

Modified Mayo Wrist Score

Patient Name: _____

Date: _____

1. Pain

<input type="checkbox"/> No pain	+25
<input type="checkbox"/> Mild occasional	+20
<input type="checkbox"/> Moderate, tolerable	+15
<input type="checkbox"/> Severe to intolerable	+0

2. Functional status

<input type="checkbox"/> Returned to regular employment	+25
<input type="checkbox"/> Restricted employment	+20
<input type="checkbox"/> Able to work, unemployed	+15
<input type="checkbox"/> Unable to work because of pain	+0

Dominant Hand: R L Both (Circle One)

Affected Wrist: R L (Circle One)

3. Range of motion (percentage of normal OR degrees of hand arc)

<input type="checkbox"/> 100% OR 120° or more	+25
<input type="checkbox"/> 75-100% OR 90-120°	+15
<input type="checkbox"/> 50-75% OR 60-90°	+10
<input type="checkbox"/> 25-50% OR 30-60°	+5
<input type="checkbox"/> 0-25% OR 30° or less	+0

4. Grip strength (percentage of normal)

<input type="checkbox"/> 100%	+25
<input type="checkbox"/> 75-100%	+15
<input type="checkbox"/> 50-75%	+10
<input type="checkbox"/> 25-50%	+5
<input type="checkbox"/> 0-25%	+0

Scoring Instructions:

Score: Summation of Points

Score: _____ Points