

Patient I.D.	Sonographer
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Has the patient had x-rays? Y / N

**RIGHT / LEFT**

Clinical Indication / Relevant surgery

**Dorsal Surface**

<u>Compartment 1.</u>	Extensor pollicis brevis	<input type="checkbox"/>	<hr/>
(De quervain's)	Abductor pollicis longus	<input type="checkbox"/>	<hr/>
<u>Compartment 2.</u>	Ext carpi radialis longus	<input type="checkbox"/>	<hr/>
	Ext carpi radialis brevis	<input type="checkbox"/>	<hr/>
<u>Compartment 3.</u>	Extensor pollicis longus	<input type="checkbox"/>	<hr/>
<u>Compartment 4.</u>	Extensor digitorum's	<input type="checkbox"/>	<hr/>
<u>Compartment 5.</u>	Extensor digiti minimi	<input type="checkbox"/>	<hr/>
<u>Compartment 6.</u>	Extensor carpi ulnaris	<input type="checkbox"/>	<hr/>
Scapho-lunate ligament		<input type="checkbox"/>	<hr/>
Joint effusion		Y / N	<hr/>
Ganglia/masses		Y / N	<hr/>

**Palmar Surface**

Flexor carpi radialis	<input type="checkbox"/>	<hr/>
Flexor pollicis longus	<input type="checkbox"/>	<hr/>
Flexor digitorum's (superficial & profundus)	<input type="checkbox"/>	<hr/>
Flexor carpi ulnaris	<input type="checkbox"/>	<hr/>
<u>Carpal tunnel</u>		
Are any of the tendons increased in size.	Y / N	<hr/>
Any ganglion, fluid or masses present?	Y / N	<hr/>
Anomalous muscles?	Y / N	<hr/>
Median nerve :	uniform	Y / N <hr/>
Size =    mm	opp. side:    mm	

Guyon's canal (ie. at the level of pisiform, though which ulnar nerve & artery pass)

Ulna nerve	<input type="checkbox"/>		
Ganglia/masses	Y / N		
		<input checked="" type="checkbox"/> Normal	<input checked="" type="checkbox"/> Abnormal
		<input type="checkbox"/> ns	Not seen

Comment

KEEP WORKSHEET WITH REFERRAL