

Shoulder

Name: _____ Chart: _____ Date: _____

Please answer the following:

male female

Dominant hand: left right

Shoulder evaluated: left right

Job injury: left right

Date last worked: _____

The following questions refer to your sore / injured shoulder:

1. Is your shoulder comfortable when your arm is 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 8lbs (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 ***underhand*** a full 20 yards using that arm? ***Overhand?*** Yes / No Yes / No
10. Can you wash the back of your opposite shoulder with that arm? Yes / No
11. Would your shoulder allow you to work full-time at your regular job? Yes / No