

Brachial Plexus Damages

Name & Family Name : Year : Service date : Type of damage :

Date of damage : Job : Address:

Telephone number : Medical Insurance:

Clinical result :

Shoulder abduction : YES : Abduction Rate :_ NO :

Elbow flexion : YES : Power : NO :

Elbow extension YES : Power : NO :

Wrist extension YES : Power : NO :

Wrist flexion

Finger add e.abd YES : NO:

Horners sign YES : NAMED : NO :

Tinel sign YES : SPOT : NO :

Head deviation YES : NO:

Serratus ant. Function YES : NO:

Rhombdoid function YES : NO:

Latissimus dorsi function YES : NO:

Pain INTOLERABLE DISTURBENCE ASSEPTABLE NONE

Vascular damage HAD OR HAS HASNOT

Diaphragm mobility YES : NO:

Result EMG

RESULT MRI

DIAGNOSIS :

ROOT DAMAGE : C5 C6 C7 C8 T1

AVULSION

RUPTURE

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