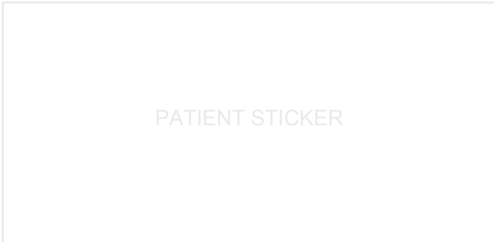
UCLA Health System



ELBOW EVALUATION

UCLA Sports Medicine
David R. McAllister, M.D.
UCLA Medical Center
Dept of Orthopaedic Surgery

Chief Complaint:

History of Present Illness:

Sports/level: ❑ none ❑ recreational ❑ collegiate ❑ competitive ❑ semi-professional ❑ professional

Date of injury: ______________________________

❑ No specific injury

Handedness: R L

Trauma	❑ Yes	❑ No
Prior Injury	❑ Yes	❑ No
Locking	❑ Yes	❑ No
Clicking	❑ Yes	❑ No
Instability	❑ Yes	❑ No

Pain:

Location: ❑ Anterior ❑ Posterior ❑ Medial ❑ Lateral

Daytime Pain at Rest	❑ Yes	❑ No
Night pain	❑ Yes	❑ No
Activity Related Pain	❑ Yes	❑ No
Pain with Sports	❑ Yes	❑ No
Radiating Pain	❑ Yes	❑ No

Prior Treatment:

NSAID	❑ Improved	❑ No Benefit	❑ Did Not Try
Brace	❑ Improved	❑ No Benefit	❑ Did Not Try
Physical Therapy	❑ Improved	❑ No Benefit	❑ Did Not Try
Injection	❑ Improved	❑ No Benefit	❑ Did Not Try

Previous Surgery? ❑ Yes ❑ No

If yes, specify: ______________________________

____

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ELBOW EVALUATION

PATIENT STICKER

UCLA Sports Medicine
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Physical Examination:	**R**	**L**
Cervical Spine:		
ROM	____	____
TENDERNESS	____	____
Elbow Motion:		
Flexion 0 - 145°	____	____
Extension 0 - (-20°)	____	____
Supination 0 - 80°	____	____
Pronation 0 - 90°	____	____
Tenderness:	**Yes**	**No**
Lateral Epicondyle	❑	❑
Medial Epicondyle	❑	❑
Biceps Insertion	❑	❑
Triceps Insertion	❑	❑
Radial Head	❑	❑
Cubital Tunnel	❑	❑
Olecranon Bursa	❑	❑
Olecranon (Tip)	❑	❑
UCL	❑	❑
Mobile wad	❑	❑
Soft Tissue:	**R**	**L**
Effusion	____	____
Lateral Swelling	____	____
Medial Swelling	____	____
Anterior Swelling	____	____
Posterior Swelling	____	____
Reflexes:		
Biceps (C5)	____	____
Triceps (C7)	____	____
Wrist (C6)	____	____

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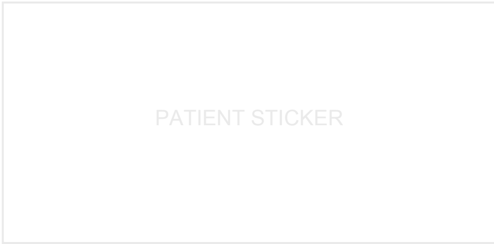

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Motor (1-5):	R	L
Elbow Flexion	____	____
Triceps (extension)	____	____
Supination	____	____
Pronation	____	____
Wrist Flexion	____	____
Wrist Extension	____	____
Finger Abduction	____	____
Finger Extension	____	____
Pinch	____	____

Instability:	R	L
Varus (30° flexion)	❑ Normal ❑ Increased	❑ Normal ❑ Increased
Valgus (30° flexion)	❑ Normal ❑ Increased	❑ Normal ❑ Increased
Pivot Shift	❑ Positive ❑ Negative	❑ Positive ❑ Negative

Pulses:

Radial
- ❑ Normal
- ❑ Abnormal

Brachial
- ❑ Normal
- ❑ Abnormal

Capillary Refill
- ❑ Normal (< 2 sec)
- ❑ Abnormal

Sensory (light Touch):

Radial
- ❑ Normal
- ❑ Decreased

Ulnar
- ❑ Normal
- ❑ Decreased

Median
- ❑ Normal
- ❑ Decreased

Tinel at Elbow
- ❑ Positive
- ❑ Negative

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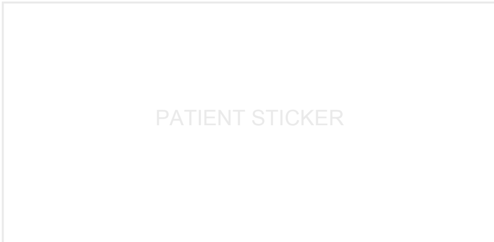

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Provocative Tests:	**R**	**L**
ECRB	❑ Positive ❑ Negative	❑ Positive ❑ Negative
ECRL	❑ Positive ❑ Negative	❑ Positive ❑ Negative
Hand Shake	❑ Positive ❑ Negative	❑ Positive ❑Negative
Ulnar Nerve Dislocation	❑ Yes ❑ No	❑ Yes ❑ No

Diagnostic Studies:

Radiographs: ❑ Normal
❑ Abnormal (specify): ______________________________

____

MRI: ❑ Normal
❑ Abnormal (specify): ______________________________

____

Other: ______________________________

Assessment: ______________________________

____

Plan: ______________________________

____

______________________________ ______________________________
David R. McAllister, MD Date