

Name  
DOB:  
Chart:  
Age:  
Date:



### SHOULDER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle the following to answer:**

Gender: Male / Female

Dominant Hand: Right / Left

Shoulder Evaluated: Right / Left

Job Injury: Yes / No

Date last worked: \_\_\_\_\_

Legal Claim: Yes / No

**The following questions refer to your sore or injured shoulder:**

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