# **Hand Nerve Test**

# **Patient Information**

Name:	
Age:	Date:
Contact Number:	

# **Symptom Description**

Describe the symptoms that led to the hand nerve tests:

# Tinel's Test

During Tinel's Test, tap lightly over specific nerve pathways, such as the median nerve, and record any sensations experienced:

Area Tested	Sensations (e.g., Tingling, Pins and Needles)	Time of Occurrence (if applicable)

#### Phalen's Test

During Phalen's Test, gently flex the wrist to put pressure on the median nerve and record any sensations:

Wrist Position	Sensations (e.g., Tingling, Pins and Needles)	Time of Occurrence (if applicable)

#### **Overall Impression:**

Share your overall experience during the hand nerve tests. Is there anything else you'd like to communicate about your symptoms or concerns?

#### Healthcare Provider's Notes:

Record any additional observations, comments, or recommendations:

### **Next Steps:**

Outline the recommended actions or follow-up steps based on the hand nerve test results: