



# Mid County Orthopaedic Surgery and Sports Medicine

## Initial Shoulder Evaluation

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

Which shoulder/extremity bothers you?      Right / Left / Both      If both, which hurts worse: R / L

How long has it bothered you? \_\_\_\_\_

Did you injure the shoulder(s)?      Yes / No      Did the injury occur at work?      Yes / No

Describe the injury and/or present symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does it hurt to raise your arm(s) overhead?      \_\_\_ Right      \_\_\_ Left

Does it hurt to reach behind your back?      \_\_\_ Right      \_\_\_ Left

Rate your pain (1=no pain, 10= incapacitating pain) \_\_\_ Right      \_\_\_ Left

Type of pain medicine used? (if any) \_\_\_\_\_

How often? \_\_\_\_\_

Rate your shoulder weakness (1=None, 10=Profound)      \_\_\_ Right      \_\_\_ Left

Does your shoulder(s) feel unstable? Yes / No

Rate your instability or "looseness"(circle one, if applies): never / occasional / frequent

Do you feel any click/ grind/ pop/ or snap?      \_\_\_ Right      \_\_\_ Left

Do you have pain at night?      \_\_\_ Right      \_\_\_ Left

Does your neck hurt?      Yes / No

Do you have numbness or tingling in your arms?      \_\_\_ Right      \_\_\_ Left

Rate your ability to do these activities:

**1=Unable      2=Very difficult      3=Somewhat difficult      4=Normal**

|                     |           |          |                       |           |          |
|---------------------|-----------|----------|-----------------------|-----------|----------|
| Put on coat         | ___ Right | ___ Left | Reach high shelf      | ___ Right | ___ Left |
| Sleep on your side  | ___ Right | ___ Left | Lift 10 lbs. Overhead | ___ Right | ___ Left |
| Wash back/clasp bra | ___ Right | ___ Left | Throw ball overhand   | ___ Right | ___ Left |
| Manage toileting    | ___ Right | ___ Left | Do your usual job     | ___ Right | ___ Left |
| Comb hair           | ___ Right | ___ Left | Do usual sports       | ___ Right | ___ Left |

(For staff only)

# Examination

## Neck

ROM: \_\_\_ full \_\_\_ sl limited \_\_\_ mod limited \_\_\_ severely limited

Paraspinal muscle tenderness \_\_\_ Spinous process tenderness \_\_\_

Trapezial tenderness \_\_\_ kyphosis \_\_\_

Spurling's sign \_\_\_ Compression test \_\_\_ Lift-off test \_\_\_

## Shoulder

|                         |       |                     |
|-------------------------|-------|---------------------|
| ROM - Forward Elevation | ___ R | ___ L               |
| Abduction               | ___ R | ___ L               |
| Add. ER (Passive)       | ___ R | ___ L (___ R ___ L) |
| Abd. ER (Passive)       | ___ R | ___ L (___ R ___ L) |
| Internal Rotation       | ___ R | ___ L (___ R ___ L) |

**Atrophy:** \_\_\_ deltoid \_\_\_ suprasp. \_\_\_ infrasp. \_\_\_ scapular muscle

**Tenderness:** \_\_\_ sc jt. \_\_\_ ac jt. \_\_\_ clavicle  
\_\_\_ acromium \_\_\_ suprasp. \_\_\_ infrasp.

**Impingement:** \_\_\_ Neer(s) \_\_\_ Neer(p) \_\_\_ Hawkins's \_\_\_ Gerber's

### **Muscle testing:**

|            |       |       |                     |
|------------|-------|-------|---------------------|
| TDA        | ___ R | ___ L | SSST +/-            |
| Add ER     | ___ R | ___ L |                     |
| Yergason's | ___ R | ___ L | Speed's ___ R ___ L |
| Lift-Off   | ___ R | ___ L |                     |

### **Instability testing:**

|                                  |             |               |                    |
|----------------------------------|-------------|---------------|--------------------|
| Apprehension                     | ___ R       | ___ L         |                    |
| Relocation test                  | ___ R       | ___ L         | Sulcus ___ R ___ L |
| Anterior / Posterior translation | R ___ / ___ | L ___ / ___   |                    |
| Cross-body add. Pain             | ___ R       | ___ L         |                    |
| General ligamentous laxity       | ___         | Voluntary ___ | Positional ___     |

### **Dx:**

|                           |        |                         |        |                         |        |
|---------------------------|--------|-------------------------|--------|-------------------------|--------|
| Shoulder pain             | 719.41 | SC joint sprain         | 848.41 | OA Shoulder / AC Jt     | 715.21 |
| sprain                    | 840.9  | AC jt separation/disloc | 831.04 | RA Shoulder             | 714.0  |
| contusion                 | 923.00 | Sprain                  | 840.0  | Post traumatic DJD      | 71611  |
| abrasion                  | 912.0  | Instability, anterior   | 718.31 | Fibromyalgia            | 729.1  |
| Impingement               | 726.2  | multidir.               | 905.7  | Snapping scapula        | 726.19 |
| Bursitis /RTC tendinitis  | 726.10 | Subluxation             | 755.59 | Suprascap nerve entrap. | 723.4  |
| Calcific tendonitis       | 726.11 | Dislocation, shoulder   | 831.00 |                         |        |
| Biceps tendonitis         | 726.12 | Recurrent               | 718.31 | Neck pain/strain        | 723.1  |
| Rupture, LH               | 840.8  | Frozen sh/Adhesive cap  | 726.0  | DDD, cervical spine     | 722.4  |
| Atraumatic                | 727.62 | Fx Clavicle             | 810.00 | DJD, cervical spine     |        |
| RTC sprain                | 840.4  | Acromiom                | 811.01 | HNP, cervical           | 722.71 |
| tear                      | 840.4  | Prox humerus            | 812.00 | Radiculopathy           | 723.4  |
| complete rupture          | 727.61 | Scapula                 | 811.00 | IDDM                    | 250.0  |
| Labral tear               | 840.8  | Glenoid                 | 811.03 | Osteoporosis            | 733.01 |
| Loose bodies, shoulder    | 718.11 | Nonunion                | 733.82 | Disuse osteopenia       | 733.03 |
| Foreign body, soft tissue | 729.6  |                         |        |                         |        |

**Tx:** \_\_\_ NSAID \_\_\_ PT \_\_\_ INJ \_\_\_ Patient Ed  
\_\_\_ MRI \_\_\_ Arthrogram \_\_\_ CT scan \_\_\_ NCS \_\_\_ SX Referral \_\_\_\_\_