MSTS Upper Extremity

Name & DOB: _________________________ Date: ______________

Please indicate the answer that best describes your present health status.

This scale is used by your doctor to assess how a patient’s disease is affecting the daily living of the patient and determine appropriate treatment and prognosis.

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 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.

*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)

Pre-op: Patient’s emotional reaction to or perception of the anticipated functional result after the upcoming surgery

No pain, no medication
Intermediate
Modest/Non-disabling, non-narcotic analgesics
Intermediate
Moderate/Disabling, intermittent: narcotics
Severe disabling, continuous narcotics

No restriction
Intermediate
Recreational restriction, minor disability
Intermediate
Partial occupational restriction, major disability
Total restriction, complete disability

Enthused, would recommend to others
Intermediate
Satisfied
Intermediate
Accepts
Dislikes
4a This value reflects the patients' ability to ACTIVELY position the hand in space in the frontal plane.

*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.

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.

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

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MSTS UE score
Calculation based on Enneking CORR 1993