Unified Follow-up Assessment

History of present illness

Physical Exam

Hello, you're being assessed for the brachial plexus injury that brought you to this service. Through the following questions, we would like to know some details about how it happened. Make sure to answer them as best as possible.

There are 89 questions in this survey

History of present illness

Not informed / not assessed
[]For each surgery done, fill out a PAIN RELIEF SURGICAL EVALUATION SHEET in the QUESTIONNAIRES session, at NES.
Only answer this question if the following conditions are met: Answer was 'Yes' at question '6 [IstInjPainsurg]' (Did you have any SURGERY FOR PAIN RELIEF since the last evaluation?)
[]Did you have any ORTHOPEDIC or CRANIOFACIAL SURGERY since the last evaluation? *
Choose one of the following answers
Please choose only one of the following:
○ Yes
O No
Not informed / not assessed
[]Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY: *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '8 [yonInjOrtsurg]' (Did you have any ORTHOPEDIC or CRANIOFACIAL SURGERY since the last evaluation?)
Check all that apply
Please choose all that apply:
☐ Face
Skull
□ Scapula
Clavicle
Rib
Upper limb
Lower limb
Lower limb
☐ Cervical spine
☐ Cervical spine ☐ Thoracic spine
☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine
☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine ☐ Sacrum and/or Coccyx
 ☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine ☐ Sacrum and/or Coccyx ☐ Pelvis
Cervical spine Thoracic spine Lumbar spine Sacrum and/or Coccyx Pelvis Not informed / not assessed
 ☐ Cervical spine ☐ Thoracic spine ☐ Lumbar spine ☐ Sacrum and/or Coccyx ☐ Pelvis
Cervical spine Thoracic spine Lumbar spine Sacrum and/or Coccyx Pelvis Not informed / not assessed
Cervical spine Thoracic spine Lumbar spine Sacrum and/or Coccyx Pelvis Not informed / not assessed [] If FACIAL SURGERY, * Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL

Right
O Left
O Both
O Not informed / not assessed
[]If SKULL SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If SCAPULA ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If CLAVICLE ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Choose one of the following answers
Please choose only one of the following:
RightLeftBothNot informed / not assessed
[]If RIB ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Choose one of the following answers

Please choose only one of the following:

Right
O Left
O Both
O Not informed / not assessed
[]If RIGHT RIB ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,)
Check all that apply
Please choose all that apply:
First
Second
☐ Third
Fourth
 ☐ Fifth
☐ Sixth
Seventh
☐ Eighth
□ Ninth
☐ Tenth
☐ Eleventh
☐ Twelfth
☐ Not informed / not assessed
☐ Not informed / not assessed
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met:
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,)
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply:
□ Not informed / not assessed □ If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: □ First
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third
Not informed / not assessed [] If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth
□ Not informed / not assessed [] If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: □ First □ Second □ Third □ Fourth □ Fifth
Not informed / not assessed [] If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth Fifth Sixth
Not informed / not assessed [] If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth Fifth Sixth Seventh
Not informed / not assessed [] If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth Fifth Sixth Seventh Eighth
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth Fifth Sixth Seventh Eighth Ninth
Not informed / not assessed []If LEFT RIB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '14 [IstInjOrtsurgRib]' (If RIB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: First Second Third Fourth Fifth Sixth Seventh Eighth Ninth Tenth

[]If UPPER LIMB ORTHOPEDIC SURGERY, *

Answer was at question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Choose one of the following answers
Please choose only one of the following:
Right
○ Left
O Both
O Not informed / not assessed
[]If RIGHT UPPER LIMB ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '17 [IstInjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC SURGERY,)
Check all that apply
Please choose all that apply:
☐ Glenohumeral
Arm
☐ Elbow
Forearm
Wrist
Hand
Fingers
Not informed / not assessed
[]If LEFT UPPER LIMB ORTHOPEDIC SURGERY, *
Only answer this question if the following conditions are met:
Answer was 'Both' or 'Left' at question '17 [IstInjOrtsurgULimb]' (If UPPER LIMB ORTHOPEDIC SURGERY,)
Check all that apply
Please choose all that apply:
☐ Glenohumeral
Arm
Elbow
Forearm
☐ Wrist
Hand
Fingers
Not informed / not assessed

[]If LOWER LIMB ORTHOPEDIC SURGERY, *

Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:) Choose one of the following answers Please choose only one of the following: Right C Left Both Not informed / not assessed []If RIGHT LOWER LIMB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '20 [IstInjOrtsurgILimb]' (If LOWER LIMB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: ☐ Hip Thigh Knee Leg □ Ankle Foot Toes Not informed / not assessed []If LEFT LOWER LIMB ORTHOPEDIC SURGERY, * Only answer this question if the following conditions are met: Answer was 'Left' or 'Both' at question '20 [IstInjOrtsurg|Limb]' (If LOWER LIMB ORTHOPEDIC SURGERY,) Check all that apply Please choose all that apply: ☐ Hip Thigh Knee Leg Ankle Foot Toes Not informed / not assessed

[] If CERVICAL SPINE ORTHOPEDIC SURGERY, Only answer this question if the following conditions are met:

Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Check all that apply
Please choose all that apply:
□ C1 □ C2 □ C3 □ C4 □ C5 □ C6 □ C7 □ Not informed / not assessed
[]If THORACIC SPINE ORTHOPEDIC SURGERY,
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Check all that apply
Please choose all that apply:
□ T1 □ T2 □ T3 □ T4 □ T5 □ T6 □ T7 □ T8 □ T9 □ T10 □ T11 □ T12 □ Not informed / not assessed
[]If LUMBOSACRAL SPINE ORTHOPEDIC SURGERY,
Only answer this question if the following conditions are met: Answer was at question '9 [mullnjOrtsurgSite]' (Indicate the SITE of the ORTHOPEDIC or CRANIOFACIAL SURGERY:)
Check all that apply
Please choose all that apply:
□ L1

Consider the earliest date. If there is no information about the day, always choose the first day of the month.

[]

[]If you are receiving PHYSIOTHERAPY, indicate the FREQUENCY, *

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)

Choose one of the following answers
Please choose only one of the following:
Once a week
O Twice a week
Three times a weeke times a week
O Four times a week
O Five times a week
More than five times a week
O Not informed / not assessed
[]If you are receiving PHYSIOTHERAPY, indicate what TYPE OF PHYSIOTHERAPY you receive, *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '26 [yonInjPhysio]' (Do you receive PHYSIOTHERAPY treatment on regular basis?)
Check all that apply
Please choose all that apply:
Phototherapy
☐ Thermotherapy
☐ Kinesiotherapy
Electrotherapy
Hydrotherapy
☐ Not informed / not assessed
Other:
[]Did your PHYSIOTHERAPIST receive INSTRUCTIONS from the study institution team? *
Only answer this question if the following conditions are met: Answer was 'Other' at question '27 [mullnjPhysioPlace]' (If you are receiving PHYSIOTHERAPY, indicate the PLACE:)
Choose one of the following answers
Please choose only one of the following:
O Yes
○ No
O Not informed / not assessed
[]Are you practicing any kinda of HOME THERAPEUTIC EXERCISES? *
Choose one of the following answers
Please choose only one of the following:
O Yes
O No

O Not informed / not assessed
[]Are you practicing any EXERCISE or SPORT WITHOUT therapeutic GUIDANCE? *
Choose one of the following answers
Please choose only one of the following:
O Yes
○ No
O Not informed / not assessed
[]Do you use any ORTHESIS? * Choose one of the following answers
Choose the of the following answers
Please choose only one of the following:
O Yes
O No
O Not informed / not assessed
[]If you use an ORTHESIS, *
Only answer this question if the following conditions are met: Answer was 'Yes' at question '36 [yonInjOrthesis]' (Do you use any ORTHESIS?)
Choose one of the following answers
Please choose only one of the following:
Right
O Left
O Both
O Not informed / not assessed
[]If you use a RIGHT upper limb ORTHESIS, choose the type(s), *
Only answer this question if the following conditions are met: Answer was 'Both' or 'Right' at question '37 [IstInjOrthesisSide]' (If you use an ORTHESIS,)
Check all that apply
Please choose all that apply:
Arm sling
☐ Shoulder support
Wrist and fingers positioning orthosis
Fingers positioning orthosis
Not informed / not assessed
Other:
[]If you use a LEFT upper limb ORTHESIS, choose the

tν	pe	(<)	١	*
LУ	hΕ	(\supset)	' /	

Only answer this question if the following conditions are met:

Answer was 'Left' or 'Both' at question '37 [IstInjOrthesisSide]' (If you use an ORTHESIS,)

Check all that apply

oneok all that apply
Please choose all that apply:
Arm sling
Shoulder support
Wrist and fingers positioning orthosis
Fingers positioning orthosis
☐ Not informed / not assessed
Other:
Do you use any MEDICATION? *
Choose one of the following answers
Please choose only one of the following:
Yes, and I know their names
Yes, but I don't know their names
No, I don't
Not informed / not assessed

[]If you use MEDICATION(S), indicate which one (s),

Only answer this question if the following conditions are met:

Answer was 'Yes, and I know their names' at question '40 [yonInjMedicatio]' (Do you use any MEDICATION?)

	Name	Indication	Dose	Frequency
Opioid				
Antidepressants				
Anticonvulsants				
Neuroleptics				
Supplements/vitamins				
Natural medicines/teas				
Other (class/medication):				

Physical Exam []VISUAL INSPECTION *

	RIGHT				LEFT		
			Not assessed / inconclusive			Not assessed / inconclusive	
	Present	Absent	assessment	Present	Absent	assessment	
Glenohumeral Dislocation	0	0	0	0	0	0	
Scapula alata	0	0	0	0	0	0	
Horner's syndrome	0	0	0	0	0	0	
Swelling	0	0	0	0	0	0	
Surgical scar	Ö	Ö	Ö	Ö	Ö	Ö	
Trophic changes	0	0	0	0	0	0	
_	ic CM	ELL TNIC	on the DIC	TUT cida	indic	ato the	
		ELLING	on the RIC	oni Siut	e, maic	ate the	
LOCATIO	IV,						
-	-	,	g conditions are me Inspectio]' (VISUAL		(Swelling La	bel RIGHT))	
Check all that ap	ply						
Please choose a	II that apply:						
Scapular re	egion						
Glenohume	eral region						
☐ Arm							
☐ Forearm							
□ Hand							
Fingers							
Segment n	ot specified						
[]If there		ELLING	on the LEF	T side,	indicat	e the	
-	•	,	g conditions are me				
Answer was 'Pre	sent' at quest	ion '42 [IstPex	(Inspectio]' (VISUAL	INSPECTION	(Swelling La	bel LEF I))	
Check all that ap	ply						
Please choose a	II that apply:						
Scapular re	egion						
Glenohume	eral region						
Arm							
Forearm							
Hand							
Fingers							

Segment not specified
[]If there is BRACHIAL PLEXUS SURGERY SCAR on the RIGHT SIDE, specify its LOCATION, *
Only answer this question if the following conditions are met: Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label RIGHT))
Check all that apply
Please choose all that apply:
☐ Cervical
☐ Supraclavicular
☐ Infraclavicular
☐ Scapular
Glenohumeral
Axillary
☐ Thorax
☐ Arm
Forearm
Segment not specified
[]If there is BRACHIAL PLEXUS SURGERY SCAR on the LEFT SIDE, specify its LOCATION, *
Only answer this question if the following conditions are met: Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT))
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT))
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply:
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Scapular
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Glenohumeral
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Glenohumeral Axillary
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Scapular Glenohumeral Axillary Thorax
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Scapular Glenohumeral Axillary Thorax Arm
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Glenohumeral Axillary Thorax Arm Forearm
Answer was 'Present' at question '42 [IstPexInspectio]' (VISUAL INSPECTION (Surgical scar Label LEFT)) Check all that apply Please choose all that apply: Cervical Supraclavicular Infraclavicular Scapular Glenohumeral Axillary Thorax Arm Forearm Segment not specified [] If there are TROPHIC CHANGES on the RIGHT SIDE,

					NOT	
					assessed /	
					inconclusive	
	Atrophy	Hypotrophy	Hypertrophy	Not altered	assessment	
Cervical region	0	0	0	0	0	
Scapular region	0	0	0	0	0	
Glenohumeral region	0	0	0	0	0	
Arm	0	0	0	0	0	
Forearm	0	0	0	0	0	
Hand	Ö	Ö	Ö	Ö	Ö	
Fingers	Õ	Õ	Õ	Õ	Õ	
[]If there a	re TROP	HIC CHAN	GES on th	ne I FFT Si	IDE	
specify their				ic LLi i Si	ibe,	
Only answer this qu Answer was 'Present'		_		TON (Trophic chan	ges Label LEFT)	
Please choose the ap	propriate respo	nse for each item:				
Trodes crisses are ap	propriate recpe	noo for odon kom.			NInt	
					Not	
					assessed / inconclusive	
	Atrophy	Hypotrophy	Hypertrophy	Not altered	assessment	
Cervical region	Allophy	Пуропорпу	Trypertropriy	Not altered		
Scapular region	0	0	0		0	
Glenohumeral		0	0	0	0	
region	0	0	0	0	0	
Arm	0	0	0	0	0	
Forearm		0	0		0	
Hand		0	0	0	0	
Fingers		0	0	0	0	
_		<u> </u>	0	0	0	
[]Scoliotic p	osture '					
Please choose the ap	propriate respo	nse for each item:				
				No	t assessed /	
				in	conclusive	
	Pres	sent	Absent	as	ssessment	
Scoliosis)	0		0	
[]TINEL SIG	3N *		0		0	
Please choose the ap	propriate respo	nse for each item:				
	RIGHT			LEFT		
		Not assessed /		N	lot assessed /	
		inconclusive			inconclusive	
Present	Absent	assessment	Present	Absent	assessment	
Tinel o	0	0	0	0	0	
[]If there is LOCATION,		SIGN on th	e RIGHT	SIDE, spe	cify its	
Only answer this qu Answer was 'Present'		_		n Label RIGHT))		
Check all that apply						
Please choose all that apply:						

Cervical region

Supraciavicular	Supraciavicular region							
☐ Infraclavicular r	Infraclavicular region							
Scapular region	Scapular region							
Thorax								
Glenohumeral region								
 ☐ Arm								
Forearm								
Hand								
Fingers								
Segment nor sp	pecified							
[]If there is LOCATION,		GN on the LE	FT SIDE, s	pecify its				
		ving conditions are met PexTinel]' (TINEL SIGN (FT))				
Check all that apply								
Please choose all that	t apply:							
Cervical region								
Supraclavicular	region							
☐ Infraclavicular r	egion							
Scapular region	1							
Thorax								
Glenohumeral r	region							
☐ Arm								
—								
☐ Fingers								
Segment not sp	pecified							
[]SENSIBIL	ITY *							
Please choose the app	propriate response	for each item:						
	1	RIGHT		LEFT				
		Not assessed / inconclusive		Not assessed / inconclusive				
	Assessed	assessment	Assessed	assessment				
Superficial tactile								
sensibility	0	0	0	O				
Superficial pain sensibility	0	0	0	0				
Proprioception:	0	0	0	0				
joint position	0	0	U	O				
Proprioception: kinesthesia	0	0	0	0				
Palesthesia	0	0	0	0				

[]If SUPERFICIAL TACTILE SENSIBILITY was assessed on the RIGHT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial tactile sensibility Label RIGHT))

Please choose the appropriate response for each item:

					Not
					assessed /
					inconclusive
	Anesthesia	Hypoesthesia	Hyperesthesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
Т3	0	0	0	0	0

[]If SUPERFICIAL TACTILE SENSIBILITY was assessed on the LEFT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial tactile sensibility Label LEFT))

Please choose the appropriate response for each item:

	Anesthesia	Hypoesthesia	Hyperesthesia	Not altered	Not assessed / inconclusive assessment
C3	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
T3	0	0	0	0	0

[]If SUPERFICIAL PAIN SENSIBILITY was assessed on the RIGHT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial pain sensibility Label RIGHT))

					Not
					assessed /
					inconclusive
	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0

Not

	Analgagia	Lhypoplypois	l lumaralma aia	Not altored	assessed / inconclusive
	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessment
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
Т3	0	0	0	0	0

[]If SUPERFICIAL PAIN SENSIBILITY was assessed on the LEFT, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Superficial pain sensibility Label LEFT))

Please choose the appropriate response for each item:

					Not assessed / inconclusive
	Analgesia	Hypoalgesia	Hyperalgesia	Not altered	assessment
C3	0	0	0	0	0
C4	0	0	0	0	0
C5	0	0	0	0	0
C6	0	0	0	0	0
C7	0	0	0	0	0
C8	0	0	0	0	0
T1	0	0	0	0	0
T2	0	0	0	0	0
Т3	0	0	0	0	0

[]If proprioception: JOINT POSITION SENSE was evaluated on the RIGHT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: joint position Label RIGHT))

Please choose the appropriate response for each item:

	Preserved	Altered	Not assessed / inconclusive assessment
Proximal interphalangeal (Index finger)	0	0	0
Elbow	0	0	0
Shoulder	0	0	0

[]If proprioception: JOINT POSITION SENSE was evaluated on the LEFT SIDE, indicate, *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [IstPexSensation]' (SENSIBILITY (Proprioception: joint position Label LEFT))

Proximal	Preserved	Al	tered	Not assessed / inconclusive assessment
interphalangeal (Index finger)	0		0	0
Elbow	0		0	0
Shoulder	Ŏ		ŏ	Ŏ
[]If proprioce RIGHT SIDE,	•		was evaluat	ed on the
Only answer this ques Answer was 'Assessed' RIGHT))	_			n: kinesthesia Label
Please choose the appre	opriate response for e	each item:		
				Not assessed / inconclusive
	Preserved	Al	tered	assessment
Proximal interphalangeal (Index finger)	0		0	0
Elbow			\cap	0
			0	0
Shoulder []If proprioce LEFT SIDE, ii Only answer this ques	ndicate, *	conditions are met	t:	
[]If proprioce LEFT SIDE, i	ndicate, * stion if the following at question '53 [IstPe:	conditions are met xSensation]' (SENSI	t:	
[]If proprioce LEFT SIDE, ii Only answer this ques Answer was 'Assessed' LEFT))	ndicate, * stion if the following at question '53 [IstPe:	conditions are met xSensation]' (SENSI each item:	t:	n: kinesthesia Label
[]If proprioce LEFT SIDE, ii Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appro	ndicate, * stion if the following at question '53 [IstPer	conditions are met xSensation]' (SENSI each item:	t: IBILITY (Proprioception	n: kinesthesia Label Not assessed / inconclusive
[]If proprioce LEFT SIDE, il Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appro- Proximal interphalangeal (Index finger)	ndicate, * stion if the following at question '53 [IstPer	conditions are met xSensation]' (SENSI each item:	t: IBILITY (Proprioception	n: kinesthesia Label Not assessed / inconclusive
[]If proprioce LEFT SIDE, il Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appropriate the second interphalangeal (Index finger) Elbow	ndicate, * stion if the following at question '53 [IstPer	conditions are met xSensation]' (SENSI each item:	t: IBILITY (Proprioception	n: kinesthesia Label Not assessed / inconclusive
[]If proprioce LEFT SIDE, il Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appro- Proximal interphalangeal (Index finger)	ndicate, * stion if the following at question '53 [IstPer opriate response for e Preserved O O THESIA was	conditions are met xSensation]' (SENS) each item: Alternated conditions are met	t: IBILITY (Proprioception tered o on the RIGH	Not assessed / inconclusive assessment O O O O TT SIDE,
[]If proprioce LEFT SIDE, in Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appropriate the second interphalangeal (Index finger) Elbow Shoulder []If PALLEST indicate, * Only answer this ques	ridicate, * stion if the following at question '53 [IstPer opriate response for e Preserved O O THESIA was stion if the following at question '53 [IstPer	conditions are met xSensation]' (SENS) each item: Alternated conditions are met xSensation]' (SENS)	t: IBILITY (Proprioception tered o on the RIGH	Not assessed / inconclusive assessment O O O TT SIDE,
[]If proprioce LEFT SIDE, in Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appropriate the properties of the proper	ridicate, * stion if the following at question '53 [IstPer opriate response for e Preserved O O THESIA was stion if the following at question '53 [IstPer	conditions are met xSensation]' (SENS) each item: Alternated conditions are met xSensation]' (SENS) each item:	t: IBILITY (Proprioception tered o on the RIGH t: IBILITY (Palesthesia L	Not assessed / inconclusive assessment O O O HT SIDE, abel RIGHT)) Not assessed / inconclusive
[]If proprioce LEFT SIDE, in Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appropriate the properties of the proper	ridicate, * stion if the following at question '53 [IstPer opriate response for e Preserved O O THESIA was stion if the following at question '53 [IstPer opriate response for e	conditions are met xSensation]' (SENS) each item: Alternated conditions are met xSensation]' (SENS)	t: IBILITY (Proprioception tered o on the RIGH	Not assessed / inconclusive assessment O O O HT SIDE, abel RIGHT)) Not assessed / inconclusive
[]If proprioce LEFT SIDE, if Only answer this ques Answer was 'Assessed' LEFT)) Please choose the appropriate the property of the province of	ridicate, * stion if the following at question '53 [IstPer opriate response for e Preserved O O THESIA was stion if the following at question '53 [IstPer opriate response for e	conditions are met xSensation]' (SENS) each item: Alternated conditions are met xSensation]' (SENS) each item:	t: IBILITY (Proprioception tered o on the RIGH t: IBILITY (Palesthesia L	Not assessed / inconclusive assessment O O O HT SIDE, abel RIGHT)) Not assessed / inconclusive

[]If PALLESTHESIA was evaluated on the LEFT SIDE, indicate, $\ensuremath{^{\ast}}$

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '53 [lstPexSensation]' (SENSIBILITY (Palesthesia Label LEFT))

	·		,		,,
Please choos	se the appropria	te response for each item:			
		Presente Apalesth	esia Hypopal		lot assessed / inconclusive assessment
Lateral third clavicule	of	0 0	()	0
Lateral epic of the hume	-	0 0	()	0
Head of the	ulna	0 0	()	0
[]MOTF	RICITY *				
		te response for each item:			
		RIGHT		LEFT	
		Not assessed /			ssessed /
	Assessed	inconclusive assessme	nt Assessed		e assessment
Range of	_				
motion	O	O	O		O
Strength	0	0	0		0
[]If RA SIDE:		MOTION was ev	valuated or	the RIG	GHT
-	-	if the following conditions a lestion '64 [lstPexMotor]' (MC		motion Label RI	GHT))
					,,
Flease Clious	ве тте арргорна	te response for each item:	NI		
		Assessed	No	assessed / ind assessme	
Shoulder fle	exion	Assessed		0	FIIL
Shoulder ex		0		0	
Shoulder ab		0		Õ	
Shoulder ex	rternal				
rotation		O		0	
Elbow flexio	n	0		0	
Elbow exter	nsion	0		0	
Forearm su	pination	0		0	
Forearm pro	onation	0		0	
Wrist flexion	า	0		0	
Wrist extens	sion	0		0	
[]If RA *	NGE OF	MOTION was ev	valuated or	the LEF	T SIDE:
-	-	if the following conditions a lestion '64 [lstPexMotor]' (MC		motion Label LE	EFT))
		te response for each item:	. •		
. 10000 011000	alo appropria	to . coponido for odon hom.	K I	t 00000000 d / !	non olugiya
		Assessed	INO:	assessed / ind assessme	
Shoulder fle		Assesseu		assessille	ii i i
	vion				
Shoulder ev		0		0	
Shoulder ex	rtension	0		0	

Not assessed / inconclusive

	Assessed	assessment
Shoulder external	0	0
rotation	O	O
Elbow Flexion	0	0
Elbow extension	0	0
Forearm supination	0	0
Forearm pronation	0	0
Wrist flexion	0	0
Wrist extension	0	0
[]Right shoulder f	lexion (in degr	ees): *
Only answer this question if th Answer was 'Assessed' at question SIDE: (Shoulder flexion))	_	met: IGE OF MOTION was evaluated on the RIGHT
Only numbers may be entered in	this field.	
Please write your answer here:		
[]Left shoulder fle	exion (in degree	es): *
Only answer this question if th Answer was 'Assessed' at question SIDE: (Shoulder flexion))	_	met: GE OF MOTION was evaluated on the LEFT
Only numbers may be entered in	this field.	
Please write your answer here:		
[]Right shoulder	extension (in de	egrees): *
Only answer this question if th Answer was 'Assessed' at question SIDE: (Shoulder extension))	_	met: IGE OF MOTION was evaluated on the RIGHT
Only numbers may be entered in	this field.	
Please write your answer here:		
[]Left shoulder ex	ctension (in deg	grees): *
Only answer this question if th Answer was 'Assessed' at question SIDE: (Shoulder extension))	_	met: GE OF MOTION was evaluated on the LEFT
Only numbers may be entered in	this field.	
Please write your answer here:		

ozzozo, rozzo
[]Right shoulder abduction (in degrees): *
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder abduction))
Only numbers may be entered in this field.
Please write your answer here:
[]Left shoulder abduction (in degrees): *
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder abduction))
Only numbers may be entered in this field.
Please write your answer here:
[]Right shoulder external rotation (in degrees): *
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Shoulder external rotation))
Only numbers may be entered in this field.
Please write your answer here:
[]Left shoulder external rotation (in degrees): *
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Shoulder external rotation))
Only numbers may be entered in this field.
Please write your answer here:
[]Right elbow flexion (in degrees): *
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Elbow flexion))
Only numbers may be entered in this field.

Please write your answer here:

[]Left elbow flexion (in degrees): *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Elbow Flexion))

Only numbers may be entered in this field.								
Please write your answer here: []Right elbow extension (in degrees): *								
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Elbow extension))								
Only numbers may be entered in this field.								
Please write your answer here:								
[]Left elbow extension (in degrees): *								
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Elbow extension))								
Only numbers may be entered in this field.								
Please write your answer here:								
[]Right forearm supination (in degrees): *								
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Forearm supination))								
Only numbers may be entered in this field.								
Please write your answer here:								
[]Left forearm supination (in degrees): *								
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '66 [IstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT SIDE: (Forearm supination))								
Only numbers may be entered in this field.								
Please write your answer here:								
[]Right forearm pronation (in degrees): *								
Only answer this question if the following conditions are met: Answer was 'Assessed' at question '65 [IstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT SIDE: (Forearm pronation))								
Only numbers may be entered in this field.								
Please write your answer here:								

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[]Left forearm	n pronation (in degrees): *
	on if the following conditions are met: t question '66 [lstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT 1))
Only numbers may be en	tered in this field.
Please write your answer	here:
[]Right wrist	flexion (in degrees): *
-	on if the following conditions are met: t question '65 [lstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT
Only numbers may be en	tered in this field.
Please write your answer	here:
[]Left wrist fle	exion (in degrees): *
-	on if the following conditions are met: t question '66 [lstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT
Only numbers may be en	tered in this field.
Please write your answer	here:
[]Right wrist	extension (in degrees): *
-	on if the following conditions are met: t question '65 [lstPexRomR]' (If RANGE OF MOTION was evaluated on the RIGHT
Only numbers may be en	tered in this field.
Please write your answer	here:
[]Left wrist ex	ktension (in degrees): *
-	on if the following conditions are met: t question '66 [lstPexRomL]' (If RANGE OF MOTION was evaluated on the LEFT
Only numbers may be en	tered in this field.

Please write your answer here:

[]If MUSCULAR STRENGTH was assessed on the RIGHT: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [IstPexMotor]' (MOTRICITY (Strength Label RIGHT))

Please choose the appropriate response for each item:

	0	1	2	3	4	5	Not assessed / inconclusive assessment
Shoulder flexion	Ô	Ó	Ô	Ö	Ö	Ö	0
Shoulder abduction	0	0	0	0	0	0	0
Shoulder external rotation	0	0	0	0	0	0	0
Shoulder internal rotation	0	0	0	0	0	0	0
Scapula elevation	0	0	0	0	0	0	0
Scapula abduction and superior rotation	0	0	0	0	0	0	0
Elbow flexion	0	0	0	0	0	0	0
Elbow extension	0	0	0	0	0	0	0
Wrist extension	0	0	0	0	0	0	0
Wrist flexion	0	0	0	0	0	0	0
Fingers flexion	0	0	0	0	0	0	0
Fingers extension	0	0	0	0	0	0	0
Fingers abduction	0	0	0	0	0	0	0
Fingers adduction	0	0	0	0	0	0	0
Thumb opponency	0	0	0	0	0	0	0

[]If MUSCULAR STRENGTH was assessed on the LEFT: *

Only answer this question if the following conditions are met:

Answer was 'Assessed' at question '64 [lstPexMotor]' (MOTRICITY (Strength Label LEFT))

Shoulder flexion	0	1 O	2 O	3 O	4 O	5	Not assessed / inconclusive assessment
Shoulder abduction	0	0	0	0	0	0	0
Shoulder external rotation	0	0	0	0	0	0	0
Shoulder internal rotation	0	0	0	0	0	0	0
Scapula elevation	0	0	0	0	0	0	0
Scapula abduction and superior rotation	0	0	0	0	0	0	0
Elbow flexion	0	0	0	0	0	0	0
Elbow extension	0	0	0	0	0	0	0

Not assessed / inconclusive 0 2 3 5 assessment 1 0 Wrist extension 0 0 0 0 0 0 Wrist flexion 0 0 0 0 0 0 0 Fingers flexion 0 0 0 0 0 0 0 Fingers extension Fingers abduction Fingers adduction Thumb 0 0 0 0 0 0 opponency []Do you experience any PAIN nowadays? * Choose one of the following answers

Please choose only one of the following:

O Yes

O No

Not assessed / inconclusive assessment

Thank you for answering these questions.

Submit your survey.

Thank you for completing this survey.