

DOD: [] [] / [] [] / [] [] [] [] REG#: [] [] - [] [] [] [] [] [] [] [] [] [] [] Left Right

2 months 3 months 6 months 12 months 24 months

Primary Clinical Assessment Form

Office visit date: [] [] / [] [] / [] [] [] [] []

Days since dislocation: [] [] []

Patient last name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Patient first name: [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

M.I. []

Range of motion (record in degrees)

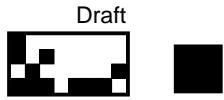
Total shoulder motion (goniometer preferred)	Right		Left	
	Active	Passive	Active	Passive
Forward elevation (maximum arm-trunk angle)	[] [] []	[] [] []	[] [] []	[] [] []
External rotation (arm comfortably at side)	[] [] []	[] [] []	[] [] []	[] [] []
External rotation (arm at 90 degrees abduction)	[] [] []	[] [] []	[] [] []	[] [] []
Cross-body abduction (antecubital fossa to opposite acromion)	[] [] []	[] [] []	[] [] []	[] [] []

Signs (Fill in appropriate circle) **Scale: 0** = none; **1** = mild; **2** = moderate; **3** = severe

	Right	Left
Supraspinatus/greater tuberosity tenderness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
AC joint tenderness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Biceps tenderness (or rupture)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Other tenderness - list: _____	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Impingement I (passive forward elevation in slight rotation)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Impingement II (passive internal rotation with 90 degrees flexion)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Impingement III (90 degrees active abduction - classic painful arc)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Subacromial crepitus	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Scars - location: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Atrophy - location: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Deformity - location: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

1) Please use a black or blue pen to fill in the circles completely: " ● "

2) For optimum accuracy, avoid contact with box edges as in this example: [0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9]



Strength (Fill in appropriate circle) Record MRC grade: **0** = no contraction; **1** = flicker; **2** = movement with gravity eliminated; **3** = movement against gravity; **4** = movement against some resistance; **5** = normal power

	Right					Left				
Testing affected by pain?	○ Yes		○ No			○ Yes		○ No		
Forward elevation	○ 1	○ 2	○ 3	○ 4	○ 5	○ 1	○ 2	○ 3	○ 4	○ 5
Abduction	○ 1	○ 2	○ 3	○ 4	○ 5	○ 1	○ 2	○ 3	○ 4	○ 5
External rotation (arm comfortably at side)	○ 1	○ 2	○ 3	○ 4	○ 5	○ 1	○ 2	○ 3	○ 4	○ 5
Internal rotation (arm comfortably at side)	○ 1	○ 2	○ 3	○ 4	○ 5	○ 1	○ 2	○ 3	○ 4	○ 5

Instability (Fill in appropriate circle) **Scale:** **0** = none; **1** = mild (0-1cm translation); **2** = moderate (1-2cm translation or translates to glenoid rim); **3** = severe (>2cm translation or over rim of glenoid)

	Right				Left			
Anterior translation	○ 0	○ 1	○ 2	○ 3	○ 0	○ 1	○ 2	○ 3
Posterior translation	○ 0	○ 1	○ 2	○ 3	○ 0	○ 1	○ 2	○ 3
Inferior translation (sulcus sign)	○ 0	○ 1	○ 2	○ 3	○ 0	○ 1	○ 2	○ 3
Anterior apprehension	○ 0	○ 1	○ 2	○ 3	○ 0	○ 1	○ 2	○ 3
Reproduces symptoms?	○ Yes		○ No		○ Yes		○ No	
Voluntary instability?	○ Yes		○ No		○ Yes		○ No	
Relocation test positive?	○ Yes		○ No		○ Yes		○ No	
Generalized ligamentous laxity?	○ Yes				○ No (If no, explain below)			
Normal neuromuscular status?	○ Yes				○ No (If no, explain below)			
Other physical findings and/or explanations to previous responses:								

Examiner name: _____

Examiner signature: _____

Draft

