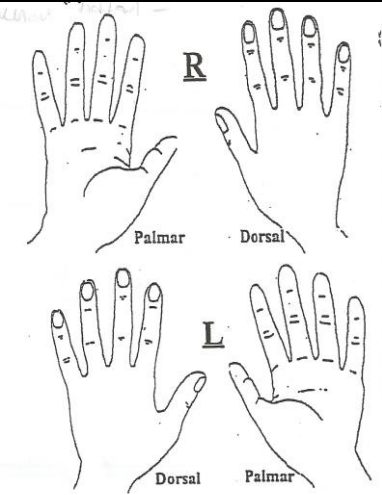







Trapeziectomy Post Surgery Assessment Pg.....

Attach sticker here	Occupation:	Date:
	Dominant Hand: R L	
	Date of Operation:	
	Operating Surgeon	
	Type of operation:	
Side of operation: R L	Soft tissue Reconstruction: Yes/ No	
Period of immobilisation post surgery:		
 <p>KEY</p> <p>Pins & needles  Loss of sensation </p> <p>Hypersensitivity  Amputation  Oedema </p>	24hr Pattern:	
	Sleep:	
	Pain VAS: 0 1 2 3 4 5 6 7 8 9 10	
	Functional Restrictions Pre op:	
	Present:	
	DASH Score (if desired):	
Social History:		
<p>PMH: CHEST / LUNGS / TB HEART BLOOD PRESSURE DIABETES EPILEPSY BLOOD CLOTS SURGERY OSTEOPOROSIS RA OTHER</p>		
Drug History:	General Health:	

Signature.....Print.....
 Designation.....Date.....

Trapeziectomy Post Surgery Assessment Pg.....

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. Attitudes and beliefs: Behaviours: Compensation: Diagnosis: Emotions/ Feelings/ Mood: Family: Work: 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

Signature.....Print.....
Designation.....Date.....

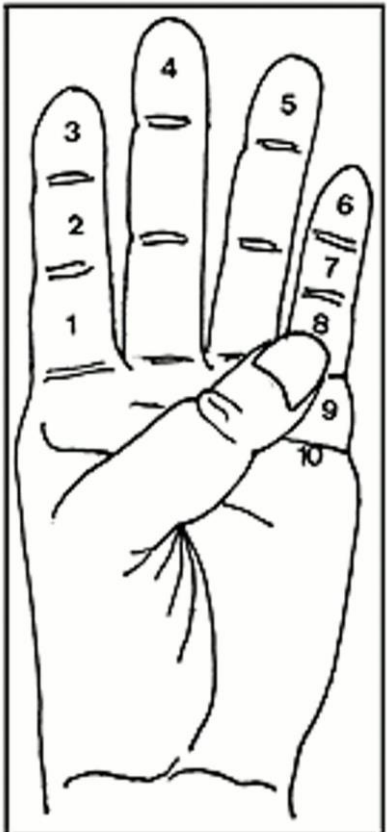
Trapeziectomy Post Surgery Assessment Pg.....

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

Examination Date											
Active/Passive (as appropriate)		A	P	A	P	A	P	A	P	A	P
Thumb	MCP										
	IP (0-60°)										
	Abduction Web space										
	Adduction										
Precision Grip	Tips of index and thumb are brought together										
Key Pinch	Pulp of thumb is opposed to the radial side of middle phalanx of the index finger										
Chuck Grip	Digital pulps of index and middle fingers are brought into contact with the pulp of the thumb										
Span Grasp	Lifting a plastic cup										

Signature.....Print.....
 Designation.....Date.....

Trapeziectomy Post Surgery Assessment Pg.....

Examination Date						
Kapandji						

Signature.....Print.....
Designation.....Date.....

Trapeziectomy Post Surgery Assessment Pg.....

Attach Sticker Here	Impression	
Date	Problem List	Treatment Plan
	<input type="checkbox"/> ROM	1. <input type="checkbox"/> Mobilisation exercises
	<input type="checkbox"/> Oedema	2. <input type="checkbox"/> Passive physiological movements
	<input type="checkbox"/> Scar sensitivity	3. <input type="checkbox"/> Oedema management advice
	<input type="checkbox"/> Hand Hygiene	4. <input type="checkbox"/> Scar management
	<input type="checkbox"/> Infection	5. <input type="checkbox"/> Hand hygiene
	<input type="checkbox"/> Pain	6. <input type="checkbox"/> Advice re analgesia
	<input type="checkbox"/> Decreased function	7. <input type="checkbox"/> Functional practice
	<input type="checkbox"/> Fear avoidance	8. <input type="checkbox"/> Pinch/ grasp practice
	<input type="checkbox"/>	9. <input type="checkbox"/> Splintage
	<input type="checkbox"/>	10. <input type="checkbox"/> Advice regarding use of ice
	<input type="checkbox"/>	11. <input type="checkbox"/> Advice and education
	<input type="checkbox"/>	12. <input type="checkbox"/>

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				
	Facilitate pain management				
	Improve function				
	Return to work				
	Return to hobbies				
	Return to driving				

Initial treatment/ advice given (e.g. 1, 2, 3, 4, etc... specify if and what additional)

Signature.....Print.....
 Designation.....Date.....