

# Assessment Form: ComfySplints™ Elbow Splints



Patient Name:			HICN #	
Facility:				
Address:				
Primary Diagnosis:			Secondary Dx:	

Prognosis:	Good	Fair	<input type="checkbox"/> Poor
Mobility:	Ambulatory	Wheelchair Confined	<input type="checkbox"/> Bed Confined
Communication:	Makes Needs Know	Unable to Make Needs Known	
U.E. Sensation:	Intact	Moderately Impaired	<input type="checkbox"/> Severely Impaired
U.E. Active ROM:	WNL	Mildly Restricted	<input type="checkbox"/> Severely Restricted
U.E. Passive ROM:	WNL	Mildly Restricted	<input type="checkbox"/> Severely Restricted

Diagnosis	Rt	Lt	Comments
Wrist Drop			
Wrist Contracture			
MP Contracture			
Finger Joint Contracture			
Elbow Contracture			
Ulnar / Radial Deviation			
Decreased Muscle Strength			
Decreased ADL Function			
Joint Pain			
Pressure Sores			
Hygiene Deficits			

Treatment Goals	
Prevent Fixed Contractures	
Support Flaccid Hand, Wrist and Elbow	
Manage Arthritic Joint Deformities	
Decrease Pain	
Increase U.E. Function	
Control Ulnar or Radial Deviation	
Improve Muscle Strength	
Improve ADL Function	
Increase Range of Motion	
Decrease Pressure of Motion	
Increase Hygiene	

## Treatment Plan:

<input type="checkbox"/>	Elbow (E)	<input type="checkbox"/>	Elbow-Hand Combo (EH)
<input type="checkbox"/>	Goniometer Elbow (GE)	<input type="checkbox"/>	Goniometer Elbow-Hand Combo (GEH)
<input type="checkbox"/>	Spring Loaded Goniometer (SGE)	<input type="checkbox"/>	Spring Loaded Goniometer Elbow-Hand Combo (SGEH)
<input type="checkbox"/>	Locking Elbow (LE)	<input type="checkbox"/>	

Observe from 15 to 30 min. intervals. Then graduate to 1 to 2 hour intervals. Remove and check for pressure areas.

I certify active treatment of this patient. This equipment is part of my recommended treatment and is reasonable and medically necessary. The above information is true and accurate to the best of my knowledge.

O.T. / P.T. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ UPIN # \_\_\_\_\_