



GENERAL INFORMATION

Name: _____
Age: _____ Date: _____
Gender: M F

Problem Shoulder: Right Left Both
Hand Dominance: Right-Handed Left-Handed Ambidextrous
Primary Sport: _____ Position: _____ Years Played: _____

INJURY & TREATMENT HISTORY

What is the primary reason for seeking medical attention (choose one):

- loss of shoulder function pain stiffness
 shoulder coming out weakness other _____

Date of onset of symptoms: _____

Did you have an injury at the onset of the symptoms? YES NO If yes, was it work related? YES NO

Sports Related? YES NO

Describe how injury occurred: _____

0 = unable to do 1 = very difficult to do 2 = somewhat difficult 3 = not difficult	Right Arm				Left Arm			
1. Put on coat	0	1	2	3	0	1	2	3
2. Sleep on your painful or affected side	0	1	2	3	0	1	2	3
3. Wash back / Fasten Clothing in back	0	1	2	3	0	1	2	3
4. Manage toilet	0	1	2	3	0	1	2	3
5. Comb hair	0	1	2	3	0	1	2	3
6. Reach a high shelf	0	1	2	3	0	1	2	3
7. Lift 10 lbs above shoulder	0	1	2	3	0	1	2	3
8. Throw a ball overhand	0	1	2	3	0	1	2	3
9. Do usual work: List	0	1	2	3	0	1	2	3
10. Do usual sport: List	0	1	2	3	0	1	2	3

Have you seen anyone else for treatment of this problem? (ER, family physician, chiro, specialist, other)

Family Physician: _____

Specialist: _____

Has your shoulder been injected? YES NO If yes, # ____ By whom? _____

Thirty minutes after the injection how much improvement did you have? worse 0-25% 26-50% 51-75% 76-100%

What was the long-term effect? worse 0-25% 26-50% 51-75% 76-100%

Have you had previous shoulder surgery? YES NO

Operation _____ Date _____ worse 0-25% 26-50% 51-75% 76-100%

Operation _____ Date _____ worse 0-25% 26-50% 51-75% 76-100%

Have you had supervised physical therapy? NO YES How long? _____

Did you try other modalities such as: Ultrasound TENS ElecStim Other _____

PAIN EVALUATION

Do you have pain in your shoulder now? YES NO

Do you take pain medication (aspirin, Advil, Tylenol, etc.)? YES NO

Do you take narcotic pain medication (codeine or stronger)? YES NO

How many pills do you take each day (average)? _____

How bad is your pain today (0=none 10=very severe)? _____

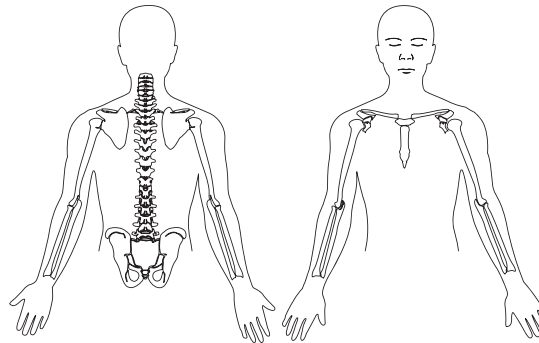
Do you have a loss of motion? YES NO

Do you notice popping or catching when moving the shoulder? YES NO

Do you notice numbness or pain going down into the fingers? YES NO

Are you having pain in your shoulder? YES NO

If yes, mark on diagram.



SHOULDER INTABILITY (circle answers)

Have you ever had a shoulder dislocation that someone else had to put back in? YES NO

If yes, how many times? _____

How often does your shoulder feel like it will go out? Never Rarely Occassionally Frequently

Answer the following only if your shoulder dislocates out of the socket:

Does this instability occur with: Sports Daily living Sleep

Which direction does it go back in: Front Back Bottom All Unknown

How does you shoulder go back in: By itself I pull on it Someone else assists

How many times does this occur each month: 0-2 3-5 6-10 11-15 >15

How is your shoulder instability changing with time: Improving Unchanged Getting worse

How does your shoulder instability affect your ability to compete in sports?

- No problems during competition
- I have instability, but can continue to compete
- I rarely have to stop competing
- I occasionally have to stop competing
- I frequently have instability and have to stop
- I cannot compete due to instability

Does a certain position of your arm interfere with your performance?

NO YES with my arm above my head YES with my arm in front of my body