

Functional Dexterity Test (FDT) Assessment

Patient Information

Name:
Date of Birth:
Medical Record Number:
Date of Assessment:

Clinical History

Indications for FDT

Contraindications/Limitations

Nutritional Considerations

Test Protocol

1. Explanation to Patient

2. Hand Dominance Determination

3. Demonstration of Grasp Patterns

4. Practice Rounds

5. Timed Test Execution

6. Observations

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Results

Right Hand:
Left Hand:
Notes:

Interpretation

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Recommendations

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Follow-up

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Physician/Therapist Signature: _____