

Wayne Physical Therapy & Spine Center

1211 Hamburg Tpke, Suite 324 · Wayne, NJ 07470 · v. 973.839.6801 · f. 973.839.7293 · physicaltherapy@waynept.com

Barry G. Inglett, P.T., Cert. MDT
Catherine Laico, P.T., O.C.S. Cert. MDT

www.waynept.com

Board Certified Orthopedic Specialists
Certified McKenzie Spinal Therapists
Certified Hand Therapist

PATIENT-RATED ELBOW EVALUATION

Name _____ Date _____

*The questions below will help us understand the amount of difficulty you have had with your elbow in the past week. You will be describing your **average** elbow symptoms over the past week on a scale 0-10.*

1. PAIN

Rate the average amount of pain in your elbow over the past week by circling the number that best describes your pain on a scale from 0-10. A zero (0) means that you did not have any pain and a ten (10) means that you had the worst pain you have ever experienced.

RATE YOUR PAIN:

When it is at its worst	0	1	2	3	4	5	6	7	8	9	10
At rest	0	1	2	3	4	5	6	7	8	9	10
When lifting a heavy object	0	1	2	3	4	5	6	7	8	9	10
When doing a task with repeated elbow movement	0	1	2	3	4	5	6	7	8	9	10

How often do you have pain?

0 1 2 3 4 5 6 7 8 9 10
Never Always

Please turn the page.....

2. FUNCTION											
A. SPECIFIC ACTIVITIES											
<p>Rate the amount of difficulty you experienced performing each of the items listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do it at all.</p>											
	No Difficulty									Unable To Do	
Comb my hair	0	1	2	3	4	5	6	7	8	9	10
Eat with a fork or spoon	0	1	2	3	4	5	6	7	8	9	10
Pull a heavy object	0	1	2	3	4	5	6	7	8	9	10
Use my arm to rise from a chair	0	1	2	3	4	5	6	7	8	9	10
Carry a 10lb object with my arm at my side	0	1	2	3	4	5	6	7	8	9	10
Throw a small object, such as a tennis ball	0	1	2	3	4	5	6	7	8	9	10
Use a telephone	0	1	2	3	4	5	6	7	8	9	10
Do up buttons on the front of my shirt	0	1	2	3	4	5	6	7	8	9	10
Wash my opposite armpit	0	1	2	3	4	5	6	7	8	9	10
Tie my shoe	0	1	2	3	4	5	6	7	8	9	10
Turn the doorknob and open a door	0	1	2	3	4	5	6	7	8	9	10
B. USUAL ACTIVITIES											
<p>Rate the amount of difficulty you experienced performing your usual activities in each of the areas listed below, over the past week, by circling the number that best describes your difficulty on a scale of 0-10. By "usual activities", we mean the activities that you performed before you started having a problem with your elbow. A zero (0) means you did not experience any difficulty and a ten (10) means it was so difficult you were unable to do any of your usual activities.</p>											
1. Personal activities (dressing, washing)	0	1	2	3	4	5	6	7	8	9	10
2. Household work (cleaning, maintenance)	0	1	2	3	4	5	6	7	8	9	10
3. Work (your job or everyday work)	0	1	2	3	4	5	6	7	8	9	10

4. Recreational activities

0 1 2 3 4 5 6 7 8 9 10

Comments: