

MAYO ELBOW PERFORMANCE INDEX

Patient Name _____

Date _____

Please read carefully:

*Please answer Section I and III and mark ONLY ONE response which most closely describes your elbow right now.
Mark each FUNCTION in SECTION IV you are able to perform.*

I. PAIN

- None
- Mild
- Moderate
- Severe

II. MOTION (To Be Completed by Health Care Provider)

- Arc > 100 degrees
- Arc 50 – 100 degrees
- Arc < 50 degrees

III. STABILITY

- Stable
- Moderate instability
- Gross instability

IV. FUNCTION OF ELBOW (Yes=Able to perform the listed task, No=Not able to perform the listed task)

- | Yes | No | |
|--------------------------|--------------------------|-----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Comb Hair |
| <input type="checkbox"/> | <input type="checkbox"/> | Feed self |
| <input type="checkbox"/> | <input type="checkbox"/> | Hygiene |
| <input type="checkbox"/> | <input type="checkbox"/> | Shirt |
| <input type="checkbox"/> | <input type="checkbox"/> | Shoe |

OTHER COMMENTS: _____

Examiner: _____