



# THERAPRACTICS SHOULDER EVALUATION

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT #: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

## SUBJECTIVE HISTORY

AGE: \_\_\_\_ D.O.B. \_\_\_\_\_ SEX: \_\_\_\_ OCCUPATION: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

MECHANISM OF INJURY: \_\_\_\_\_

GENERAL HEALTH: \_\_\_\_\_

PERTINENT SURGERIES / DATES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PREVIOUS HISTORY / TREATMENT: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

## FUNCTIONAL PAIN ASSESSMENT:

PAIN: ( 0 – 10 Scale, 0 = no pain): \_\_\_\_\_

<input type="checkbox"/> NO PAIN
<input type="checkbox"/> SLIGHT PAIN, NO COMPROMISE IN ACTIVITY
<input type="checkbox"/> PAIN AFTER ACTIVITY, CLEARS QUICKLY
<input type="checkbox"/> MODERATE PAIN, MAKES SOME CONCESSIONS IN ACTIVITY
<input type="checkbox"/> MARKED PAIN, SERIOUS LIMITATIONS IN ACTIVITY
<input type="checkbox"/> COMPLETELY DISABLED

Pain at rest? \_\_\_Yes \_\_\_No Pain worse in \_\_\_a.m. \_\_\_p.m. Can pt. sleep on injured shld.? \_\_\_Yes \_\_\_No

Pain below the elbow? \_\_\_Yes \_\_\_No Other: \_\_\_\_\_

**OBJECTIVE OTHER:** \_\_\_\_\_

**CLINICAL OBSERVATION** (swelling, redness, wound healing, sensation, etc. ): \_\_\_\_\_

**SHOULDER PALPATION:** (PAIN KEY: 0 = No pain, 1 = Minimum, 2 = Slight, 3 = Moderate, 4 = Severe)

(MUSCLE TIGHTNESS KEY: N = Normal, Min = Minimum, Slt = Slight, Mod = Moderate, Sev = Severe)

	(LEFT) PAIN	(RIGHT) PAIN	(LEFT) PAIN	(RIGHT) TIGHT	(LEFT) PAIN	(RIGHT) TIGHT
Sternoclavicular Joint			Upper Traps			
Coracoid Process			Supraspinatus			
Bicipital Groove			Infraspinatus			
Acromioclavicular Joint			Deltoids			

SCAPULAR MOBILITY: \_\_\_\_\_ Normal \_\_\_\_\_ Reduced \_\_\_\_\_ Excessive

STABILITY (key – 0 = Normal, 1 = Slightly unstable, 2 = Unstable): \_\_\_\_\_ Anterior \_\_\_\_\_ Posterior

**SPECIAL TESTS:** LEFT RIGHT

Yergason's Test	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.
Codman's Drop Arm Test	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.
Apprehension Test	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.	<input type="checkbox"/> Neg./ <input type="checkbox"/> Pos.

**OBJECTIVE (Posture categories unchecked indicate WNL)**

**POSTURE: Lateral View:** Fwd head/shlds C/S lordosis      Hypo      Hyper T/S kyphosis      Hypo      Hyper L/S lordosis      Hypo      Hyper Knees      Fwd      Back Body Lean      Fwd      Back Abdom.      Protuberant  
**Posterior View:** Head tilt      (R)      (L) Shld/Scap high      (R)      (L) C/S Curve      (R)      (L)  
T/S Curve      (R)      (L) L/S Curve      (R)      (L) Iliac Crest High      (R)      (L) Genu      Varus      Valgus  
Achilles Tendon Bow      Inward      Outward Arm rotation      Internal      External

**SHOULDER STRENGTH MUSCLE GRADE PAIN WITH RESISTANCE = \***

(Key: 0/5=Absent; 1/5=Trace; 2/5=Poor; 3/5=Fair; 4/5=Good; 5/5=Normal)

**LEFT      RIGHT**

<b>DELTOID</b>	/5	/5
<b>INT. ROTATORS</b>	/5	/5
<b>EXT. ROTATORS</b>	/5	/5
<b>FLEXORS (Biceps LH)</b>	/5	/5
<b>SUPRASPINATUS</b>	/5	/5

**FUNCTIONAL RANGE OF SHOULDER (Key – A = Able, U = Unable):**

**LEFT      RIGHT      LEFT      RIGHT**

<b>To Mouth:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U	<b>Top of Head:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U
<b>Hip Pocket:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U	<b>Appley Scratch:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U
<b>Back of Neck:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U	<b>Opposite Shld.:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U
<b>Thoracic Area:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U	<b>Lumbar Area:</b>	<input type="checkbox"/> A <input type="checkbox"/> U	<input type="checkbox"/> A <input type="checkbox"/> U

<b>SHOULDER RANGE OF MOTION</b>		<b>ACTIVE</b>		<b>PASSIVE</b>	
		<b>RIGHT</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>LEFT</b>
<b>FLEXION</b>	<b>0° - 180°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Extension</b>	<b>0° - 40°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Abduction</b>	<b>0° - 180°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Internal Rotation</b>	<b>0° - 90°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>External Rotation</b>	<b>0° - 90°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Horizontal Abd. (Begin in Add. At 45°)</b>	<b>135° - 0 +45°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Horizontal Add. (Begin in Abd. at 0°)</b>	<b>0° - 135°</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MAJOR PROBLEMS:**

- Pain Swelling Spasm \_\_\_\_\_
- Decreased: ROM/Flexibility \_\_\_\_\_ Strength \_\_\_\_\_
- Postural Deficits \_\_\_\_\_

**GOALS:**

- Decrease: Pain Swelling Spasm \_\_\_\_\_
- Increase: ROM/Flexibility \_\_\_\_\_ Strength \_\_\_\_\_
- Improve Posture \_\_\_\_\_

**PLAN:**

- Therapeutic Exercises \_\_\_\_\_
- Soft Tissue Mobilization Joint Mobilization \_\_\_\_\_
- Modalities PRN for: Pain Swelling Spasm control \_\_\_\_\_

**FREQUENCY:** \_\_\_\_\_ **DURATION:** \_\_\_\_\_

\_\_\_\_\_  
R.P.T., D.C.