

Patient Name:				Today's Date:				
Dominant hand (check one): Shoulder evaluated (check one):			Right Right	□ Left □ Left	□ Amb	idextrous		
							Yes	No
1. Is your shoulder comfortable with your arm at rest by your side?								
2. Does your shoulder allow you to sleep comfortably?								
3. Can you reach the small of your back to tuck in your shirt with your hand?								
4. Can you place your hand behind your head with the elbow straight out to the side?								
5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow?								
6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?								
7. Can you lift eight pounds (a full gallon container) to level of your shoulder without bending your elbow?								
8. Can you carry twenty pounds at your side with the affected extremity?								
9. Do you think can toss a softball underhand twenty yards with the affected extremity?								
10. Do you think you can toss a softball overhand twenty yards with the affected extremity?								
11. Can you wash the back of your opposite shoulder with the affected extremity?								
12. Would your shoulder allow you to work full-time at your regular job?								
Office Use Only:								
□ DJD	□ SDJD	□ RA	□ FS	□ <b>P</b>	TSS	□ AVN		CA
□ СТА	□SA	□ PTCL	□ RCT	□Т	UBS	□ AMBRII		