

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