OSTEOARTHRITIS PAIN LOCATION CHART

Clinical Assessment Tool

Patient Name:
Date:

Joint Location	Side (L / R)	Pain Severity (1-10)	Stiffness / Swelling
Hands / Fingers (DIP/PIP)	L R	_____	
Thumbs (CMC Joint)	L R	_____	
Neck (Cervical Spine)	Mid	_____	
Lower Back (Lumbar)	Mid	_____	
Hips	L R	_____	
Knees	L R	_____	
Feet / Big Toe (MTP)	L	_____	

Joint Location	Side (L / R)	Pain Severity (1-10)	Stiffness / Swelling
	R		

Additional Observations (e.g., morning stiffness duration, clicking sounds, mobility limitations):

This document is for tracking purposes only and does not constitute medical advice.