TOEPPERWEIN PHYSICAL THERAPY & Spine Rehab

Wrist Functional Assessment	(Please mark only 1 box for each area)	
	Affected Shoulder: ☐ **Right**	☐ **Left** ☐ **Both**
Because of my wrist pain I have difficulty putting on a shirt or coat.	☐ True	☐ False
I have difficulty combing or styling my hair.	☐ True	☐ False
Because of my wrist pain I avoid overhead activities.	☐ True	☐ False
I avoid pushing or pulling activities because of my wrist.	☐ True	☐ False
I use a brace for my wrist to decrease my pain.	☐ True	☐ False
I have to hold my arm next to my side due to pain.	☐ True	☐ False
Because of my wrist pain I am unable to reach behind my back to strap my bra or put on my belt.	☐ True	☐ False
Because of my wrist pain I avoid reaching in my back pocket.	☐ True	☐ False
Because of my wrist pain I am unable to work.	☐ True	☐ False
Because of my wrist pain I avoid or modify recreational activities.	☐ True	☐ False
When my wrist hurts I avoid household chores.	☐ True	☐ False
I cannot throw a ball without increasing my wrist pain.	☐ True	☐ False
Resting on my hand for more than 5 minutes hurts my wrist.	☐ True	☐ False
When I sit, I must support my wrist with a pillow or arm rest.	☐ True	☐ False
When I walk, swinging my arm increases my wrist pain.	☐ True	☐ False
My wrist pain awakens me at least once a night.	☐ True	☐ False
Because of my wrist pain I am unable to drive.	☐ True	☐ False
I am unable to lift objects above shoulder height.	☐ True	☐ False
Putting on a seat belt increases my wrist pain.	☐ True	☐ False
I limit the amount of yard work I do because of my wrist pain.	☐ True	☐ False
I cannot lift a gallon of water/milk without increasing my wrist pain.	☐ True	☐ False
Because of the pain in my wrist I cannot do a push-up.	☐ True	☐ False
Working with a computer or typewriter increases my wrist pain.	☐ True	☐ False
I need to take medication for my wrist pain in order to complete daily activities.	☐ True	☐ False
I think using a hammer or paint brush would increase my pain.	☐ True	☐ False
_____ / 25 Functional Restrictions		

Name:_____ Date:_____

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(Please mark only 1 box for each area)

Disabilities of the Arm, Shoulder And Hand	No Difficulty	Mild Difficulty	Moderate Difficulty	Severe Difficulty	Unable
Open a tight or new jar?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Do heavy household chores? (e.g. wash walls, floors)	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Carry a shopping bag or briefcase?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Wash your back?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Use a knife to cut food?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Recreational activities in which you take some force or impact through your arm, shoulder, or hand (e.g., golf, hammering, tennis, etc.)	☐ 1	☐ 2	☐ 3	☐4	☐ 5
During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors, or groups?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Arm, shoulder, or hand pain?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Tingling (pins and needles) in your arm, shoulder, hand?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder, or hand?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
	_____ / 11 Completed Responses				
Work Module	☐ I do not work. (You may skip this section)				
Using your usual technique for your work?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Doing your usual work because of arm, shoulder, or hand pain?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Doing your work as well as you would like?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Spending your usual amount of time doing your work?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Sports/performing Arts Module	☐ I do not play a sport or an instrument. (You may skip this section)				
Using your usual technique for playing your instrument or sport?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Playing your musical instrument or sport because of arm, shoulder, or hand pain?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Playing your musical instrument or sport as well as you would like?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
Spending your usual amount of time practicing or playing your instrument or sport?	☐ 1	☐ 2	☐ 3	☐4	☐ 5
DASH DISABILITY/SYMPTOM SCORE = {(Sum of n responses) – 1} X 25, where n is equal to the number of completed responses. N A Dash score may not be calculated if there are greater than 3 missing items					
Total:_____	DASH Score:_____% disability				

Name:_____ Date:_____