

Towson Orthopaedic Associates

Simple Shoulder Test

Patient Name: _____ **Date:** _____

Dominant Hand (Check One): **Right** **Left** **Ambidextrous**

Shoulder Evaluated (Check One): **Right** **Left**

	Yes	No
1. Is your shoulder comfortable with your arm at rest by your side?	0	0
2. Does your shoulder allow you to sleep comfortably?	0	0
3. Can you reach the small of your back to tuck in your shirt with your hand?	0	0
4. Can you place your hand behind your head with the elbow straight out to the side?	0	0
5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	0	0
6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	0	0
7. Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	0	0
8. Can you carry twenty pounds at your side with the affected extremity?	0	0
9. Do you think you can toss a softball underhand twenty yards with the affected extremity?	0	0
10. Do you think you can toss a softball overhand twenty yards with the affected extremity?	0	0
11. Can you wash the back of your opposite shoulder with the affected extremity?	0	0
12. Would your shoulder allow you to work full-time at your regular job?	0	0

FOR OFFICE USE ONLY, please

<input type="checkbox"/> DJD	<input type="checkbox"/> SDJD	<input type="checkbox"/> RA	<input type="checkbox"/> FS	<input type="checkbox"/> PTSS	<input type="checkbox"/> AVN	<input type="checkbox"/> CA
<input type="checkbox"/> CTA	<input type="checkbox"/> SA	<input type="checkbox"/> PTCL	<input type="checkbox"/> RCT	<input type="checkbox"/> TUBS	<input type="checkbox"/> AMBRII	