

1B. DUPUYTREN

FUNCTION FORM

Preoperative examination

Patient's Personal Identity No.(12 digits)

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Operation date (yyyy-mm-dd)

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Hand that is to be operated on: Left
 Right

Patient Questionnaire completed: No Yes

STATUS

1. Active range of motion (only fingers to be operated on)

Indicate extension / flexion; straight joint = 0 degrees, hyperextension recorded as minus, extension defect as plus.

| Finger | MP | PIP | DIP (IP) |
|------------------------------|------------------|------------------|------------------|
| <input type="checkbox"/> I | _____/____/_____ | | _____/____/_____ |
| <input type="checkbox"/> II | _____/____/_____ | _____/____/_____ | _____/____/_____ |
| <input type="checkbox"/> III | _____/____/_____ | _____/____/_____ | _____/____/_____ |
| <input type="checkbox"/> IV | _____/____/_____ | _____/____/_____ | _____/____/_____ |
| <input type="checkbox"/> V | _____/____/_____ | _____/____/_____ | _____/____/_____ |

2. Strength (average of three measurements in kg, one decimal)

Grip strength (Jamar)

Right: _____.__

Left: _____.__

Tripod pinch

Right: _____.__

Left: _____.__

(Pinch gauge, thumb against index and middle fingertip)

Key pinch

Right: _____.__

Left: _____.__

(Pinch gauge, tip of thumb against side of index finger phalanx)

Comment on status:

Follow-up: 3 months 12 months Other (indicate no. of months)

Patient's Personal Identity No.(12 digits) —

Operation date (yyyy-mm-dd): ——

Examination date (yyyy-mm-dd): ——

Operated hand: Left Right Patient questionnaire completed: No Yes

STATUS

1. Active range of motion (only fingers to be operated on)

Indicate extension / flexion; straight joint = 0 degrees, hyperextension recorded as minus, extension defect as plus.

| Finger | MP | PIP | DIP (IP) |
|------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> I | — _ _ _ _ /— _ _ _ _ | | — _ _ _ _ /— _ _ _ _ |
| <input type="checkbox"/> II | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ |
| <input type="checkbox"/> III | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ |
| <input type="checkbox"/> IV | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ |
| <input type="checkbox"/> V | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ | — _ _ _ _ /— _ _ _ _ |

2. Strength (average of three measurements in kg, one decimal)

Grip strength (Jamar): Left: . Right: .

Tripod pinch: Left: . Right: .
(Pinch gauge, thumb to tip of index and middle finger)

Key pinch: Left: . Right: .
(Pinch gauge, tip of thumb toward side of index finger phalanx)

Comment on status:

POSTOPERATIVE TREATMENT

Static orthosis: No Yes
 Dynamic orthosis: No Yes
 Other: No Yes, specify: _____
 Mobilisation start (days)

COMPLICATIONS (which have **not** led to reoperation)

Postoperative infection: No Yes, indicate type: superficial deep
 Skin necrosis: No Yes
 Digital nerve injury: No Yes
 Digital artery injury: No Yes
 Other complication: No Yes, specify: