

Supination Lift Test

Patient information

Name:

Date of birth:

Contact information:

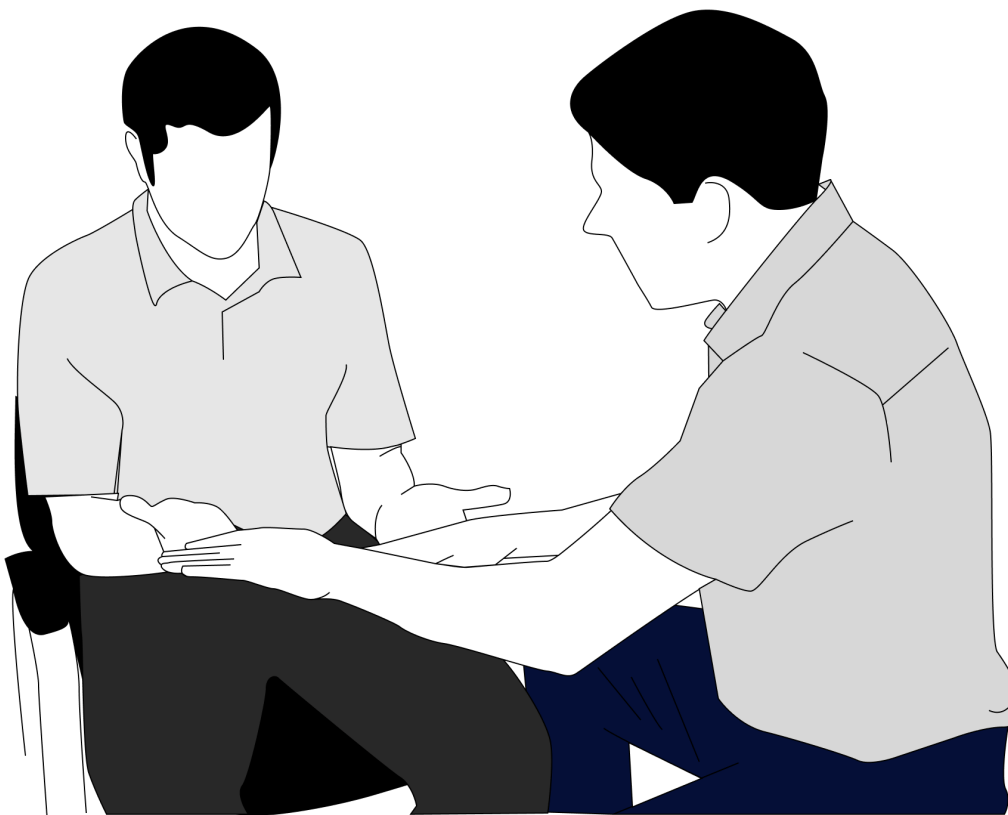
Date of assessment:

Purpose of test

To assess the integrity of the triangular fibrocartilage complex (TFCC) in the wrist, particularly to detect peripheral or dorsal TFCC tears.

Test procedure

1. Instruct the patient to sit comfortably in a chair with both elbows flexed at approximately 90 degrees.
2. Ask the patient to supinate their forearms so their palms are facing upward.
3. Position the patient's hands under a stable surface (e.g., underside of a table) with palms flat against the surface.
4. Instruct the patient to apply upward force, attempting to lift the surface using both hands.



5. Observe the patient during the movement and take note of the following:
 - Presence of pain, especially on the ulnar side of the wrist
 - Any clicking sensations or sounds during the lift
 - Difficulty or weakness in exerting upward force

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|--|--|---|--|---|--|---|--|---|--|---|---------------------|---|--|---|--|---|--|---|--|----|--|
| Results | | | | | | | | | | | | | | | | | | | | | |
| Test outcome: | | | | | | | | | | | | | | | | | | | | | |
| Positive | | | | | | Negative (no pain, clicking, or weakness) | | | | | | | | | | | | | | | |
| If positive, check specified findings below: | | | | | | | | | | | | | | | | | | | | | |
| Localized pain on ulnar wrist | | | | | | Audible or palpable clicking | | | | | | | | | | | | | | | |
| Difficulty exerting lifting force | | | | | | | | | | | | | | | | | | | | | |
| Side tested: | | | | | | | | | | | | | | | | | | | | | |
| Left | | | | | | Right | | | | | | | | | | | | | | | |
| Bilateral | | | | | | | | | | | | | | | | | | | | | |
| Pain location (if applicable): | | | | | | | | | | | | | | | | | | | | | |
| Ulnar side | | | | | | Dorsal side | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | |
| Pain severity (0-10): | | | | | | | | | | | | | | | | | | | | | |
| 0 | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
| Additional notes | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Healthcare professional information | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | License ID number: | | | | | | | | | | |
| Signature: | | | | | | | | | | | Date of assessment: | | | | | | | | | | |