## **Upper Extremity Strength Assessment**

Patient information								
Name:			Date of birth:					
Contact information:			Date of assessm	ent:				
Medical history:								
Properties								
<ul> <li>Ensure the patient is comfortable and understands the procedure.</li> <li>Remove any restrictive clothing to visualize muscle movements clearly.</li> </ul>								
Assessment procedure								
I. Bilateral hand grip strength								
<i>Procedure</i> : Extend the index and second fingers toward the patient and ask them to squeeze tightly. This assesses the strength of the hand muscles and may indicate issues with muscle or nerve function.								
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Manual muscle testing grade	0	1	2	3	4	5		
II. Arm pull test								
<i>Procedure</i> : Ask the patient to extend their arms with palms facing upwards. Apply resistance to the forearms while asking the patient to pull their arms towards their body. This targets upper arm muscles.								
Manual musals	0	4	0	2	4	_		
Manual muscle testing grade	0	1	2	3	4	5		
III. Palm press test								
<i>Procedure</i> : Ask the patient to press their palms against the examiner's hands while resistance is applied. For each movement, apply resistance gradually once the patient completes the movement against gravity.								
Manual muscle testing grade	0	1	2	3	4	5		

IV.								
Procedure:								
Manual muscle testing grade	0	1	2	3	4	5		
V.								
Procedure:								
Manual muscle testing grade	0	1	2	3	4	5		
Note: If a muscle group scores below Grade 3, retest in a gravity-eliminated position or adjust positions as needed for accurate assessment.								
Scoring and interpretation for MMT:								
<ul> <li>0: No contraction detectable.</li> <li>1: Minimal movement or muscle flicker observed.</li> <li>2: Movement possible without gravity.</li> <li>3: Movement possible through full range of motion against gravity.</li> <li>4: Movement possible against moderate resistance.</li> <li>5: Normal strength; full movement against strong resistance.</li> </ul>								
Results/total score								
Bilateral hand grip stre	ngth:							
Arm pull test:								
Palm press test:								
Findings								

Additional notes	
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Healthcare professional information	License ID number:
Name:	
Signature:	Date of assessment: