

Interlocking Fingers Test

Client Information

Name:

Date of Birth:

Gender:

Address:

Phone Number:

Email Address:

Date of Consultation:

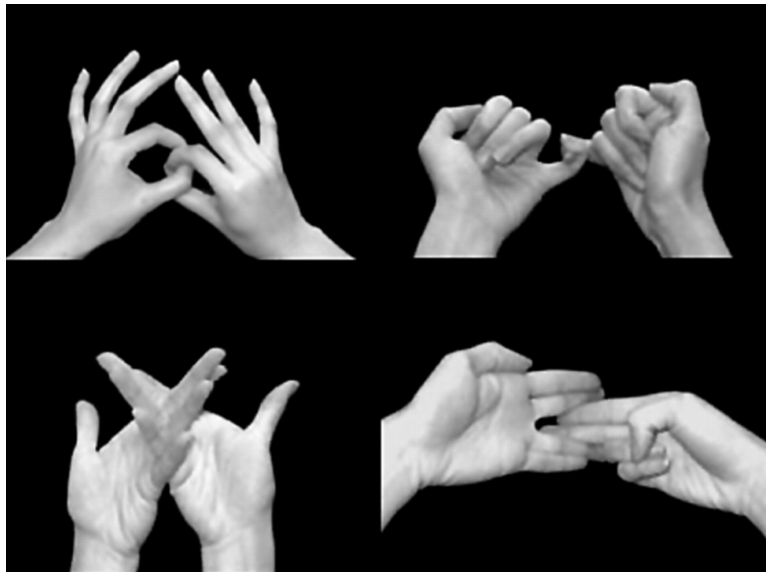


Image courtesy of BMJ Publishing Group Ltd.

Description of the patient's condition

Right Hand:

Degree of Interlocking: (Complete/Partial/None)

Gaps/Limitations: (If any)

Left Hand:

Degree of Interlocking: (Complete/Partial/None)

Gaps/Limitations: (If any)

Interpretation:

Recommendation:

Notes: