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SHOULDER QUESTIONNAIRE

Name_____ Age_____ Date_____

Shoulder Involved L R
Dominant Arm L R

Primary Problem(s) (circle) Pain Weakness
Loss of Motion Instability

Onset Date_____ Duration of Problem_____

Specific Injury Y N Type_____
Sports Related Y N Sport_____
Still Playing Y N Level_____
Date Last Played _____

Has Shoulder Dislocated Y N (# of times:_____)
Did Someone Put In Y N
Does your shoulder feel unstable? Y N
How unstable is your shoulder? (mark line below)

0 10
Very Stable Very Unstable

Injury Work Related Y N
Date Last Worked _____
- Workers Compensation Y N
- No Fault Y N
- Legal Claims Y N

Prior Evaluation & Treatment
- X-Rays Y N
  Results_____
- MRI Y N
  Results_____
- Cortisone Injection Y N
  How Many_____
  Effective? Y N
- Physical Therapy Y N
  Duration ____ wks ____mos
  Effective? Y N
- Prior Surgery Y N
- Procedure_____ Date_____

Do you have pain your shoulder at night? Y N
Do you take pain medication? Y N
Type:_____
Do you take narcotic pain medication? Y N
How bad is your pain today? (mark line below)

0 10
No pain at all Worst possible pain

Notes:_____

Examination Left Right Both
Cervical: Motion:___ Tenderness: + / - Spurling's: + / -
Scap-humerus: Shrug: + / - Cuff Atrophy: Y N Nl rhythm: Y N
R.O.M. Elevation (actv)___ Elevation (pas)____
ER (0):___ IR (0):___ ER (90):___ IR (90):___
Impng: Neer: + / - Hawkins: + / - Crepitus: Y N Tndr: Y N Loc:_____
AC Joint: Tender: Y N Cross body:
Labrum: Actv Compr: + / - (Deep / Sup)
Strength: Supra:___ Infr/Teres:___ Subscap:___ Delt:___ Liftoff: Y N
Biceps: Speeds: + / - Yergason: + / -
Sensory:
Stability: Anterior:___ Posterior:___ Sulcus:___ Apprehension: + /- Reloc: + / -
Gen. Laxity: Thumb forearm: + / - MCP hyperextend:+ / - Elbow recurvtm: + / -

Imaging:_____

Dx:_____