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## Cincinnati SportsMedicine and Orthopaedic Center

### Simple Shoulder Test

Subject Name \_\_\_\_\_ Today's Date \_\_\_\_\_

**Dominant hand (check one):**       Right       Left       Ambidextrous  
**Shoulder evaluated (check one):**       Right       Left

	Yes	No
1. Is your shoulder comfortable with your arm at rest by your side?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your shoulder allow you to sleep comfortably?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you reach the small of your back to tuck in your shirt with your hand?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you place your hand behind your head with the elbow straight out to the side?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you carry twenty pounds at your side with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you think you can toss a softball underhand twenty yards with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you think you can toss a softball overhand twenty yards with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you wash the back of your opposite shoulder with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
12. Would your shoulder allow you to work full-time at your regular job?	<input type="checkbox"/>	<input type="checkbox"/>

**Office Use Only:**

DJD       SDJD       RA       FS       PTSS       AVN       CA  
 CTA       SA       PTCL       RCT       TUBS       AMBRII

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