



## Vrist Score

name (or ref)	Patient's name (or ref)	
nswer the following 12 multiple choice que past 4 weeks	estions.	
- Pain Intensity	Section 2 - Functional Status	
1 (25)	Returned to regular employment (25)	
casional (20)	Restricted employment (20)	
ite, tolerable (15)	Able to work, but unemployed (15)	
to intolerable (0)	O Unable to work because of pain (0)	
(choose either 3a or 3b)		
∍ of Motion (% of normal side)	3b - If only injured hand examined	
25)	Greater than 120 degrees (25)	
(15)	90-120 degrees (15)	
, (10)	O 60-90 degrees (10)	
, (5)	30-60 degrees (5)	
(0)	O less than 30 degrees (0)	

## **Mayo Wrist Score is**

- Grip strength % of normal	
	25)
	% (15)
	(10)
	(5)

0