

WALTER R. LOWE, M.D.
INITIAL SHOULDER EXAM

(THIS PAGE TO BE COMPLETED BY PATIENT)

(Place UT Label Here)

Patient Name: _____ Date of Visit: ____/____/____

Referred by: _____ Date of Injury / Onset: _____

Current Medications: _____ Allergies: _____ NONE

Chief Complaint: Left Right Please Explain: _____

PAST SHOULDER HISTORY

Have you had any previous shoulder problems? Yes No If yes, which shoulder? Left Right Both
If YES, what was the injury? _____

Did any shoulder injury require surgery? Yes No If yes, which shoulder? Left Right Both
If YES, what procedure and when? _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS.

SYMPTOMS: (Click on YES or NO to respond.)

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

ACTIVITY: Do you have problems with the following?

- Yes No 1. Are you currently receiving physical therapy for the affected upper extremity?
If YES, where are you going for your physical therapy? _____
- Yes No 2. Do your symptoms allow you to play sports? Explain: _____
- Yes No 3. Are you currently working?
If YES, are you... Full Duty Light Duty Explain: _____

FUNCTION:

(Click on the appropriate circle to respond.)

- 1. How would you 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 your 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 ... Painful
- 4. How would you rate your overall level of shoulder function with the affected upper extremity? 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 for playing sports? 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 What Sport? _____ Position: _____

WHAT LEVEL OF SPORT? High School College Other _____

Where do you go to school? _____

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