TAOS
Therapeutic Associates
OUTCOMES SYSTEM

HAND PATIENT WORKSHEET

NAME ______________________

DATE ______________ ❒ Initial Visit ❒ Discharge Visit

FUNCTIONAL INDEX

PART I: *Answer all ten sections in Part 1. Choose the* **one** *answer in each section that best describes how able you are completing daily activities in the past week.*

WORK
(Applies to work in home and outside)
- ❒ I can do as much work as I want to.
- ❒ I can only do my usual work, but no more.
- ❒ I can do most of my usual work, but no more.
- ❒ I cannot do my usual work.
- ❒ I can hardly do any work at all (only light duty).
- ❒ I cannot do any work at all.

PERSONAL CARE
(Washing, Dressing, Grooming, etc.)
- ❒ I can manage all personal care without symptoms.
- ❒ I can manage all personal care with some increased symptoms.
- ❒ Personal care requires slow, concise movements due to increased symptoms.
- ❒ I need help to manage some personal care.
- ❒ I need help to manage all personal care.
- ❒ I cannot manage any personal care.

SLEEPING
- ❒ I have no trouble sleeping.
- ❒ My sleep is mildly disturbed (less than 1 hr. sleepless).
- ❒ My sleep is disturbed 1-2 hrs.
- ❒ My sleep is disturbed 2-3 hrs.
- ❒ My sleep is disturbed 3-5 hrs.
- ❒ My sleep is completely disturbed (5-7 hrs. sleepless).

LEISURE/SPORTS
(Indicate Sport if Appropriate ______________________)
- ❒ I am able to engage in all my regular leisure activities without increased symptoms.
- ❒ I am able to engage in all my leisure activities with some increased symptoms.
- ❒ I can do most, but not all of my usual leisure activities because of increased symptoms.
- ❒ I can do a few of my usual leisure activities because of increased symptoms.
- ❒ I can hardly do any leisure activities because of increased symptoms.
- ❒ I cannot do any leisure activities at all.

REACHING
- ❒ I can reach a high shelf to place an empty cup without increased symptoms.
- ❒ I can reach a high shelf to place an empty cup with some increased symptoms.
- ❒ I cannot reach a high shelf to place an empty cup, but I can reach up a lower shelf without increased symptoms.
- ❒ I cannot reach a lower shelf without increased symptoms, but I can reach counter height to place an empty cup.
- ❒ I cannot reach my hand above waist level without increased symptoms.
- ❒ I cannot reach at all.

LIFTING
- ❒ I can lift heavy weights without difficulty.
- ❒ I can lift heavy weights but it gives extra pain.
- ❒ I cannot lift heavy weights overhead, but I can manage if they are positioned on a table.
- ❒ I can lift light to medium weights if they are conveniently positioned.
- ❒ I can lift only very light weights.
- ❒ I cannot lift or carry anything at all with my involved hand.

CARRYING
- ❒ I can carry heavy loads without increased symptoms.
- ❒ I can carry heavy loads with some increased symptoms.
- ❒ I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk.
- ❒ I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk.
- ❒ I can carry very light weights with some increased symptoms.
- ❒ I cannot carry anything at all.

DRIVING
- ❒ I can drive without difficulty.
- ❒ I can drive my car as long as I want to with slight pain.
- ❒ I am limited to using one hand, but can drive necessary distances.
- ❒ I can drive as long as I want to with moderate pain.
- ❒ I can drive only limited distances because of severe pain or limited hand use.
- ❒ I cannot drive my car at all.

DEXTERITY
- ❒ I have no difficulty performing fine manipulation tasks.
- ❒ I experience slight discomfort, stiffness or swelling with regular tasks.
- ❒ I perform tasks at a slower pace, or activity is occasionally limited by symptoms.
- ❒ I perform tasks at a slower pace and I frequently am limited by symptoms of stiffness, swelling or discomfort.
- ❒ I tolerate only the very lightest tasks and infrequently handle objects.
- ❒ I cannot do fine manipulation tasks.

WRITING
- ❒ I can write as long as I want to without symptoms.
- ❒ I can write as long as I want to with adaptive equipment or setup.
- ❒ I can write with some difficulty or limitation.
- ❒ I have a lot of difficulty with writing and I am frequently limited.
- ❒ I can write my name only.
- ❒ I am unable to tolerate writing at all.

ACUITY
(Answer on initial visit.)

How many days ago did onset/injury occur? __________ days

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PAIN INDEX

On the line below, please indicate your average pain in the past 24 hours.

No Pain ____ Worst Pain Imaginable

PLEASE COMPLETE ON LAST VISIT ONLY

IMPROVEMENT INDEX

Please indicate the amount of improvement you have made since the beginning of your physical therapy treatment on the scale below.

No Improvement ____ Complete Recovery

WORK STATUS *(at last visit only, check most appropriate)*

1. ❒ No lost work time
2. ❒ Return to work without restriction
3. ❒ Return to work with modification
4. ❒ Have not returned to work
5. ❒ Not employed outside the home

Work days lost due to condition: ____________ days

I am aware that the information gathered on this form may be used anonymously for research or publication. Please initial: ____________

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