Patient's Name: [claimant\_full\_name] Claim ID: case\_id#] Examiner: [case\_owner\_desk\_name]

## **Muscle Examination**

## Please assess claimant's muscle strength on a scale of 0-5 as defined below.

## **KEY**

- 5 Muscle contracts against full resistance
- 4 Strength reduced, but contraction can still move joint against resistance
- 3 Strength further reduced such that joint can be moved only against gravity with examiner's resistance completely removed
- 2 Muscle can only move if resistance of gravity is removed
- Only a trace or flicker of movement is seen or felt, or fasciculation are observed
- 0 No movement

## Please note any evidence of spasm or contracture.

CERVICAL Flexion Extension Lateral Flexion  Thoraco-Lumbar Flexion Extension Lateral Flexion  HIP Flexion Extension Abduction Adduction	
Lateral Flexion  Thoraco-Lumbar Flexion  Extension  Lateral Flexion  HIP Flexion  Extension  Abduction  Adduction	
Thoraco-Lumbar Flexion  Extension  Lateral Flexion  HIP Flexion  Extension  Abduction  Adduction	
Extension  Lateral Flexion  HIP Flexion  Extension  Abduction  Adduction	
Lateral Flexion  HIP Flexion  Extension  Abduction  Adduction	
HIP Flexion Extension Abduction Adduction	
Extension Abduction Adduction	
Extension Abduction Adduction	
Abduction Adduction	
Adduction	
External Rotation	
Internal Rotation	
KNEE Flexion	
Extension	
ANKLE Plantar Flexion	
Dorsi Flexion	
Inversion	
Eversion	
HALLUX M.P. Flexion	
I. P. Flexion	
M.P. Extension	
I. P. Extension	
TOES* M.P. Flexion	
I. P. Flexion	
M.P. Extension	
I. P. Extension	

		LEFT	RIGHT
SHOULDER	Flexion		
	Extension		
	Abduction		
	Adduction		
	External Rotation		
	Internal Rotation		
ELBOW	Flexion		
	Extension		
	Pronation		
	Supination		
WRIST	Flexion		
	Extension		
	Radial Deviation		
	Ulnar Deviation		
THUMB	M.P. Flexion		
	I. P. Flexion		
	M.P. Extension		
	I.P. Extension		
	CMC Abduction		
	CMC Radial Adduction		
	CMC Opposition		
FINGER			
INDEX	M.P. Flexion		
	M.P. Extension		
	P.I.P. Flexion		
	P.I. P. Extension		
	D.I.P. Flexion		
	D.I.P. Extension		
MIDDLE	M.P. Flexion		
	M.P. Extension		
	P.I.P. Flexion		
	P.I. P. Extension		
	D.I.P. Flexion		
	D.I.P. Extension		

Patient's Name: [claimant_full_	name]	Claim ID: case		[case_owner_desk_name]	
			RING	M.P. Flexion	
				M.P. Extension	
				P.I.P. Flexion	
				P.I. P. Extension	
				D.I.P. Flexion	
				D.I.P. Extension	
			LITTLE	M.P. Flexion	
				M.P. Extension	
				P.I.P. Flexion	
				P.I. P. Extension	
				D.I.P. Flexion	
				D.I.P. Extension	
DESCRIBE GAIT AND a medical necessity and the particular of the pa	patient's ability to Y: include obser	walk without wation of ability	it. y to pinch, grasp	and manipulate small a	
Grip Strength (0-5/5):  EFFORT ON EXAM:					

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_