

Patient Name:
Date:

Date of birth:
Time:

NHS Number:

York Hospitals 

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY HAND ASSESSMENT NHS Foundation Trust

Time of assessment: 4pm

Diagnosis: R Hand dominance

Observation

(deformity, oedema, nails, pain, tenderness)

R – no redness or heat, no tenderness in wrist or across MCP's, PIP's. Evidence of mild Dupuytren's under D2 to D3.

L - no redness or heat, no tenderness in wrist or across MCP's, PIP's. Evidence of mild to semi - moderate Dupuytren's mostly under D4 with softened cord in first segment of D4

Reason for assessment:

to measure progress from original assessment.

	Right	Left	Comment
Wrist Supination	full	full	
Pronation	full	full	
Flexion	60	60	
Extension	66	66	
Ulnar deviation	None	none	
Radial deviation	None	none	
MCP Flexion	88	92	
Extension	-4	0	
	Right	Left	Comment
PIP Flexion	94	74	
Extension	0	-2	
DIP Flexion	76	80	
Extension	0	-6	
Thumb ROM			

Signed:

Printed:

Designation:

Patient Name:
Date:

Date of birth:
Time:

NHS Number:

Opposition Kapanji	10	10	
Span - measure	7.8cm across palmer crease 4.2cm wrist	7.8cm 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 right hand work?	1	2x	3	4	5
2. How well did your right did fingers move?	1x	2	3	4	5
3. How well did your right wrist move?	1x	2	3	4	5
4. How was the strength in your right hand?	1x	2	3	4	5
5. How was the sensation (feeling) in your right hand?	1x	2	3	4	5

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

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

SARAH Score – 6/25 – R, 9/25 – L Overall 15/50

Clinical Notes:

The assessment was done 1/9/2022 as a baseline assessment of each hand. Both hands were re-assessed approximately 6 weeks later 4/10/22 post therapy intervention using the deep oscillation therapy on a machine manufactured by Physiopod

Signed:

Printed:

Designation:

Patient Name:

Date of birth:

NHS Number:

Date:

Time:

Visually both hands have improved MCP extension which is allowing both hands to lie flat on their palmer surface. The Dupytrens was quite marked on assessment 1/9/22 under the second and third digit and was pulling the fingers into pseudo ulna drift. On assessment today, the Dupytrens is reduced in appearance is lies more flat. The fingers now are in proper alignment (pseudo ulna drift reduced).

Extensor lag at MCP's of both hands has improved and now both hands can achieve 0 – neutral extension at the MCP's.

Palmer circumference has increased – most likely due to both hands having a more flatter presentation rather than the concave shape that they initially showed.

There is a large improvement on the SARA hand assessment from an overall score of 29 down to 15 out of 50. This represents that the client subjectively feels that their hands function and perform much better than they did pre – therapy.

Elisabeth Marriott, Senior Occupational Therapist in Rheumatology

Signed:

Printed:

Designation: