VISUAL ANALOG TESTING SCALE (VATS)

NAME: ___________________________ DATE: ___________

1. How would you rate your strength in the NON-FLEXTEND® hand?
WEAK ________________________________ STRONG

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

3. How would you rate your endurance levels in the NON-FLEXTEND® hand?
(The ability to work without hand fatigue)
NO ENDURANCE __________________________ HIGH ENDURANCE

4. How would you rate your endurance levels in the FLEXTEND® hand?
(The ability to work without hand fatigue)
NO ENDURANCE __________________________ HIGH ENDURANCE

5. How would you rate your flexibility levels in the NON-FLEXTEND® hand?
NO FLEXIBILITY __________________________ GREAT FLEXIBILITY

6. How would you rate your flexibility levels in the FLEXTEND® hand?
NO FLEXIBILITY __________________________ GREAT FLEXIBILITY

7. How would you rate your overall function and performance in the NON-FLEXTEND® hand?
LOW PERFORMANCE __________________________ HIGH PERFORMANCE

8. How would you rate your overall function and performance in the FLEXTEND® hand?
LOW PERFORMANCE __________________________ HIGH PERFORMANCE