

Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_ Male Female
Referred by: \_\_\_\_\_ Date of Injury: \_\_\_\_\_
Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_ or circle NONE

PAST SHOULDER HISTORY

Have you had any previous shoulder injuries? Yes No If yes, which shoulder? Right Left Both
If yes, what was the injury? \_\_\_\_\_
Did any injury require surgery? Yes No If yes, which shoulder? Right Left Both
If yes, what procedure and when? \_\_\_\_\_

SYMPTOMS

- 1. Is your shoulder comfortable at your side? Yes No
2. Does your shoulder allow you to sleep comfortably? Yes No
3. Can you reach the small of your back to tuck in your shirt? Yes No
4. Can you place your hand behind your head with the elbow straight out to the side? Yes No
5. Can you place a coin on a shelf at shoulder level without bending your elbow? Yes No
6. Can you lift 1lb (a full pint container) to shoulder level without bending your elbow? Yes No
7. Can you lift 8lbs (a full gallon container) to shoulder level without bending your elbow? Yes No
8. Can you carry 20lbs at your side with the affected extremity? Yes No
9. Do you think you can toss a softball underhand 10 yards with the affected extremity? Yes No
10. Do you think that you can toss a softball overhand 20 yards with the affected extremity? Yes No
11. Can you wash the back of your opposite shoulder with the affected extremity? Yes No
12. Would your shoulder allow you to work a full time job at your regular job? Yes No

ACTIVITY

- 1. Are you receiving physical therapy? Yes No
2. Do symptoms allow you to play sports? Yes No
3. Are you working? Yes No Full Duty Light Duty

FUNCTION

- 1. How would you rate your overall level of pain?
None... 1 2 3 4 5 6 7 8 9 10 ...Disabling
2. How would you rate your shoulder comfort with arm at rest?
None... 1 2 3 4 5 6 7 8 9 10 ...Painful
3. How would you rate your shoulder comfort during sleep?
None... 1 2 3 4 5 6 7 8 9 10 ...Wakes me up
4. How would you rate your overall level of shoulder function?
Comfortable... 1 2 3 4 5 6 7 8 9 10 ...Unable to use
5. How would you rate your ability to use your arm full time at work or play?
No Problem... 1 2 3 4 5 6 7 8 9 10 ...Unable to use
6. How would you rate your overall quality of life as is with your shoulder injury?
Very Good... 1 2 3 4 5 6 7 8 9 10 ...Very Bad

Do you play sports? Yes No Baseball Basketball Football Soccer Other: \_\_\_\_\_

What position do you play? \_\_\_\_\_ At which school? \_\_\_\_\_

**INITIAL SHOULDER EXAMINATION**

PATIENT: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

TENDERNESS:  AC Joint  Ant Acromion  Post Acromion  Coracoid  Bicipital Groove

RANGE OF MOTION:  Full

PATIENT SITTING	[R]	[L]	PATIENT SUPINE	[R]	[L]
Active Horizontal Abduction	----	----	Passive Horizontal Abduction	----	----
Active Forward Flexion	----	----	Passive External Rotation	----	----
Active External Rotation	----	----			
Passive External Rotation	----	----			
Passive Internal Rotation	----	----			
Scapular Motion			<input type="checkbox"/> Synchronous	<input type="checkbox"/> Asynchronous	

STRENGTH

Deltoid	_____/5	<input type="checkbox"/> Pain	Biceps	_____/5	<input type="checkbox"/> Pain
Scaption	_____/5	<input type="checkbox"/> Pain	Triceps	_____/5	<input type="checkbox"/> Pain
Lift Off	_____/5	<input type="checkbox"/> Pain	Wrist Extension	_____/5	<input type="checkbox"/> Pain
External Rotation	_____/5	<input type="checkbox"/> Pain	Wrist Flexion	_____/5	<input type="checkbox"/> Pain
Internal Rotation	_____/5	<input type="checkbox"/> Pain	Finger Abduction	_____/5	<input type="checkbox"/> Pain

STABILITY:

	Normal	Apprehension	Subluxation	Relocation
Anterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Posterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (+) <input type="checkbox"/> (-)
Inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (+) <input type="checkbox"/> (-)

IMPINGEMENT SIGNS:  Normal

NEER  HAWKINS  JOBE  SPEED  O'BRIEN  SLAP TEST

CERVICAL SPINE EXAM:  Normal

			SENSORY	(N) (↓'D)	SENSORY	(N) (↓'D)
Range of Motion	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal_____	C-1	<input type="checkbox"/> <input type="checkbox"/>	C-6	<input type="checkbox"/> <input type="checkbox"/>
Head Compression	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	C-2	<input type="checkbox"/> <input type="checkbox"/>	C-7	<input type="checkbox"/> <input type="checkbox"/>
Foraminal Closure	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	C-3	<input type="checkbox"/> <input type="checkbox"/>	C-8	<input type="checkbox"/> <input type="checkbox"/>
			C-4	<input type="checkbox"/> <input type="checkbox"/>	T-1	<input type="checkbox"/> <input type="checkbox"/>
			C-5	<input type="checkbox"/> <input type="checkbox"/>		

X-RAYS:  Normal  None Taken Shows:  DJD  AC Arthritis

MRI Shows:  SLAP  Labral Tear  RCT  Biceps Tear/Rupture

IMPRESSION:	<input type="checkbox"/> AC DJD	<input type="checkbox"/> Calcific Tendonitis	<input type="checkbox"/> Subluxation: Post / Ant	Status Post:
	<input type="checkbox"/> AC Separation (___)	<input type="checkbox"/> DJD	<input type="checkbox"/> RCT	<input type="checkbox"/> RCR
	<input type="checkbox"/> Adhesive Capsulitis	<input type="checkbox"/> Impingement	<input type="checkbox"/> SLAP	<input type="checkbox"/> SLAP/Labral Repair
	<input type="checkbox"/> Ant Subluxation	<input type="checkbox"/> Instability		<input type="checkbox"/> Bankart
	<input type="checkbox"/> Other: _____			

PLAN:  Observation  Injection\_\_\_\_\_  Medication(s): \_\_\_\_\_

Aspiration  Lab Exam  Other: \_\_\_\_\_

Patient will call to report progress  If no changes in improvement order an MRI

PHYSICAL THERAPY:  RC Strengthening  Scapular Stabilization  SLAP Protocol  Bankart Protocol

Throwing Program  RCR Protocol  Other: \_\_\_\_\_

IMAGING: MRI: \_\_\_\_\_  with IAGAG Other: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

RTC: \_\_\_\_\_ weeks / months RTW Status:  No Work  Light Duty  Full Duty

COMMENTS: \_\_\_\_\_