

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 if 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: _____