Name: _____ Date: _____

Simple Shoulder Test

Answer each question by circling "Yes" or "No"

If you do not normally do the activity, try to imagine if you could. Would your shoulder restrict you. If the activity causes no pain, or rarely produces pain, then answer "Yes". If your shoulder hurts sometimes, often or always when you do the activity, answer "No".

1.	Is your shoulder comfortable with your arm at rest by 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 the level of your shoulder without bending your elbow?	Yes	No
6.	Can you lift one pound (full pint container) to the level of your shoulder without bending your elbow?	Yes	No
7.	Can you lift eight pounds (full gallon container) to the level of your shoulder without bending your elbow?	Yes	No
8.	Can you carry twenty pounds at your side with the affected extremity?	Yes	No
9.	Do you think you can toss a softball under-hand twenty yards with the affected extremity?	Yes	No
10.	Do you think you can toss a softball over-hand twenty 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 full-time at your regular job?	Yes	No

Patient Self Evaluation

What causes your shoulder to hurt?

Please rate your pain on the following scale (circle one)

None Slight After unusual activity

Moderate Marked Complete disability

Do you have shoulder pain at night? Yes No

Do you take pain medication? Yes No
Name? _____
How many per day? _____

Does your shoulder feel stiff? Yes No

Does your shoulder feel loose or unstable? Yes No

What is your usual sport? (if any) _____

What is the hardest thing that you do at work or home?

Please rate your ability to perform the following tasks with your affected shoulder.

Rating Scale
4 = normal
3 = mild compromise
2 = difficulty
1 = only with aid
0 = unable

A. _____ Use back pocket
B. _____ Perineal care
C. _____ Wash opposite axilla
D. _____ Eat with utensil
E. _____ Comb hair
F. _____ Use hand with arm at shoulder level
G. _____ Cary 10-15 lbs with arm at side
H. _____ Dress yourself
I. _____ Sleep on affect side
J. _____ Pulling
K. _____ Use hand overhead
L. _____ Throwing
M. _____ Lifting
N. _____ Do usual work
O. _____ Do usual sport