

De Quervain's Tenosynovitis Assessment

Patient History:
Patient Name:
Date:
Symptoms:
Activities (repetitive activities involving wrist/thumb):
Onset of Symptoms (date/event):
Previous Treatments/Interventions:
Other Relevant History:
Physical Examination:
Visual Inspection (swelling, redness, etc.):
Palpation (tenderness/thickening):

Range of Motion (limitations/pain):

Other Observations:

Finkelstein Test:

Positioning (thumb inside fingers, ulnar deviation):

Pain Observation (location and intensity):

Test Result (positive/negative):

Additional Tests:

Grip Strength (average/weak):

Other Conditions/Tests (e.g., carpal tunnel, arthritis):

Imaging:

X-Ray Findings:

Ultrasound Findings:

Diagnosis:

Final Diagnosis:

Differential Diagnoses:

Treatment Plan:

Conservative Treatment (rest, splinting, NSAIDs, therapy, etc.):

Surgical Intervention (if needed):

Referrals (if any):

Follow-Up:

Follow-Up Dates:

Progress Notes:

Adjustments to Treatment Plan:

Healthcare Provider Signature: _____ **Date:** _____