TEXAS NERVE & PARALYSIS INSTITUTE

# PATIENT EVALUATION - BRACHIAL PLEXUS INJURY

* = required input

☐ Pre-Op ☐ Post-Op ☐ Re-Eval

Date of Evaluation*

INPUT YOUR DATA DIRECTLY INTO THIS PDF FILE - SAVE IT, PRINT IT FOR YOUR FILES & EMAIL IT TO OUR OFFICES

Name* Date of Birth*

Surgery Details

History

## MODIFIED MALLET SCALE

Arm At Rest ☐

Global Abduction ☐

Global Ext Rotation ☐

Hand to Neck ☐

Hand to Spine ☐

Hand to Mouth ☐

Supination ☐

## SCAPULAR ELEVATION GRADING SCALE

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

Diagnosis is made by viewing the scapula rising on attempted supination (with the arm down at the side) as well as noting the difficulty in supination. Palpation of the clavicle with the thumb and the spine of the scapula with the index finger shows the upward tilt of the triangle between the clavicle and the acromion (tip of the scapula) on the child's injured side compared with the uninjured side.

## ACTIVE MOVEMENT SCALE

without compensatory movement

| | | | |
|---|---|---|---|
| Shoulder Abduction | ☐ | 180 deg | ☐ |
| Shoulder Adduction | ☐ | 180 deg | ☐ |
| Shoulder Flexion | ☐ | 180 deg | ☐ |
| Shoulder Ext. Rotation | ☐ | 90 deg | ☐ |
| Shoulder Int. Rotation | ☐ | 90 deg | ☐ |
| Elbow Flexion | ☐ | 150 deg | ☐ |
| Elbow Extension | ☐ | 180 deg | ☐ |
| Forearm Supination | ☐ | 80 deg | ☐ |
| Forearm Pronation | ☐ | 80 deg | ☐ |
| Wrist Flexion | ☐ | 75 deg | ☐ |
| Wrist Extension | ☐ | 75 deg | ☐ |
| Finger Flexion | ☐ | | |
| Finger Extension | ☐ | | |
| Thumb Flexion | ☐ | | |
| Thumb Extension | ☐ | | |

NOTE: The numbers given are approximate full ranges of motion. Please feel free to use minus signs if you choose.


Therapist Support & Questions
Contact Cindy Servello, OTR/L

**cindy1otr@aol.com**


### AMS SCORE

**GRAVITY ELIMINATED**

0 no contraction
1 contraction, no motion
2 <50% motion
3 >50% motion
4 full motion

**AGAINST GRAVITY**

5 <50% motion
6 >50% motion
7 full motion


Illustrations by Marjon Fatemizadeh Aucoin
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# Patient Evaluation - Brachial Plexus Injury - Page Two

Patient Name*

Date of Evaluation*

Therapist Notes*

Therapist Name*

Company

Address*

Address

City/State/Zip*

Telephone*

Primary Email*

Secondary Email

**INSTRUCTIONS**

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