

Elbow Examination

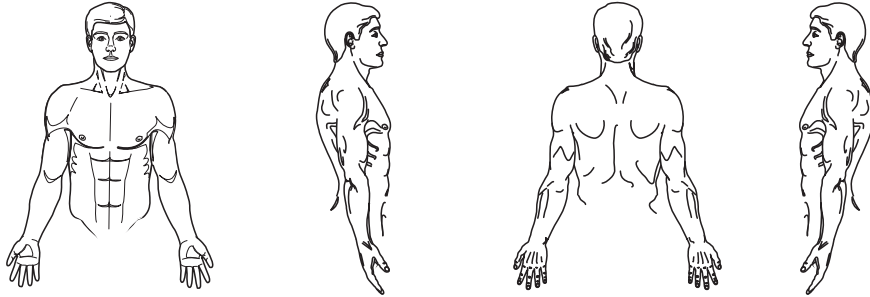
Patient Name: _____ Date: _____

Diagnosis: _____ Examiner: _____

Vital Signs: Pulse: _____ Blood Pressure: _____/_____/____ L R Respiration: _____ Temperature: _____

Inspection/Palpation:

- P = Pain
- X = Trigger Points
- B = Bleeding
- S = Swelling
- C = Contusion
- L = Laceration
- F = Fracture



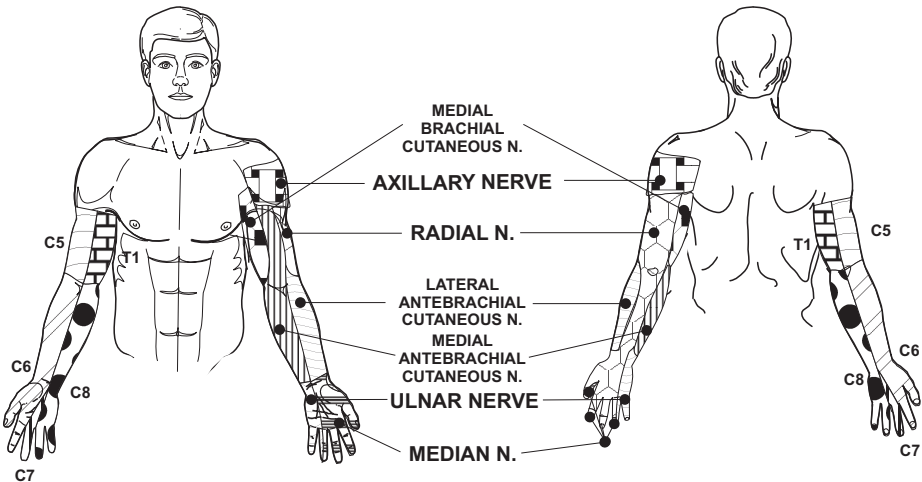
Range of Motion:

Activity	Normal	Active	Passive
Flexion	140-150		
Extension	0-10		
Supination	90		
Pronation	80-90		

Muscle Testing/Myotomes:

Muscle	Strength	
	L	R
Triceps/Anconeus (C7-8)		
Biceps/Brachialis (C5-6)		
Brachioradialis (C5-6)		
Supinator (C6)		
Pronator Teres (C6-7)		
Forearm Extensors (C7-8)		
Forearm Flexors (C7-T1)		

Nerve Supply (Skin):



Orthopedic: _____

Neurological: _____

Antalgia: _____ Special: _____