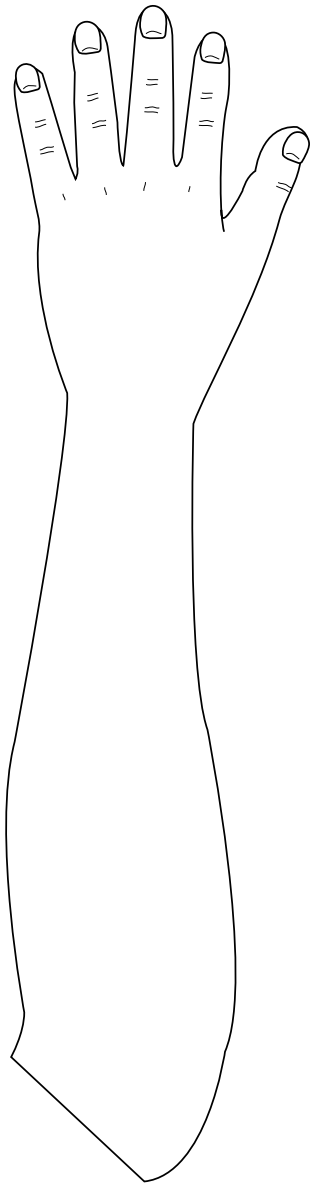




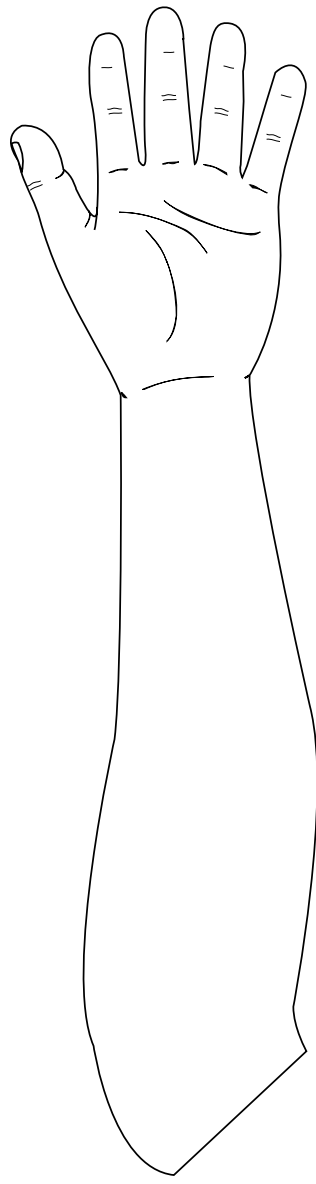
Touch Test[®] Sensory Evaluators Hand Screening Form

Patient _____ Chart Number _____ Date _____

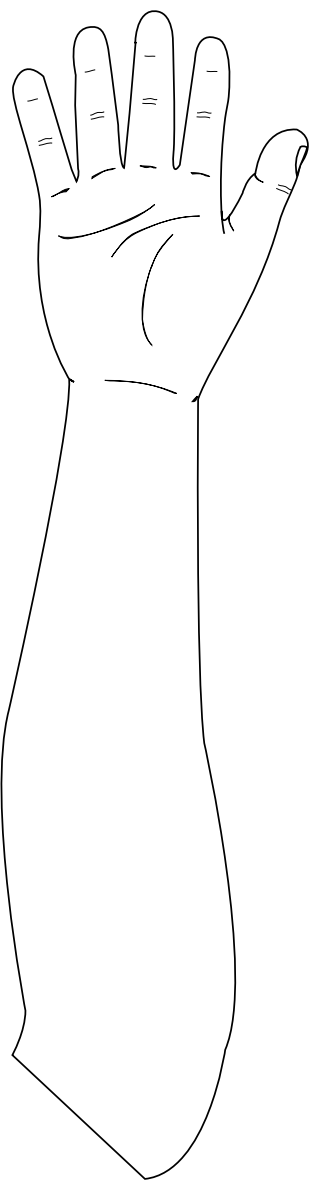
Evaluator Size	Target Force(g)	Representation	Thresholds	Comments
1.65 - 2.83	0.008 - 0.07	green	Normal	
3.22 - 3.61	0.16 - 0.4	blue	Diminished Light Touch	
3.84 - 4.31	0.6 - 2	purple	Diminished Protective Sensation	
4.56 - 6.45	4 - 180	red	Loss of Protective Sensation	
6.65	300	red	Deep Pressure Sensation	
		red lined	Tested with No Response	



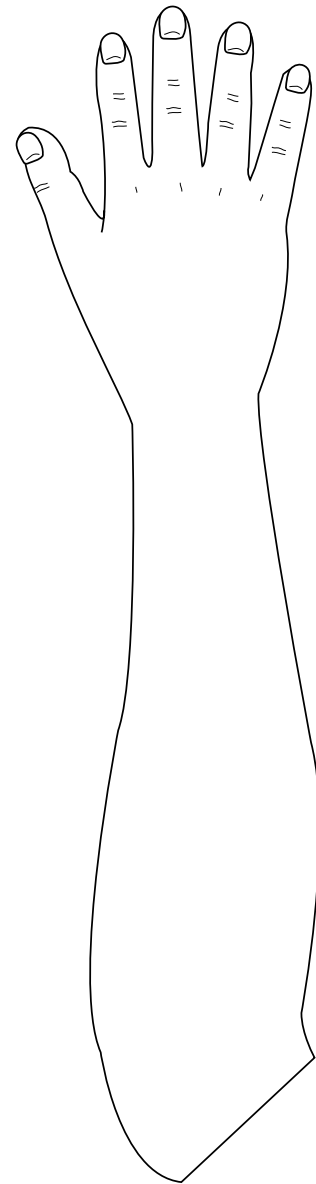
Left Dorsal



Left Volar



Right Volar



Right Dorsal

Tested by: _____