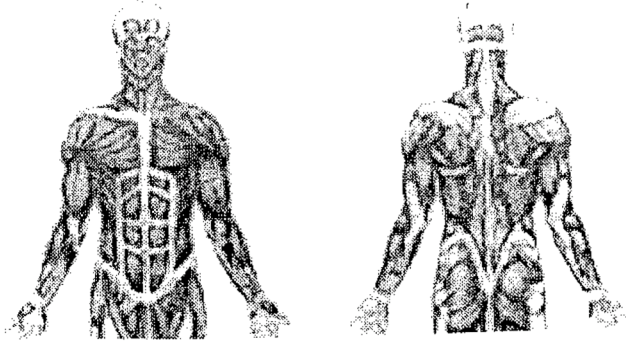


TO ALL NEW PATIENTS: PLEASE FILL OUT PAGE 1

Name _____ Date ____/____/____
 Age _____ Hand Dominance R _____ L _____ Sex M _____ F _____
 Have you had previous shoulder procedures? Y _____ N _____. If yes, what procedure, _____
 Is this your Initial Assessment? Y _____ N _____ Date of procedure _____

PATIENT SELF-EVALUATION

Are you having pain in your shoulder? Y _____ N _____ Did you injure your shoulder? Y _____ N _____
 Mark where your pain is on the drawing. If yes, when and how?



Do you have pain in your shoulder at night? Y _____ N _____
 Do you take pain medication (aspirin, Advil, Tylenol, etc)? Y _____ N _____
 Do you take narcotic pain medication (codeine or stronger)? Y _____ N _____
 How many pills do you take each day on average? _____ pills
 How bad is your pain today (circle line)

1 2 3 4 5 6 7 8 9 10
 No pain at all Pain as bad as it can be

Does your shoulder feel unstable (like it is going to dislocate)? Y _____ N _____
 How unstable is your shoulder (circle line)

1 2 3 4 5 6 7 8 9 10
 Very Stable Very Unstable

Circle the number that indicates your ability to do the following activities:
 0=unable to do; 1=very difficult to do; 2=somewhat difficult; 3=not difficult

	Right Arm	Left Arm
Put on a coat	0 1 2 3	0 1 2 3
Sleep on your painful or affected side	0 1 2 3	0 1 2 3
Wash back/do up bra in back	0 1 2 3	0 1 2 3
Manage toileting	0 1 2 3	0 1 2 3
Comb hair	0 1 2 3	0 1 2 3
Reach a high shelf	0 1 2 3	0 1 2 3
Lift 10 lbs. above shoulder	0 1 2 3	0 1 2 3
Throw a ball overhand	0 1 2 3	0 1 2 3
Do usual work - List _____	0 1 2 3	0 1 2 3
Do usual sport - List: _____	0 1 2 3	0 1 2 3

Is this a Workers Comp case? Y _____ N _____
 Is this the result of an injury? Y _____ N _____
 If yes, date of injury ____/____/____

What activities make the pain worse? _____
 What activities make the pain better: _____

Associated symptoms: (check all that apply)
 Pop _____ Snap _____ Grinding _____ Tingling _____ Numbness _____

What treatments have you received so far?
 Physical Therapy _____ Injection _____ Chiropractic _____ Acupuncture _____

PHYSICIAN ASSESSMENT

RANGE OF MOTION

	RIGHT		LEFT	
	active	passive	active	passive
Total shoulder motion with goniometer				
Forward elevation (max. arm trunk angle)				
External rotation (arm at side)				
External rotation (arm at 90° abduction)				
Internal rotation (highest with thumb)				
Cross-body adduction				

SIGNS

0=none; 1=mild; 2=moderate; 3=severe

SIGN	RIGHT				LEFT			
Supraspinatus/greater tuberosity tenderness	0	1	2	3	0	1	2	3
AC joint tenderness	0	1	2	3	0	1	2	3
Biceps tendon tenderness (or rupture)	0	1	2	3	0	1	2	3
Other tenderness – List: _____	0	1	2	3	0	1	2	3
Impingement I (passive FE in slight int. rotation)	Y				N			
Impingement II (passive int. rotation, 90° FE)	Y				N			
Impingement III (90° active abduction/painful arc)	Y				N			
Subacromial crepitus	Y				N			
Scars – location _____	Y				N			
Atrophy – location _____	Y				N			
Deformity - describe _____	Y				N			

STRENGTH

(record MRC grade)

0=no contraction; 1=flicker; 2=movement w/ gravity; 3=movement against gravity;
4=movement against some resistance; 5=normal power

	RIGHT					LEFT						
Testing affected by pain?	Y					N						
Forward elevation	0	1	2	3	4	5	0	1	2	3	4	5
Abduction	0	1	2	3	4	5	0	1	2	3	4	5
External rotation (arm at side)	0	1	2	3	4	5	0	1	2	3	4	5
Internal rotation (arm at side)	0	1	2	3	4	5	0	1	2	3	4	5

INSTABILITY

0=none; 1=mild (0-1 cm translation); 2=moderate (1-2 cm translation);
3=severe (>2 cm translation or over the rim of the glenoid)

Anterior translation	0	1	2	3	0	1	2	3
Posterior translation	0	1	2	3	0	1	2	3
Inferior translation (sulcus sign)	0	1	2	3	0	1	2	3
Anterior apprehension	0	1	2	3	0	1	2	3
Reproduces symptoms?	Y				N			
Voluntary instability?	Y				N			
Relocation test positive?	Y				N			
Generalized ligamentous laxity?	Y				N			

Other physical findings:

Examiner's Name _____

Date ____/____/____

The Shoulder Score Index is: 5 x (10-Visual analog scale pain score) + (5/3 x Cumulative ADL Score)
And has a total maximum of 100 points

Cervical Spine: _____

Scapula: _____

TOS: _____