

Pre-Op Post-Op Re-Eval

Date of Evaluation

Name Date of Birth

Surgery Details

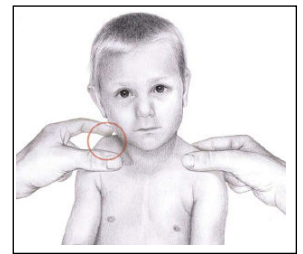
History

MODIFIED MALLET SCALE

	2	2A	3	4	4A	5
Arm At Rest						
Global Abduction						
Global Ext Rotation	 < 30	 0 to 20	 30 to 90	 > 90		
Hand to Neck	 Not Possible	 Difficult	 Easy			
Hand to Spine	 Not Possible	 Difficult	 Easy			
Hand to Mouth	 Marked Trumpet Sign	 Partial Trumpet	 < 40 of abduction			
Supination	 Not Possible	 Difficult	 Easy			

SCAPULAR ELEVATION GRADING SCALE

	<input type="checkbox"/> 1
	<input type="checkbox"/> 2
	<input type="checkbox"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5



Diagnosis is made by viewing the scapula rising on attempted supination (with the arm down at the side) as well as noting the difficulty in supination. Palpation of the clavicle with the thumb and the spine of the scapula with the index finger shows the upward tilt of the triangle between the clavicle and the acromion (tip of the scapula) on the child's injured side compared with the uninjured side.

ACTIVE MOVEMENT SCALE
without compensatory movement

Shoulder Abduction	<input type="checkbox"/>	180 deg	<input type="text"/>
Shoulder Adduction	<input type="checkbox"/>	180 deg	<input type="text"/>
Shoulder Flexion	<input type="checkbox"/>	180 deg	<input type="text"/>
Shoulder Ext. Rotation	<input type="checkbox"/>	90 deg	<input type="text"/>
Shoulder Int. Rotation	<input type="checkbox"/>	90 deg	<input type="text"/>
Elbow Flexion	<input type="checkbox"/>	150 deg	<input type="text"/>
Elbow Extension	<input type="checkbox"/>	180 deg	<input type="text"/>
Forearm Supination	<input type="checkbox"/>	80 deg	<input type="text"/>
Forearm Pronation	<input type="checkbox"/>	80 deg	<input type="text"/>
Wrist Flexion	<input type="checkbox"/>	75 deg	<input type="text"/>
Wrist Extension	<input type="checkbox"/>	75 deg	<input type="text"/>
Finger Flexion	<input type="checkbox"/>		<input type="text"/>
Finger Extension	<input type="checkbox"/>		<input type="text"/>
Thumb Flexion	<input type="checkbox"/>		<input type="text"/>
Thumb Extension	<input type="checkbox"/>		<input type="text"/>

NOTE: The numbers given are approximate full ranges of motion. Please feel free to use minus signs if you choose.

Therapist Support & Questions
Contact Cindy Servello, OTR/L

cindy1otr@aol.com

AMS SCORE

GRAVITY ELIMINATED

- 0 no contraction
- 1 contraction, no motion
- 2 <50% motion
- 3 >50% motion
- 4 full motion

AGAINST GRAVITY

- 5 <50% motion
- 6 >50% motion
- 7 full motion

Patient Evaluation - Brachial Plexus Injury - Page Two

Patient Name

Date of Evaluation

Therapist Notes

Therapist Name

Company

Address

Address

City/State/Zip

Telephone

Primary Email

Secondary Email

Fax to Texas Nerve & Paralysis Institute (713) 592-9921