



Shoulder Exam

(405)-732-7777

Name: _____ Age: _____ Today's Date: _____

Which shoulder is the Problem: R ___ L ___

Describe your main problem: _____

Where exactly are your symptoms (front, back, top, etc): _____

Where else beside the shoulder do you feel symptoms? _____

Rate your pain: _____

How did this start? _____

What makes it worse or better? _____

When did it start? _____

Does your shoulder dislocate? Yes ___ No ___ How often? _____

Are any of these symptoms connected to your shoulder problem?

Neck pain ___ Numbness in Arm: ___ Weakness in Arm: ___

What are your main Limitations: Reaching forward ___

Overhead work ___ Reaching behind your back ___ Reaching into the back seat: ___

Bending your elbow ___ Throwing: ___ Other: ___

What tests have you had so far? X-rays: ___ CT Scan: ___ MRI: ___ Emg: ___

Where were these tests performed? _____

What treatment have you had so far? Rest: ___ NSAIDS: ___ Injection: ___

Physical Therapy: ___ Surgery: if yes When? _____

Have you had any previous shoulder injuries? Yes ___ No ___

If Yes what happened? _____

What kind of work do you do? _____

What sports do you do an a consistent basis? _____

At what level do you compete? _____ How often? _____

Which Hand do you write with? _____

DX: _____

RX: _____

ROM

R L

AB	___	___
AD	___	___
FLEX	___	___
EX	___	___
ER	___	___
IR	___	___

PAIN c PALPITATION

___ ___

CUFF TESTS

R L

ABDUCTION @ SIDE	___	___
SCAPTION IR	___	___
SCAPTION ER	___	___
FLEXION	___	___

RESISTANCE TO ER	___	___
LIFT OFF	___	___
BELLY PRESS	___	___
BEAR HUG	___	___
CUFF ATROPHY/ WEAKNESS	___	___

AC JOINT TESTS

R L

APPEARANCE	___	___
PAIN c ADDUCTION	___	___
PAIN c PALPATION	___	___

BICEPS TEST

R L

SUPINATION	___	___
FLEXION	___	___
O'BRIEN	___	___

SCAPULAR FUNCTION

R L

WINGS STATIC	___	___
WINGS DYNAMIC	___	___
PEC MINOR TIGHT	___	___
CREPITATION	___	___

LAXITY TESTS

R L

ANTERIOR	___	___
APPREHENSION	___	___
SUBLUX-RELOCATE	___	___
POST	___	___
SULCIS	___	___
GENERALIZED LAXITY	___	___
LOAD AND SHIFT	___	___

NECK

R L

ROM	___	___
SPURLING	___	___
SENSATION	___	___
WEAKNESS	___	___