

## UPPER EXTREMITY- PHYSICAL THERAPY EVALUATION CHECKLISTS

### SHOULDER EVALUATION

- MOI/Onset**
  - Sudden/Gradual
  - Acute/Rep. Motion
  - Mvmnt: \_\_\_\_\_
- Pain**
  - Locat/Descr: \_\_\_\_\_
  - Intensity: \_\_\_\_/10
  - Freq/Durat: \_\_\_\_\_  
(constant/periodic/occasional)
  - Agg: \_\_\_\_\_ Ease: \_\_\_\_\_
  - N/T Radiating
- Systems Review/Screen Ques**
  - Meds/Doctor/Imaging
  - PMH/ROS: \_\_\_\_\_
  - Red Flags? \_\_\_\_\_
  - Act/Part/Goal: \_\_\_\_\_
- Observation/Posture**
- Neuro Screen/ULTTs**
- Clear Joint Above/Below**
- AROM**
  - Flex/Abd/Ext
  - IR/ER
  - Pain Response: \_\_\_\_\_
- MMT**
  - Flex/Abd/Ext
  - IR/ER/Scap MMTs
  - Pain Response: \_\_\_\_\_
- PROM**
  - Flex/Abd/Ext
  - IR/ER
  - Pain Response: \_\_\_\_\_
- Joint Play**
  - Ant/Post/Inf glides
  - Scapula ROM
- Special Tests**
  - RTC/Impingement
  - Labrum/Instability
- Palpation**
  - Bony landmarks
  - Muscle/Tendon
  - Ligament/Inert
- Differential Dxs:**
  1. \_\_\_\_\_
  2. \_\_\_\_\_

UPPER EXTREMITY- PHYSICAL THERAPY EVALUATION CHECKLISTS

**ELBOW EVALUATION**

- MOI/Onset**
  - Sudden/Gradual
  - Acute/Rep. Motion
  - Mvmnt: \_\_\_\_\_
- Pain**
  - Locat/Descr: \_\_\_\_\_
  - Intensity: \_\_\_\_/10
  - Freq/Durat: \_\_\_\_\_  
(constant/periodic/occasional)
  - Agg: \_\_\_\_\_ Ease: \_\_\_\_\_
  - N/T Radiating
- Systems Review/Screen Ques**
  - Meds/Doctor/Imaging
  - PMH/ROS: \_\_\_\_\_
  - Red Flags? \_\_\_\_\_
  - Act/Part/Goal: \_\_\_\_\_
- Observation/Posture**
- Neuro Screen/ULTTs**
- Clear Joint Above/Below**
- AROM**
  - Flex/Ext/Pron/Sup
  - Pain Response: \_\_\_\_\_
- PROM**
  - Flex/Ext/Pron/Sup
  - Pain Response: \_\_\_\_\_
  - End Feel \_\_\_\_\_
- MMT**
  - Flex/Ext/Pron/Sup
  - Pain Response: \_\_\_\_\_
- Joint Play**
  - Humeroulnar/Humeroradial
  - Prox RadioUlnar
- Special Tests**
  - Varus/Valgus stress
  - Med/Lat Epicondylitis
  - ULTTs/N. Entrapment
- Palpation**
  - Bony landmarks
  - Muscle/Tendon
  - Ligament/Inert
- Differential Dxs:**
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_

UPPER EXTREMITY- PHYSICAL THERAPY EVALUATION CHECKLISTS

**WRIST & HAND EVALUATION**

- MOI/Onset**
  - Sudden/Gradual
  - Acute/Rep. Motion
  - Mvmnt: \_\_\_\_\_
- Pain**
  - Locat/Descr: \_\_\_\_\_
  - Intensity: \_\_\_\_/10
  - Freq/Durat: \_\_\_\_\_  
(constant/periodic/occasional)
  - Agg: \_\_\_\_\_ Ease: \_\_\_\_\_
  - N/T Radiating
- Systems Review/Screen Ques**
  - Meds/Doctor/Imaging
  - PMH/ROS: \_\_\_\_\_
  - Red Flags? \_\_\_\_\_
  - Act/Part/Goal: \_\_\_\_\_
- Observation/Posture**
- Neuro Screen/ULTTs**
- Clear Joint Above/Below**
- AROM/PROM-Wrist**
  - Flex/Ext/Rad/Uln
  - Pain /End Feel: \_\_\_\_\_
- AROM/PROM-Fingers**
  - Fist/hook/MCP
  - Tips/pulps opposition
  - Pain /End Feel: \_\_\_\_\_
- AROM/PROM-Thumb**
  - Flex/ Ext
  - Abd/Add/Ops
  - Pain /End Feel: \_\_\_\_\_
- MMT- Wrist/Fingers/Thumb**
  - Pain Response: \_\_\_\_\_
- Joint Play**
  - Dorsal/Palmar/Rad/Uln
- Special Tests**
  - Ligament/Bone/Nerve
- Palpation**
  - Bony landmarks
  - Muscle/Tendon
  - Ligament/Inert
- Differential Dxs:**
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_