

# Upper Extremity Strength Assessment Form

## Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

## Muscle Strength Scale (Objective Measurement)

- **0 (Zero):** No muscle contraction detected
- **1 (Trace):** Barely detectable flicker or trace of contraction
- **2 (Poor):** Active movement of the body part with gravity eliminated
- **3 (Fair):** Active movement against gravity
- **4 (Good):** Active movement against gravity and some resistance
- **5 (Normal):** Active movement against full resistance without evident fatigue (normal muscle strength)

## Objective Assessment Instructions

### 1. Bilateral Hand Grip Strength

- **Procedure:** Extend your index and second fingers on each hand toward the patient. Ask the patient to squeeze your fingers as tightly as possible. Note the strength and firmness of their grip.
- **Right Hand Strength:** \_\_\_\_\_
- **Left Hand Strength:** \_\_\_\_\_
- **Observations:** \_\_\_\_\_

### 2. Arm Extension with Resistance

- **Procedure:** With the patient seated, ask them to extend their arms forward at shoulder height, palms facing up. Apply downward pressure on their forearms and ask the patient to resist. Assess the strength required to overcome their resistance.
- **Right Arm Strength:** \_\_\_\_\_
- **Left Arm Strength:** \_\_\_\_\_
- **Observations:** \_\_\_\_\_

### 3. Palms Pressing with Resistance

- **Procedure:** Face the patient and ask them to extend their arms forward at chest level, palms facing yours. Ask the patient to press against your palms while you provide resistance. Assess the strength of their push.

- Right Arm Strength: \_\_\_\_\_
- Left Arm Strength: \_\_\_\_\_
- Observations: \_\_\_\_\_

## Subjective Assessment

### Patient's Perception of Strength:

- Very Weak
- Weak
- Moderate
- Strong
- Very Strong

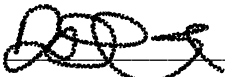
### Patient's Description of Difficulty in Daily Activities:

### Pain Assessment During Test (if any):

- Intensity (1-10 Scale): \_\_\_\_\_
- Location of Pain: \_\_\_\_\_
- Characteristics of Pain: \_\_\_\_\_

## Additional Comments

### Assessor's Signature:

- Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Signature:  \_\_\_\_\_