4. How was the strength in your <b>right</b> hand?	1	2	3 x	4	5
5. How was the sensation (feeling) in your <b>right</b> hand?	1	2	3 x	4	5

The following questions refer to your **left** hand/wrist

	Very good	Good	Fair	Poor	Very Poor
6. Overall, how well did your <b>left</b> hand work?	1	2	3	4 x	5
7. How well did your <b>left</b> fingers move?	1	2	3	4 x	5
8. How well did your <b>left</b> wrist move?	1x	2	3	4	5
9. How was the strength in your <b>left</b> hand?	1	2	3	4	5x
10. How was the sensation (feeling) in your <b>left</b> hand?	1	2	3	4 x	5

SARAH Score – 11/25 – R, 18/25 – L Overall 29/50

Clinical Notes:

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**Elisabeth Marriott, Senior Occupational Therapist in Rheumatology**

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