

SHOULDER (1 OF 2) RIGHT _____ LEFT _____ DATE: _____

Name: _____ Age _____ Height _____ Weight _____

Affected for: _____ days _____ months _____ years Injury Date _____ OR

Gradual Onset _____ Work Injury? Yes No Accident? Yes No Auto? Other?

How were you injured? _____ N/A

Are you: Right _____ Left _____ Handed?

Pain: Rate your discomfortNone=0 | 2 3 4 5 6 7 8 9 10=Severe

Quality and Duration of the Pain: _____ Sharp _____ Dull _____ Burning _____ Throbbing
_____ Electric shocks _____ Constant _____ Intermittent (on and off)

In the past few days/weeks the pain has ___increased ___decreased ___stayed the same

Where do your symptoms occur? _____ Upper Arm _____ Past Elbow
_____ Top of shoulder _____ Back of shoulder _____ Front of shoulder
_____ Other (describe) _____

When do your symptoms occur? _____ At night _____ In the morning
_____ During exercise _____ After exercise _____ At work _____ After work
_____ Reaching overhead _____ Reaching across body _____ Reaching behind
_____ Other (describe) _____

If these symptoms occur (Yes) please describe when or where. If not, indicate "No"

Stiffness	No Yes	_____
Numbness	No Yes	_____
Swelling	No Yes	_____
Weakness	No Yes	_____
Locking	No Yes	_____
Popping	No Yes	_____
Instability	No Yes	_____

Have you had any **other treatment** for this problem? (i.e. injections, glucosamine, etc.)
No Yes (describe) _____

What **improves** your symptoms? N/A Medication (list) _____
_____ Rest _____ Physical therapy _____ Heat _____ Ice _____ Brace/bandage _____ Exercise

Reviewed by: _____ Neal L. Rockowitz, M.D.

SHOULDER (2 of 2)**SHOULDER TEST**

Please answer all questions as best as you can.
 If you cannot answer a question, place a "?" next to it.
 If you wish to add comments, do so below the question.

Which one? Right Left

Are you Right or Left Handed?

All questions pertain to the affected shoulder.

Is your shoulder comfortable with your arm at rest by your side?	Yes	No
Does your shoulder allow you to sleep comfortably?	Yes	No
Can you reach the small of your back to tuck in your shirt with your hand?	Yes	No
Can you place your hand behind your head with your elbow straight and out to the side?	Yes	No
Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	Yes	No
Can you lift 1 pound (a full pint container) to the level of your shoulder without bending your elbow?	Yes	No
Can you lift 8 pounds (a full gallon container) to the level of the top of your head without bending your elbow?	Yes	No
Can you carry 20 pounds (a bag of potatoes) at your side?	Yes	No
Can you toss a softball under-hand 10 yards?	Yes	No
Can you toss a softball over-hand 20 yards?	Yes	No
Can you wash the back of your opposite shoulder?	Yes	No
Would your shoulder allow you to work full time at your regular job?	N/A	Yes No

Patient Name: _____ Date: _____

Reviewed by:

Neal L. Rockowitz, M.D.