



Lewis G. Zirkle, Jr., MD
 John W. Staeheli, MD
 M. Lynn Scovazzo, MD
 Gordon Hsieh, DO
 Patrick A. Dawson, MD
 Tamara S. Simpson, MD
 David J. Gibbons, MD
 Michael Perala, PA-C

875 SWIFT BLVD. • RICHLAND • WA • 99352 • 509.946-1654 • FAX 509.943.5652 • NWORTHO.COM

Shoulder Form
 Northwest Orthopaedics
 David Gibbons, MD
 Margie Eder, RN

Name: _____ **Phone Number:** _____

Gender: Male Female **Age:** _____ **Date of Birth:** ____/____/____

Problem Shoulder: Right Left **Today's Date:** ____/____/____

Dominant Hand: Right Left **Date of Surgery:** ____/____/____ pre 3 6 12 24

VAS: How bad is your pain today? (Circle one)

0 1 2 3 4 5 6 7 8 9 10

(no pain) (worst possible pain)

Are you currently satisfied with the condition of your shoulder? Yes No

Will/Did you receive Workman's Comp. for the care/procedure? Yes No

A. Please circle one statement that best describes your injured shoulder's function:

I can do my normal activities ^{10, 1a}

I only have slight restrictions and can work overhead ^{8, 1b}

I can do most housework and comb my hair ^{6, 1b}

I can do only light housework ^{4, 1c}

I can do only light activities ^{2, 1c}

I am unable to use my shoulder ^{1, 1d}

B. Please circle one statement that best describes your shoulder pain:

I have no pain ¹⁰

I have occasional and slight pain ⁸

Present during heavy activities only ⁶

Present during light activities ⁴

Always present but bearable ²

I have severe pain ¹

C. Please rate the difficulty of the following activities:
 3: easy; 2: difficult; 1: very difficult; 0: unable

Put on a coat	3	2	1	0
Sleep on the painful or affected side	3	2	1	0
Wash back or do up bra in back	3	2	1	0
Manage toileting	3	2	1	0
Comb hair	3	2	1	0
Reach a high shelf	3	2	1	0
Lift 10 lb above the shoulder	3	2	1	0
Throw a ball overhead	3	2	1	0
Do usual work	3	2	1	0
Do usual sport	3	2	1	0

	Injured/Operative	Other
Strength:		
Supra		
Infra		
Subs		
O'Brien		
AROM:		
ABD		
FF		
EXR		
INR		
Stability: N1	Apprehension	Sublux Disloc

Permission Discussed: _____

ASES = {(10-vas) x 5} + {(sum of C) x 5/3} VAS:
 UCLA = FF AROM+Strength+A+B+Satisfaction
 [FF AROM>150:5, 120-150:4, 90-120:3, 45-90:2, 30-45:1; Strength: 0-5; Satis.: N=0, Y=5]
 Rowe = A + Stability + Motion
 [A- 1a=30, 1b=25, 1c=10, 1d=0; Stability- N=50, A=30, S=10, D=0;
 Motion- nl ER, FF, IR=20, 75% ER nl FF, IR=15, 50% ER 75% FF, IR=5, ≤ 50% ER, FF, IR=0