wadusiey silest				
Patient information				
Patient name:				
Age:	Gender:			
Date of examination:				
Examiner information				
Examiner name:				
Facility:	Position:			
Test purpose				
To assess for lateral epicondylosis (tennis elbow).				
Procedure				
Ask the patient to sit with their affected arm resting on a table or stand with their elbow flexed. The elbow should be flexed to 90 degrees, with the forearm and wrist pronated (palm facing downward).				
2. Stand facing the patient's affected arm. Stabilize the patient's elbow with one hand.				
3. With the other hand, place your finger on the patient's middle finger. Your finger should be distal to the proximal interphalangeal joint of their third digit.				
4. Instruct the patient to extend the middle finger as you apply resistance in a downward direction				

5. Observe for any sudden pain localized at or around the lateral epicondyle of the elbow, specifically where the extensor carpi radialis brevis and the extensor digitorum communis attach.

Positive: If the patient experiences sudden, sharp pain over the lateral epicondyle or surrounding region during the test, it suggests a positive result. This pain is indicative of lateral epicondylosis (tennis elbow). This implies damage to the extensor carpi radialis brevis or extensor digitorum communis tendons, which are part of the common extensor tendon attaching at the lateral epicondyle.						
Negative: The result is negative if the patient does not feel pain or only experiences mild discomfort not specifically localized to the lateral elbow. This suggests that lateral epicondylitis may not be present, or at least not the primary injury affecting the elbow.						
Test results						
Please indicate which elbow was tested:	L	R				
Please indicate the test result:	Positive	Negativ	ve			
Describe the pain localization and severity:						
Additional comments						

Interpretation