Carbonhand Patient Screening Form

Patient name: _____ Date: _____

Patient Phone: _____

Patient Email: _____

VA Clinic/Clinician: _____

Carbonhand Representative: _____

1. Carbonhand Quick Candidate Checklist

The patient should meet all three criteria below to proceed with full screening:

- ☐ Reduced grip strength and/or or impaired hand function
- ☐ Able to initiate functional hand closing independently or through an established compensatory strategy (please describe the strategy below)
- ☐ Able to achieve sufficient hand opening to position objects for grasp and release through active finger extension or an established compensatory strategy (please describe the strategy below)

Please describe the strategy used for flexion and/or extension if active movement is not present:

_____

**If any box is unchecked → Carbonhand likely not appropriate.*
Note: Individuals with conditions such as spinal cord injury may qualify by demonstrating functional grasp-and-release performance using tenodesis or another clinically appropriate compensatory strategy, rather than through the traditional criteria alone.

2. Diagnosis

- ☐ Stroke
- ☐ MS
- ☐ Inclusion body myositis
- ☐ Spinal cord injury
- ☐ Peripheral nerve injury
- ☐ Brachial plexus injury
- ☐ ALS
- ☐ Traumatic brain injury
- ☐ Other _____

3. Current Hand Function

Dominant hand: ☐ Left ☐ Right
Hand intended for Carbonhand use: ☐ Left ☐ Right ☐ Both

3.1 Able to initiate functional hand closing independently or through an established compensatory strategy

Left hand	Right hand
☐ Yes	☐ Yes
☐ No	☐ No

**If little to no voluntary finger flexion → Not appropriate candidate at this time*

3.2 Passive Finger Flexion- Ability to be guided into a closed fist position, without pain, if unable to perform independently

Left hand	Right hand
☐ Yes	☐ Yes
☐ No	☐ No

**Contractures may prevent safe and effective use of Carbonhand*

3.3 Able to achieve sufficient hand opening to position objects for grasp and release through active finger extension or an established compensatory strategy

Left hand	Right hand
☐ Yes	☐ Yes
☐ No	☐ No

** If little to no voluntary finger extension → Not appropriate candidate at this time*

3.4 Intact Sensory sensation – Sufficient sensory awareness to detect object contact

Left hand	Right hand
☐ Yes	☐ Yes
☐ No	☐ No

** Limited sensory awareness may affect awareness of grip force and object contact; however, the device may still be used safely with appropriate precautions.*

3.5 Contraindications (check all that apply)

☐ Spasticity
☐ Open wounds on the hand
☐ Significant hand pain
☐ Severe swelling or edema
☐ Cognitive impairment that limits safe device use

If any boxes are checked → address medical issues before using Carbonhand

4. Functional Goals

☐ Eating / self-feeding	☐ Holding a cup or utensil	☐ Wheelchair propulsion
☐ Meal preparation	☐ Carrying objects	☐ Household tasks
☐ Dressing / Grooming	☐ Opening containers	☐ Work-related tasks

Other: _____

Additional Notes:

_____

_____

_____