Robert Klitzman, M.D. *INITIAL SHOULDER EXAM*

Involved Shoulder: ❒Right ❑Left

Date: ___/___/___ Name: _____ Age: ____ ❒Male ❒Female
Referred by: _____ Date of Injury: _____

PAST SHOULDER HISTORY

Have you had any previous shoulder injuries? ❒Yes❒No If yes, which shoulder? ❒Right ❒Left ❒Both
If yes, what was the injury? _____
Did any injury require surgery? ❒Yes ❒No If yes, which shoulder? ❒Right ❒Left ❒Both
If yes, what procedure and when? _____

SYMPTOMS

1. Is your shoulder comfortable at 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? ❑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 shoulder level without bending your elbow? ❑Yes ❑No
6. Can you lift 1lb (a full pint container) to shoulder level without bending your elbow? ❑Yes ❑No
7. Can you lift 8lbs (a full gallon container) to shoulder level without bending your elbow? ❑Yes ❑No
8. Can you carry 20lbs at your side with the affected extremity? ❑Yes ❑No
9. Do you think you can toss a softball underhand 10 yards with the affected extremity? ❑Yes ❑No
10. Do you think that you can toss a softball overhand 20 yards with the affected extremity? ❑Yes ❑No
11. Can you wash the back of your opposite shoulder with the affected extremity? ❑Yes ❑No
12. Would your shoulder allow you to work a full time job at your regular job? ❑Yes ❑No

ACTIVITY

1. Are you receiving physical therapy? ❑Yes ❑No
2. Do symptoms allow you to play sports? ❑Yes ❑No
3. Are you working? ❑Yes ❑No ❑Full Duty ❑Light Duty

FUNCTION

1. How would your rate your overall level of pain?
   None… 1 2 3 4 5 6 7 8 9 10 …Disabling
2. How would you rate your shoulder comfort with arm at rest?
   None… 1 2 3 4 5 6 7 8 9 10 …Painful
3. How would you rate your shoulder comfort during sleep?
   None… 1 2 3 4 5 6 7 8 9 10 …Wakes me up
4. How would your rate your overall level of shoulder function?
   Comfortable… 1 2 3 4 5 6 7 8 9 10 …Unable to use
5. How would you rate your ability to use your arm full time at work or play?
   No Problem… 1 2 3 4 5 6 7 8 9 10 …Unable to use
6. How would you rate your overall quality of life as is with your shoulder injury?
   Very Good… 1 2 3 4 5 6 7 8 9 10 …Very Bad

DO YOU PLAY SPORTS?

❑ Yes ❑ No ❑ Baseball ❑ Basketball ❑ Football ❑ Soccer ❑ Volleyball
❑ Other: _____ What Position: _____