



HOSPITAL HAND CLINIC STATUS REPORT

C830 Progress

C831 Discharge

Box 2415
Edmonton AB T5J 2S5
Fax: (780) 427-5863
1-800-661-1993

| |
|------------------------------------|
| WCB Claim Number |
| Personal Health Number |
| Date of Birth (Year / Month / Day) |

| | |
|-----------------------|-------------|
| Clinic Billing Number | Clinic Name |
|-----------------------|-------------|

| | | | |
|------------------|------------|---------|------------------------------------|
| Worker's Surname | First Name | Initial | Date of Birth (Year / Month / Day) |
|------------------|------------|---------|------------------------------------|

| | | |
|----------------|-----------|----------|
| Address Street | City/Town | Province |
|----------------|-----------|----------|

| | | | |
|-------------|----------------------|---------------------------------------|-----------------------------------|
| Postal Code | Telephone Number () | Date of Accident (Year / Month / Day) | Date of Exam (Year / Month / Day) |
|-------------|----------------------|---------------------------------------|-----------------------------------|

Subjective:

ADL/Function:

Objective (skin / open wounds / scar / colour / temperature / hydrosis):

| Strength | R | AROM/PROM | L | Digits: Injured R or L AROM (EX / FL) | | | | | | | |
|----------|---|--------------|---|---------------------------------------|----------------|----------------|------|----------------|----------------|------|-----|
| | | | | D2 | MP | PIP | DIP | TAM | TPM | | |
| / | / | Shoulder: FF | / | D2 | / | / | / | | | | |
| / | / | ABD | / | D3 | / | / | / | | | | |
| / | / | IR | / | D4 | / | / | / | | | | |
| / | / | ER | / | D5 | / | / | / | | | | |
| / | / | Elbow: EX | / | Digits: Injured R or L PROM (EX / FL) | | | | | | TAM | TPM |
| / | / | FL | / | D2 | / | / | / | | | | |
| / | / | PRO | / | D3 | / | / | / | | | | |
| / | / | SUP | / | D4 | / | / | / | | | | |
| / | / | Wrist: EX | / | D5 | / | / | / | | | | |
| / | / | FL | / | D1 | R MP (EX / FL) | R IP (EX / FL) | TROM | L MP (EX / FL) | L IP (EX / FL) | TROM | |
| / | / | UL DEV | / | AROM | / | / | | / | / | | |
| / | / | RAD DEV | / | PROM | / | / | | / | / | | |

| Closure Patterns | | CMC ABD R | CMC ABD L |
|------------------|--|--------------------|-----------|
| Flat Fist | | CMC EXT R | CMC EXT L |
| Hook | | Opposition: R | L |
| Full Fist | | Edema/Volumeter: R | L |

Comments / Observation:

VAS /10 (Describe)

| Strength: | R (kg) | AV. | L (kg) | Av. | |
|----------------------------|--------|-----|--------|-----|----|
| Grip - Jamar (5 Positions) | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Key | | | | | |
| Tripod | | | | | |
| Tip | | | | | |
| Circumference R/L (cm): | D1 | D2 | D3 | D4 | D5 |
| | / | / | / | / | / |
| | / | / | / | / | / |

Sensation:

