



Hand Injury Report

PLEASE COMPLETE THIS FORM AND RETURN TO ADDRESS ON REVERSE

WCB Claim Number

Worker Information

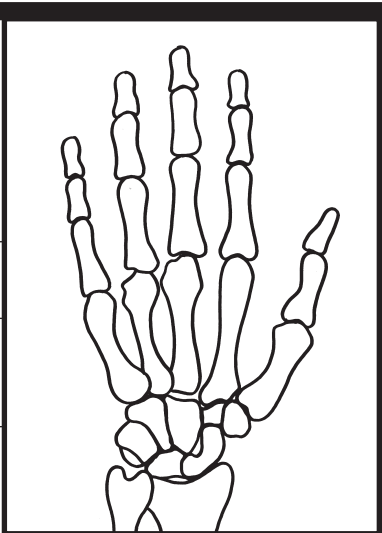
Last Name		First Name			
Mailing Address (include postal code)		Community		Telephone (include area code)	
Residential Address		Date of Birth	YY	MM	DD
Employer's Name		Social Insurance Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
				Worker's Occupation	

Health Care Professional's Information

Name of Health Care Professional				WCB Supplier Billing Number			
Telephone (include area code)				Fee Code _____ Fee Submitted _____			
Address (include postal code)				Fee Code _____ Fee Submitted _____			
Date of Injury				Report Form Fee _____ Fee Submitted _____			
YY	MM	DD	Date of Exam	YY	MM	DD	TOTAL \$ _____

- Which hand is injured? Right Left
Which is the **dominant hand**? Right Left
Note **previous defects**, if any, in **Right Hand**

Note **previous defects**, if any, in **Left Hand**
- AMPUTATION** – Please mark by **straight lines** (“–”) on the diagram opposite the site and direction of any amputation arising from the work-related accident.
- JOINTS WITH IMPAIRED MOVEMENT** – On the diagram opposite, please place an “O” on any joints in which **ankylosis** exists as a result of the accident, and an “X” on any joints which have **permanently restricted movement** as a result of the accident.
- FLEXION AND EXTENSION OF IMPAIRED JOINTS** – In the table below, for each injured joint, show in degrees (a) the position of utmost flexion from a straight finger, and (b) the lack of extension. If ankylosed, show the position in which ankylosis exists. **See explanation on back.**



INJURED HAND	Finger			Thumb	
	MCP/Prox.	PIP/2nd.	DIP/Distal.	MCP/Prox.	IP/2nd.
Little Finger Position of Utmost Flexion°°°	Position of utmost Flexion°
Lack of Extension°°°		Lack of Extension
Ring Finger Position of Utmost Flexion°°°	Abduction	<input type="checkbox"/>
Lack of Extension°°°		Adduction
Middle Finger Position of Utmost Flexion°°°	Opposition	
Lack of Extension°°°		Full Restricted (Check one)
Index Finger Position of Utmost Flexion°°°		
Lack of Extension°°°		

5. Please note any other impairment and comment on usefulness of hand (grip, wrist movement, sensation, ligament integrity, etc.)

6. What further improvement do you expect?

Please turn over

7. **FLEXION AND EXTENSION OF NON INJURED HAND JOINTS** – In the table below, show in degrees (a) the position of utmost flexion from a straight finger, and (b) the lack of extension. If ankylosed, show the position in which ankylosis exists. **See explanation below.**

NON INJURED HAND		Finger			Thumb		
		MCP/Prox.	PIP/2nd.	DIP/Distal.	MCP/Prox.	IP/2nd.	
Little Finger	Position of Utmost Flexion°°°	Position of utmost Flexion°°
	Lack of Extension°°°		Lack of Extension°
Ring Finger	Position of Utmost Flexion°°°	Abduction	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of Extension°°°		Adduction	<input type="checkbox"/>
Middle Finger	Position of Utmost Flexion°°°	Opposition	<input type="checkbox"/>	<input type="checkbox"/>
	Lack of Extension°°°			
Index Finger	Position of Utmost Flexion°°°			
	Lack of Extension°°°			

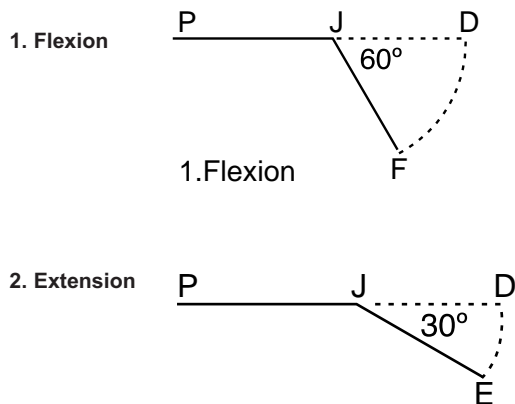
Health Care Professional's Signature _____ Date _____

Method for Describing Flexion and Extension of Injured Joints

Devising a simple and effective method of showing limitations of flexion and extension of finger joints has proven difficult. Describing extension has been the chief stumbling block. After careful consideration, we have decided to ask for the degrees of lack of extension, rather than the degrees of the contained angle.

Both flexion and extension are to be described by the arc or angle made with the distal end of a normal straight finger.

Remember, it is always the position of greatest possible flexion and the position of greatest possible extension that is required. From this can be deduced (by subtraction) the range of movement or, if there is complete ankylosis, the position of ankylosis.



In the example above, let PJD represent a straight extended finger, P being proximal, D distal, and J the injured joint.

In the first diagram, let FJ represent the position of utmost voluntary flexion. If the angle FJD is 60°, the position of utmost flexion is described as 60°.

In the second diagram, let EJ represent the position of utmost voluntary extension. If the angle EJD is 30°, the lack of extension is 30°.

If there is flexion to a right angle and no impairment of extension, the position of utmost flexion will be 90° and the lack of extension will be 0°. If there is ankylosis in the position represented in the first diagram, the position of utmost flexion, as before, will be described as 60° and the lack of extension will likewise be described as 60°.

NOTE TO SUPPLIERS:

We make payments on original invoices only. Faxed invoices or copies of invoices will not be paid.

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or

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