

MSTS Upper Extremity

	Name & DOB:	Date:
	Please indicate the answer that best describes you	r present health status.
	This scale is used by your doctor to assess how a pathe patient and determine appropriate treatment a	
1a	The value is determined by the amount and effect of pain on the patient's function. *If limitations are due to pain not related to the	 No pain, no medication Intermediate Modest/Non-disabling, non-narcotic analgesics Intermediate Moderate/Disabling, intermittent narcotics Severe disabling, continuous narcotics
	orthopedic surgical site do not consider these; however please note them in the next text box.	
	Note: "Intermediate" responses are grades between the other two options	
1b	Painful areas not associated with orthopaedic surgical procedure	
2a	The value for function is determined by the restrictions in activities (actual or prohibited) and the effect of these restrictions on the patient's lifestyle.	 No restriction Intermediate Recreational restriction, minor disability Intermediate Partial occupational restriction, major disability Total restriction, complete disability
	*If restrictions are due to cardiopulmonary or neurological effects unrelated to the orthopaedic surgery site do not consider these; however, please note them in the next text box.	
2b	Other co-morbidities or restrictions (not related to surgical procedure) which adversely impact the patient's function	
3	PATIENT REPORTED: The value for emotional acceptance is determined by the patients' emotional reaction to or perception of the functional result (if post-op)	 Enthused, would recommend to others Intermediate Satisfied Intermediate Accepts Dislikes
	Pre-op: Patient's emotional reaction to or perception of the anticipated functional result after the upcoming surgery	

4a	This value reflects the patients' ability to ACTIVELY position the hand in space in the frontal plane.	 Unlimited Intermediate Not above shoulder or no pronation / supination Intermediate Not above waist, about 30 degrees elevation None
	*If limitations are due to arthritis or neurological impairment unrelated to the orthopaedic surgery do not consider these; however, please note them in the next text box.	
4b	Other limitations or impairments which adversely impact the patient's ability to actively position the hand in space in the frontal plane	
5a	This value is determined by the patient's limitations in dexterity. Pinch and grasp can be performed in any fashion. Fine movements are those used in buttoning, writing, eating, etc. *If limitations are due to arthritis or neurological impairment unrelated to the orthopaedic surgery do not consider these; however, please note them in the next text box.	 No limitations, normal dexterity and sensation Intermediate Loss of fine movements, cannot button, minor sensory loss Intermediate Cannot pinch, major sensory loss Cannot grasp, anesthetic hand
5b	Other co-morbidities or restrictions (not related to the surgical procedure) which adversely impact the patient's dexterity	
6a	The value for lifting is determined by the patient's ability to actively lift and place objects unassisted. Normal is the amount that can be lifted with the opposite extremity. Limited indicates limitations in independent lifting. Helping means no independent lifting, but hand is useful in assisting the contralateral limb.	 ○ Normal load, matches other limb or prior function ○ Intermediate, less than normal ○ Limited, minor load ○ Intermediate ○ Helping only cannot overcome gravity ○ Cannot help, cannot move
	If limitations in lifting are due to arthritis, neurological impairment or other co-morbidities unrelated to the orthopaedic surgery do not consider these; however note them in the next text box.	
6b	Other co-morbidities or restrictions (not related to the surgical procedure) which adversely impact the patient's lifting function	
	MSTS UE score	
	Calculation based on Enneking CORR 1993	