

**OCCUPATIONAL THERAPY
ARTHRITIS – HAND ASSESSMENT
AND INTERVENTION PLAN**

Assessment date: _____

Referral source: _____

Reason for referral: _____

Consent received for assessment Consent given by: Client Substitute Decision Maker

Comments: _____

Diagnosis: _____

CLIENT AND FAMILY GOALS:

- P = Pain
- T = Tenderness
- S = Swelling
- H = Heat
- HN = Heberdens Node
- BN = Bouchards Node
- SN = Swan Neck
- B = Boutonnière
- M = Mallet Finger
- ↖ ↗ = Deviation
- V = Volar Subluxation
- F = Flexion Deformity

Skin / Nails Condition:

Sensation:

Other Conditions: (Raynaud's, Mutilans etc.)

FUNCTIONAL ROM / STRENGTH

Fist
R _____ L _____

Tuck
R _____ L _____

Opposition
R _____ L _____

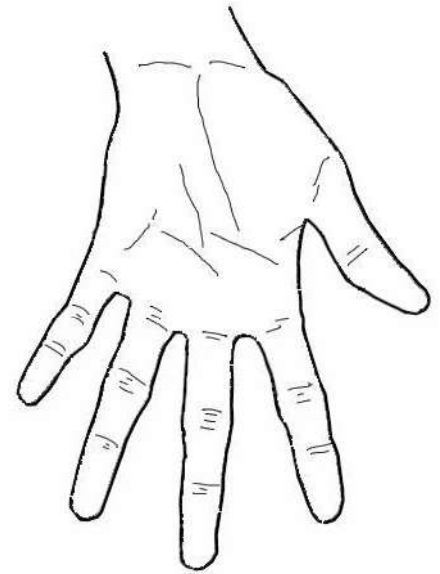
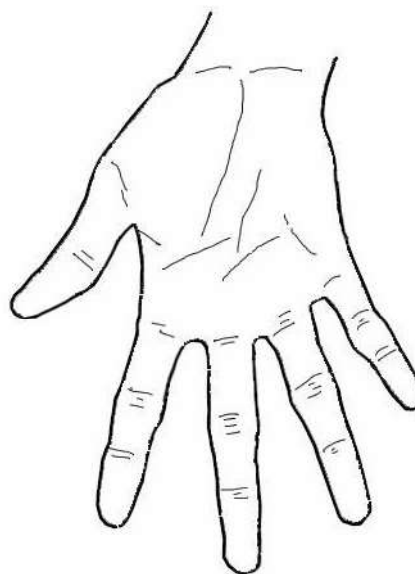
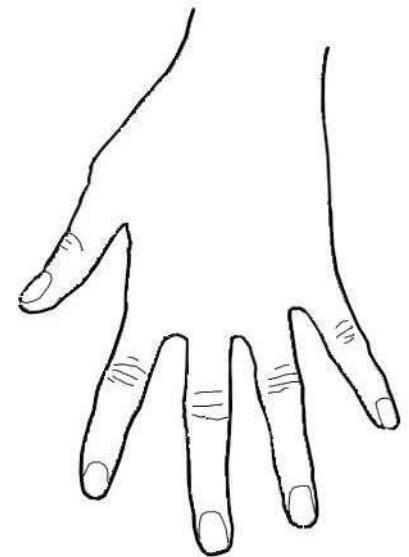
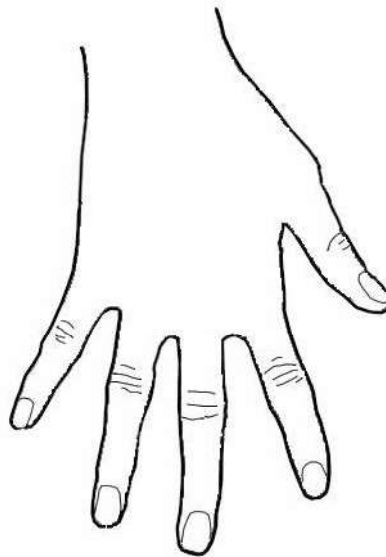
Web Space
R _____ L _____

Grip
R _____ L _____

Pinch
R _____ L _____

Right Dominant

Left Dominant



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Special Tests: (Tinell's, Grind, Collateral Ligaments, ORL, Bunnel-Littler, Central Slip etc.)

Splinting/Equipment:

FUNCTIONAL SUMMARY:

CLINICAL IMPRESSION AND ANALYSIS: Occupational Performance Issues

INTERVENTION PLAN

Goals and intervention plan negotiated with client and client consent for OT intervention obtained

Comments: _____

Occupational Therapist signature

Printed name

Date