Watson Test Protocol

Patient Information:		
Name:		
Date of Birth:	Age:	Gender:
Medical History:		
Test Details:		
Date of Test:	Time of Test:	
Examining Physician:		
Procedure: (For documentation pu	rposes only; to be pe	erformed by a qualified healthcare professional)
1. The patient is seated in an uprig	ht position.	
2. The examiner stands behind the	e patient.	
3. The examiner grasps the patien	t's affected arm and l	ocates the scaphoid tubercle.
4. The wrist is placed in flexion and	d radial deviation, and	d the scaphoid is pushed distally.
5. The patient is then instructed to pressure on the scaphoid.	extend and ulnar dev	viate the wrist while the examiner maintains
6. A positive test is indicated by a p	painful 'clunk' as the	scaphoid relocates into its normal position.
Observations:		
Findings:		

Indications:
Conclusion:
Final Diagnosis:
Recommended Treatment/Next Steps:
Physician Signature:
Name:
Signature:
Date:

Note: Please consult a healthcare provider for accurate and safe interpretation and application of the Watson Test.