

FLEXTEND® QUESTIONNAIRE

DATE: _____

1. How was the FLEXTEND® exercise program to follow?

- a. Easy
- b. Moderately Easy
- c. Moderately Difficult
- d. Difficult

2. How would you rate your strength in the FLEXTEND® hand?

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in strength
- d. Moderate Increases in strength
- e. High increases in strength

3. How would you rate your strength in the NON-FLEXTEND® hand?

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in strength
- d. Moderate Increases in strength
- e. High increases in strength

4. How would you rate your endurance levels in the FLEXTEND® hand?

(The ability to work without hand fatigue)

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in endurance
- d. Moderate Increases in endurance
- e. High increases in endurance

5. How would you rate your endurance levels in the NON-FLEXTEND® hand? *(The ability to work without hand fatigue)*

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in endurance
- d. Moderate Increases in endurance
- e. High increases in endurance

6. How would you rate your flexibility levels in the FLEXTEND® hand?

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in flexibility
- d. Moderate Increases in flexibility
- e. High increases in flexibility

7. How would you rate your flexibility levels in the NON-FLEXTEND® hand?

- a. Less than before the program
- b. Same as when you started the program
- c. Low Increases in flexibility
- d. Moderate Increases in flexibility
- e. High increases in flexibility

8. How would you rate your overall performance in the FLEXTEND® hand?

- a. Reduced level of function / feeling since starting the program
- b. Same level of function / feeling as when you started the program
- c. Slight improvement in function / feeling since starting the program
- d. Moderate improvement in function / feeling since starting the program
- e. Good improvement in function / feeling since starting the program

9. How would you rate your overall performance in the NON-FLEXTEND® hand?

- a. Reduced level of function / feeling since starting the program
- b. Same level of function / feeling as when you started the program
- c. Slight improvement in function / feeling since starting the program
- d. Moderate improvement in function / feeling since starting the program
- e. Good improvement in function / feeling since starting the program

Anthropometric characteristics to be completed by examiner only

Hand Length: _____

Hand Breadth _____

Grip Diameter: _____

Grip Strength: Grip 1 _____ Grip 2 _____ Grip 3 _____ Median Strength _____

Power Position: _____