

# ELBOW FUNCTIONAL ASSESSMENT

Instructions: The list below contains some sentences people have used to describe themselves when they have elbow and arm pain. When your arm hurts, you may find it hard to do some of these activities. Please check only the sentences that describe your last 24 hours.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Affected Arm: Right  Left  Both

- 1. Because of my shoulder pain I have difficulty putting on a shirt or coat.
- 2. I have difficulty combing or styling my hair.
- 3. Because of my elbow pain I avoid overhead activities.
- 4. I avoid pushing or pulling activities because of my elbow.
- 5. I use a sling for my elbow to decrease my pain.
- 6. I have to hold my arm next to my side due to the pain.
- 7. Because of my elbow pain, I am unable to reach behind my back to strap my bra or put on my belt.
- 8. Because of my pain I avoid reaching in my back pocket.
- 9. Because of my elbow pain I am unable to work.
- 10. Because of my elbow pain I avoid or modify recreational activities.
- 11. When my elbow hurts I avoid household chores.
- 12. I can not throw a ball without increasing my elbow pain.
- 13. Resting on my elbow for more than 5 minutes hurts my arm.
- 14. When I sit, I must support my arm with a pillow or arm rest.
- 15. When I walk, swinging my arm increases my elbow pain.
- 16. My elbow pain awakens me at least once a night.
- 17. Because of my elbow pain I am unable to drive.
- 18. I am unable to lift objects above shoulder height.
- 19. Putting on a seat belt increases my elbow pain.
- 20. I limit the amount of yard work I do because of my elbow pain.
- 21. I can not lift a gallon of water/milk without increasing my elbow pain.
- 22. Because of the pain in my elbow I can not do a push-up.
- 23. Working with a computer or typewriter increases my elbow pain.
- 24. I need to take medication for my elbow pain in order to complete daily activities.
- 25. I think using a hammer or paint brush would increase my pain.

\_\_\_\_ / 25 Functional Restrictions

Please mark on the line to indicate the amount of pain you have had in the past 24 hours.

**RIGHT ARM**

No pain at all \_\_\_\_\_ Worst pain possible

**LEFT ARM**

No pain at all \_\_\_\_\_ Worst pain possible