



Mid County Orthopaedics and Sports Medicine
Follow-up Shoulder Evaluation

Date: _____

Name: _____

- 1) Which shoulder / extremity bothers you? ___Right ___Left ___Both
- 2) Are your symptoms: worse / about the same / better
- 3) What percent (%) better/worse are your symptoms: ___% Right ___% Left
- 4) Are you presently going to physical therapy? Yes / No if yes, how often? _____
- 5) Have you had a steroid injection in the shoulder? Yes / No Did it help? Yes / No
- 6) Describe any **changes** in the symptoms:

- 7) What **activities/ positions** bother it the most:

- 8) Rate your **pain** (1=no pain, 10 = incapacitating pain): ___Right ___Left
- 9) How often are you taking pain medicine? (if any) _____
what type/name? _____
- 10) Rate your shoulder weakness (1=none, 10 = profound): ___Right ___Left
- 11) Does your shoulder feel unstable? (yes / no) ___Right ___Left
- 12) Do you feel any click/ grind/ pop / or snap? ___Right ___Left
- 13) Do you have pain at night? ___Right ___Left
 does it keep you from going to sleep ___yes ___no
 does it wake you up at night? ___yes ___no
 (How often? _____)

14) Rate your ability to do these activities:

1=unable 2=very difficult 3=somewhat difficult 4=normal ability

- | | | | | | |
|---------------------|----------|---------|----------------------|----------|---------|
| 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			
Impingement	726.2	multidir.	718.31	Fibromyalgia	729.1
Bursitis /RTC tendinitis	726.10	Subluxation	755.59	Snapping scapula	726.19
Calcific tendonitis	726.11	Dislocation, shoulder	831.00	Suprascap nerve entrap.	723.4
Biceps tendonitis	726.12	Recurrent	718.31		
Rupture, LH	840.8	Frozen sh/Adhesive cap	726.0	Neck pain/strain	723.1
Atraumatic	727.62	Fx Clavicle	810.00	DDD, cervical spine	722.4
RTC sprain	840.4	Acromiom	811.01	DJD, cervical spine	
tear	840.4	Prox humerus	812.00	HNP, cervical	722.71
complete rupture	727.61	Scapula	811.00	Radiculopathy	723.4
Labral tear	840.8	Glenoid	811.03	IDDM	250.0
Loose bodies, shoulder	718.11	Nonunion		Osteoporosis	733.01
Foreign body, soft tissue	729.6			Disuse osteopenia	733.03

Tx: NSAIDS___ PT___ injection___ Xray___ MRI___ CT___ NCS___