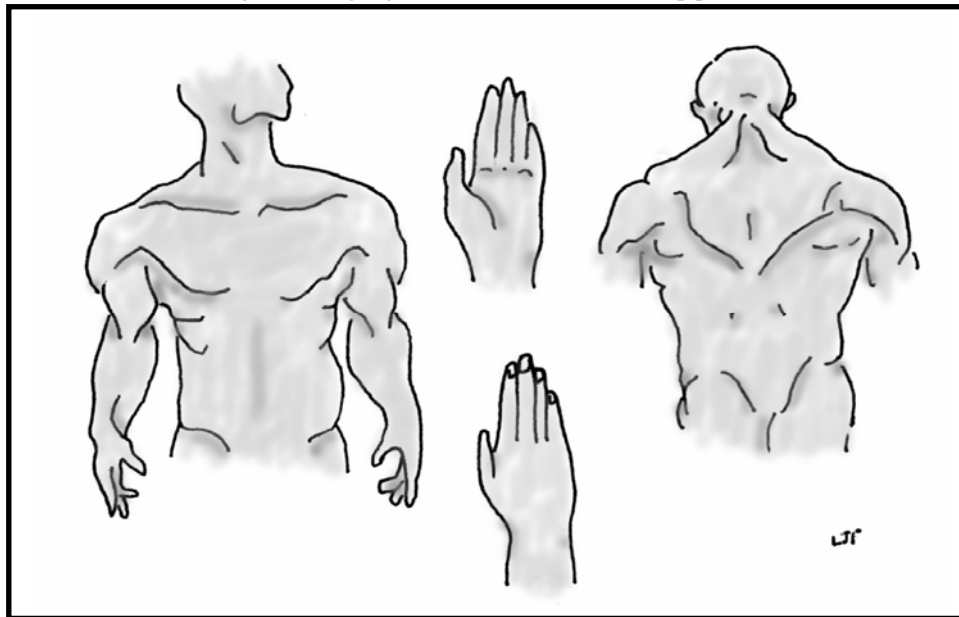


CASE HISTORY – NECK, SHOULDER, AND HAND SYMPTOMS

Patient name: _____ Date: _____

1. I am: () right handed () left handed
2. Symptoms are most prominent in the: () early morning () afternoon () evening () middle of the night
3. **Related problems:** () weak hand grip () hand clumsiness () change in hand temperature () other _____
4. Hobbies / activities I participate in which involve using my hands and arms: _____
5. Describe the characteristics of your symptoms by marking the diagram below:

KEY: **b** = burning **t** = tingling **n** = numbness **s** = sharp pain **a** = aches



6. My job description requires me to:

	Never (0 hrs.)	Occasionally (up to 3 hrs./day)	Frequently (3-6 hrs./day)	Constantly (6-8 hrs./day)
sit	()	()	()	()
type / data entry	()	()	()	()
use computer mouse () Rt. Hand () Lt. Hand	()	()	()	()
do simple grasping (filing, etc.)	()	()	()	()
do power grasping (gripping hard)	()	()	()	()
do fine finger manipulation	()	()	()	()
push / pull things	()	()	()	()
reach above shoulder level	()	()	()	()
do repetitive head turning	()	()	()	()

7. When typing, my forearms are: () exactly parallel to desk top () slightly inclined upwards () slightly inclined downwards

8. When typing, my wrists are: () bent upwards () bent downwards () kept straight

9. When typing, my neck is: () bent upwards () bent downwards () straight