



Shoulderdoc.co.uk

Salford Royal Hospitals NHS

Name: _____

Date of Birth: _____

Hospital Number: _____

Or Patient Sticker

ELBOW FUNCTION ASSESSMENT (EFA)

Date: _____ SIDE: RIGHT / LEFT Dominant Arm: RIGHT / LEFT

A. PAIN:

LEVEL OF PAIN AT REST:

IF 0 MEANS NO PAIN AND 10 MEANS THE WORST PAIN YOU CAN HAVE, PLEASE CIRCLE THE NUMBER WHICH DESCRIBES YOUR ELBOW PAIN WHEN YOU ARE NOT DOING ANY ACTIVITIES.

1	2	3	4	5	6	7	8	9	10
NO		MILD		MODERATE		SEVERE		UNBEARABLE	

LEVEL OF PAIN ON MOTION:

IF 0 MEANS NO PAIN AND 10 MEANS THE WORST PAIN YOU CAN HAVE, PLEASE CIRCLE THE NUMBER WHICH DESCRIBES YOUR ELBOW PAIN WHEN YOU ARE MOVING YOUR ELBOW.

1	2	3	4	5	6	7	8	9	10
NO		MILD		MODERATE		SEVERE		UNBEARABLE	

B. FUNCTION

B1. HAVE YOU HAD ANY TROUBLE GETTING IN RAISING A CUP TO YOUR MOUTH?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B1. HAVE YOU HAD ANY TROUBLE GETTING IN EATING WITH A SPOON?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B2. HAVE YOU HAD ANY TROUBLE GETTING IN RAISING A CUP TO YOUR MOUTH?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B3. HAVE YOU HAD ANY TROUBLE LIFTING A KETTLE WITH ONE LITRE OF WATER?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B4. HAVE YOU HAD ANY TROUBLE POURING WATER FROM A KETTLE INTO A GLASS?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B5. HAVE YOU HAD ANY TROUBLE PUTTING THE TELEPHONE RECEIVER TO YOUR EAR?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B6. HAVE YOU HAD ANY TROUBLE CUTTING WITH A KNIFE?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

B7. HAVE YOU HAD ANY TROUBLE PULLING AN OBJECT ACROSS A TABLE?
IMPOSSIBLE TO DO WITH AID WITH MUCH DIFFICULTY
WITH LITTLE DIFFICULTY WITHOUT DIFFICULTY

THANK YOU FOR COMPLETING THIS ASSESSMENT FORM.
IF YOU HAVE HAD AN OPERATION PLEASE FILL IN THE NEXT PAGE ALSO

D. POST-OP QUESTIONS

ONLY COMPLETE THIS SECTION IF YOU HAVE HAD AN OPERATION

OPERATION: _____ DATE OF OPERATION: _____

TIME POST-OP: **3 Weeks 6 Weeks 3 Months 6 Months 1 Year 2 Years** ___ Years

D1. HOW DO YOU FEEL **NOW**, FOLLOWING YOUR OPERATION?

- 1. MUCH BETTER
- 2. BETTER
- 3. SAME
- 4. WORSE

D1a. WHAT PERCENTAGE IMPROVEMENT HAVE YOU HAD SINCE THE OPERATION?

0	10	20	30	40	50	60	70	80	90	100
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D2. HAVE YOU **NOW**:

- 1. RETURNED TO THE SAME OCCUPATION
- 2. RETURNED TO THE SAME OCCUPATION BUT WITH DECREASED LEVEL OF ACTIVITY (DUE TO THE ELBOW)
- 3. CHANGED OCCUPATION DUE TO THE ELBOW
- 4. STOPPED WORKING ALL TOGETHER BECAUSE OF YOUR ELBOW

D3. IF YOU HAVE CHANGED OCCUPATION WHAT JOB DO YOU DO NOW?

D4. HAVE YOU **NOW**:

- 1. RETURNED TO THE SAME LEVEL OF ACTIVITY IN THE SAME SPORT
- 2. RETURNED TO A DECREASED LEVEL OF ACTIVITY IN THE SAME SPORT (BECAUSE OF THE ELBOW)
- 3. CHANGED SPORTS BECAUSE OF THE ELBOW
- 4. STOPPED PLAYING SPORTS ALTOGETHER BECAUSE OF THE ELBOW

D5. IF YOU HAVE CHANGED SPORTS WHAT HAVE YOU CHANGED TO?

G. COMMENTS

THE SPACE BELOW IS FOR ANY FURTHER COMMENTS YOU WOULD LIKE TO MAKE

THANK YOU FOR COMPLETING THIS ASSESSMENT FORM.

E. MOVEMENT

THE DOCTOR OR NURSE WILL COMPLETE THIS PAGE WITH YOU.

CIRCLE THE APPROPRIATE BOXES (ONE IN EACH COLUMN ONLY):

Active Flexion (degrees)	Flexion Contracture (degrees)
> 125	< 20
100-124	20-40
75-99	> 40
< 75	

COMBINED MOTION:

GRASPING OPPOSITE EARLOBE WITH ARM IN FRONT OF BODY:

WITHOUT DIFFICULTY		WITH DIFFICULTY		IMPOSSIBLE
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FINAL DIAGNOSIS: _____

PLAN: _____

References:

De Boer Y Van Den Ende CHM et al. Clinical reliability and validity of elbow functional assessment in rheumatoid arthritis. J Rheumatol. 1999; 26: 1909-1917.