



# FINGER EXAM

Patient Name

Date

**INJURY**

R

L

Thumb

Index

Long

Ring

Small

## DIGITAL NERVE

<b>2 POINT DISCRIMINATION</b>	Intact	Abnormal
<b>LIGHT TOUCH</b>	Intact	Abnormal

## DIGITAL BLOOD VESSELS

<b>CAPILLARY REFILL</b>	Intact	Delayed
<b>ARTERIAL INJURY</b>	No	Yes

## TENDON FUNCTION

<b>EXTENSOR</b>	Normal	Weak	Absent
<b>FLEXOR FDS</b>	Normal	Weak	Absent
<b>FLEXOR FDP</b>	Normal	Weak	Absent

## WOUND EXPLORATION

- BLOODLESS FIELD OBTAINED WITH T-RING**
- EXPLORED TO BASE OF WOUND, THROUGH F.R.O.M.**

## FINDINGS

<b>FOREIGN BODY</b>	No	Yes	<b>REMOVED?</b>	Yes	No
<b>TENDON INJURY</b>	No	Yes	Injury: _____ %		
<b>BONE / JOINT INJURY</b>	No	Yes	_____		
<b>NEUROVASC INJURY</b>	No	Yes	_____		

Signature

Date