Hand, Thumb, and Fingers Examination

Name: SSN:

Date of Exam: C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):
Comment on:

1. History of hospitalizations or surgery (Date and location, if known, reason or type of surgery.)
2. History of trauma to hands or fingers.
3. History of neoplasm:
    a. Date of diagnosis. Diagnosis
    b. Benign or malignant
    c. Types and dates of treatment
    d. Date of last treatment

4. Treatment-type, dose, frequency, response, and side effects.
5. Dominant hand and how determined.
6. Current symptoms-any decreased strength or dexterity.
7. Effects on occupational functioning and activities of daily living.
8. Are there flare-ups of joint disease affecting hand, thumb or fingers?
   If so:

a. State severity, frequency, and duration of flare-ups.
b. Name precipitating and alleviating factors.
c. Estimate to what extent, if any, they result in additional limitation of motion or functional impairment during the flare-up. (Per Veteran)

C. Physical Examination (Objective Findings):
Designate fingers as: thumb, index, long ,ring and little. Provide a detailed assessment of each affected joint. State whether the individual is right or left hand dominant. Use a goniometer for measuring joint angles. Refer to Residuals of Amputations worksheet, if applicable.

1. Evaluation of Ankylosis

For each anklyosed joint, include angle of anklyosis. Describe any rotation or any angulation of bone.

Zero degrees of flexion represents the fingers fully extended, making a straight line with the rest of the hand. The “position of function” of the hand is:

Wrist dorsiflexion: 20 to 30 degrees
Metacarpophalangeal flexion: 30 degrees
Proximal interphalangeal joint flexion: 30 degrees
Thumb abduction and rotation: thumb pad faces the finger pads.

2. Evaluation of Limitation of Motion of Single or Multiple Digits of the Hand

Provide range of motion for each digit of the hand.

Normal Ranges of Motion for index, long, ring and little fingers:

Metacarpophalangeal joint: zero to 90 degrees of flexion
Proximal interphalangeal joint: zero to 110 degrees of flexion
Distal (terminal) interphalangeal joint: zero to 70 or 80 degrees of flexion

3. Evaluation of Hand as a unit

Measure the gap, in inches:

Between the tip of the thumb and the fingers
Between the tips of the fingers and the proximal transverse crease of the palm
Between the thumb pad and the fingers with the thumb attempting to oppose the fingers

Describe strength for pushing, pulling and twisting. Describe dexterity for twisting, probing, writing, touching and expression. Comment on whether and how (e.g. decreased range of motion, in degrees) the flexion deformity interferes with the function of the other fingers.

4. Additional detailed measurements and consideration of other factors affecting function.

a. Measure the active range of motion of each affected joint.
b. Measure the range of motion of each affected joint after at least three repetitive motions. State whether and to what extent the range of motion (in degrees) is additionally limited by pain, fatigue, weakness, or lack of endurance following repetitive use. If more than one of these is present, state, if possible, which has the major functional impact. Include rationale for all conclusions. If unable to do repetitive motion, so state and provide reason.

D. Diagnostic and Clinical Tests:

1. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

Signature: Date:

Version: 2007