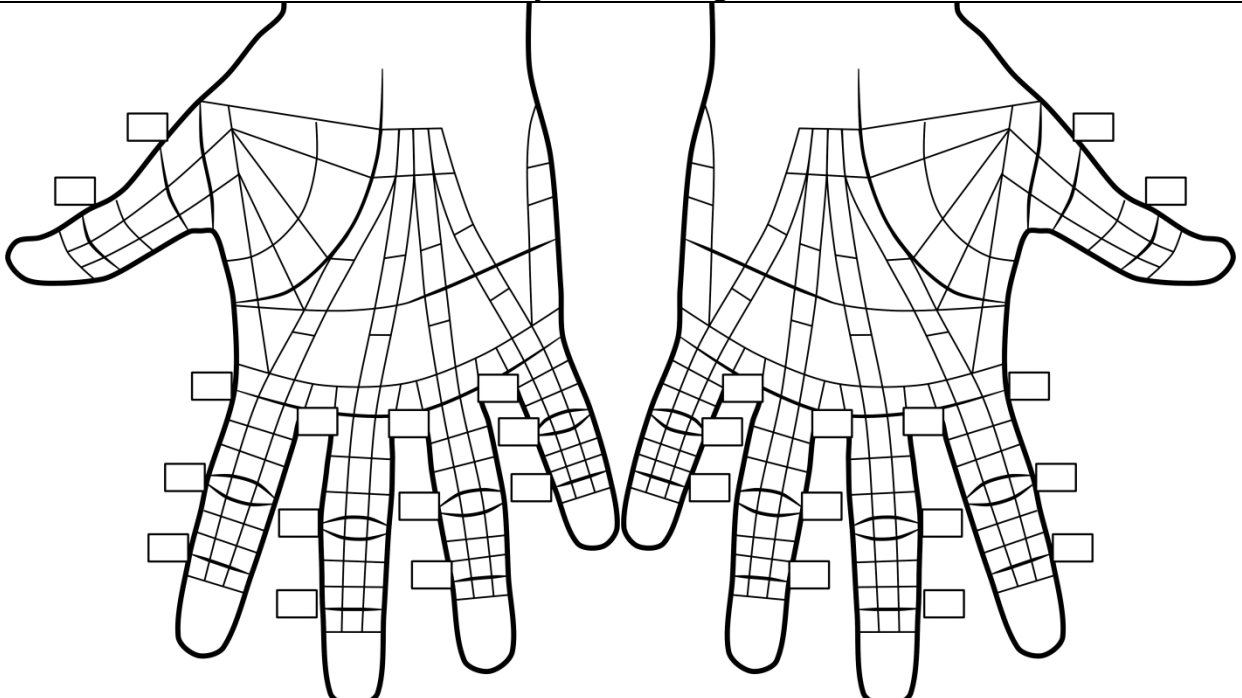


Dupuytren Examination

Surname _____ Given Name _____

Date (dd/mm/yy) ___/___/___ ID# _____

Physical Findings		
		
Mark the diagram using this legend:		
<input type="checkbox"/> Extension Deficit	// Cord	⊗ Nodule
◇ Skin Involvement	⋮ Skin Graft	+ Scar
		⊙ Doppler Spiral Bundle
	RIGHT	LEFT
Palmaris Longus	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Present <input type="checkbox"/> Absent
Doppler	<input type="checkbox"/> No Exam <input type="checkbox"/> Normal <input type="checkbox"/> Inaudible <input type="checkbox"/> Spiral	<input type="checkbox"/> No Exam <input type="checkbox"/> Normal <input type="checkbox"/> Inaudible <input type="checkbox"/> Spiral
Dorsal Dup Nodule	<input type="checkbox"/> None <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S	<input type="checkbox"/> None <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S
Additional Notes:		

Examiner: _____ Signature: _____