

## Simple Shoulder Test

Dominant Hand (*fill in only one circle*): Right  Left  Ambidextrous

Please answer YES or NO for both of your shoulders

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

<b>Office Use Only – For Physician to Fill Out</b>													
	DJD	SDJD	RA	FS	PTSS	AVN	CA	CTA	SA	PTCL	RCT	TUBS	AMBRII
<b>R</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:												
<b>L</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:												

Affix Pt Label Here

Name:  
 U Number:  
 DOB:  
 DOS: