

Moving Valgus Stress Test

Patient information	
Name:	Date of birth:
Medical record number:	Date of examination:
Clinical information	
Referring physician:	
Reason for examination:	
Test procedure	
<ol style="list-style-type: none">1. The patient should be seated/standing.2. The elbow must be maximally flexed to approximately 120 degrees.3. A valgus force was applied at the distal forearm while the elbow was rapidly extended to full extension.4. Special attention was paid to any sign of pain or discomfort from 120 degrees to full extension, focusing on the 70 to 120-degree range.	
Test findings	
Pain response:	
<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
<ul style="list-style-type: none">• Pain onset at flexion degree (specify degree if the pain is noted):• Maximum pain at flexion degree (specify degree if applicable):	
Description of pain (characterize the pain, e.g., sharp, dull, throbbing):	
Additional observations (note any additional findings, e.g., swelling, instability, redness):	

Interpretation

Positive test indicative of MCL tear/insufficiency

1. The patient experiences pain in the medial elbow.
2. The patient experiences maximum pain between 120 and 70 degrees of elbow flexion.

Notes:

Negative test

Notes:

Follow-up recommendations

- Further diagnostic imaging (MRI, Ultrasound)
- Referral to orthopedic/sports medicine specialist
- Initiate conservative management (rest, ice, compression, elevation)
- Follow-up appointment scheduled for:

Notes for further diagnostic imaging (MRI, ultrasound):

Physician's signature

Name:

Date: