|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attach sticker here** | **Occupation:** | | | **Date:** |
| **Dominant Hand: R L** | | | |
| **Date of Operation:** | | | |
| **Operating Surgeon** | | | |
| **Type of operation:** | | | |
| **Skin graft: Yes/ No** | **Fingers Affected:** | | | |
| **Previous Surgery: Yes/No** | **If yes details:** | | | |
| **Pre- op Contractures:** | | **Correction obtained on operating table:** | | |
| **KEY**  **Pins & needles Loss of sensation**  **Hypersensitivity Amputation Oedema** | | **24hr Pattern:** | | |
| **Sleep:** | | |
| **Pain VAS:**  **0 1 2 3 4 5 6 7 8 9 10** | | |
| **Functional Restrictions**  **Pre op:**  **Present:** | | |
| **Social History:** | | |
| **Smoking/ Alcohol:** | | |
| **PMH:**  **chest / lungs / tb**  **heart**  **blood pressure**  **Diabetes**  **Epilepsy**  **Blood clots**  **Surgery**  **Osteoporosis**  **RA**  **Other** | | | | |
| **Drug History:** | | | **General Health:** | |
| **Attach sticker here** | | | | |
| **Red Flags/ Special Questions:**  **Answer Yes or No. Note details where abnormal.**  Unexplained Weight Loss:  History of Cancer:  Steroids:  Anticoagulants:  IVDA:  Generally unwell:  Constant non-mechanical pain  Para/anaesthesia:  Gait disturbance:  Thoracic Pain: | | | | |
| **Yellow Flags/ Other Flags:**  **Answer Yes or No. Note details.**  **A**ttitudes and beliefs:  **B**ehaviours:  **C**ompensation:  **D**iagnosis:  **E**motions/ Feelings/ Mood:  **F**amily:  **W**ork:  Other Flags (Blue, Black, Orange) | | | | |
| **Patient Risk Assessment:**  **Possible Risk: Yes / No - specify if risk or possible risk identified**  **Consider** Patient and Physiotherapy safety (environment, patient condition, e.g. bariatric), Contraindications, Precautions (e.g. pacemaker), Allergies, Pregnancy  **If yes, Precaution / Prevention Measures taken:** | | | | |
| **Patient Perceptions:** | | | | |
| **Patient Expectations** | | | | |

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| **Attach sticker here** | |
| **Objective Examination** | |
| **Wound/Scar** | **Oedema** |
| **Skin** | **Sensation** |
| **Fear Avoidant: Yes/ No** | |
| **Additional Assessment:** | |

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| Method of recording joint range  Dorsal\_\_\_\_\_\_\_\_\_\_\_ **0˚ = ext/flex**    Palmar | | | | | | | | | | | | | | | | | |
| R/L | | | | | | | | | | | | | | | | | |
| Examination date | |  | |  | |  | |  | |  | |  | |  | |  | |
| Active/Passive ( as appropriate) | | A | P | A | P | A | P | A | P | A | P | A | P | A | P | A | P |
| Thumb | MCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TIP to base LF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Index | MCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle | MCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ring | MCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Little | MCP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DIP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Attach Sticker Here** | | **Impression** | |
| **Date** | **Problem List** | | **Treatment Plan** |
|  | **□ ROM** | | **1. □ Mobilisation exercises** |
|  | **□ Oedema** | | **2. □ Passive physiological movements** |
|  | **□ Delayed wound healing** | | **3. □ Oedema management advice** |
|  | **□ Over granulation of wound** | | **4. □ Scar management** |
|  | **□ Hand Hygiene** | | **5. □ Hand hygiene** |
|  | **□ Infection** | | **6. □ Nocturnal splint** |
|  | **□ Pain** | | **7. □ Advice an education** |
|  | **□ Fear avoidance** | | **8. □** |
|  | **□** | | **9. □** |
|  | **□** | | **10. □** |

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| **Patient agreed functional Goals/ Outcomes:** | | | | | |
| **Date** | **Goal** | **Time Scale** | **Review Date** | **Achieved** | **Initials** |
|  | Improve ROM |  |  |  |  |
|  | Reduce swelling |  |  |  |  |
|  | Improve understanding of surgery, healing and rehabilitation |  |  |  |  |
|  | Scar management |  |  |  |  |
|  | Achieve/ maintain ROM attained on operating table |  |  |  |  |
|  | Improve function |  |  |  |  |
|  | Return to work |  |  |  |  |
|  | Return to hobbies |  |  |  |  |
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| Initial treatment/ advice given (e.g. 1, 2, 3, 4, etc... specify if and what additional) |
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