Piano Key Test

Date of examination: _____ dd / mm / yyyy

Patient's name: _____

Date of birth: _____ dd / mm / yyyy

Sex: _____

Medical history (if needed):

Current concerns or symptoms:

Examiner's name: _____

Examiner's signature:

TEST PROCEDURE

Pronate and support the arm you will test. With one hand, stabilize the hand from the ulnar side. With the other hand, simultaneously add pressure on the distal ulna with your first two fingers and the distal radius with your thumb.

RESULTS

Select one:

- ○ Positive: The test is positive if it elicits pain, there's presence of excessive laxity, and there's minimal resistance or loss of normal end feel.
- ○ Negative: The test is negative if there is no pain, no abnormal movement or gapping between the radius and ulna, and a firm, normal end feel is present when pressure is applied.

Additional notes - Specify below: