

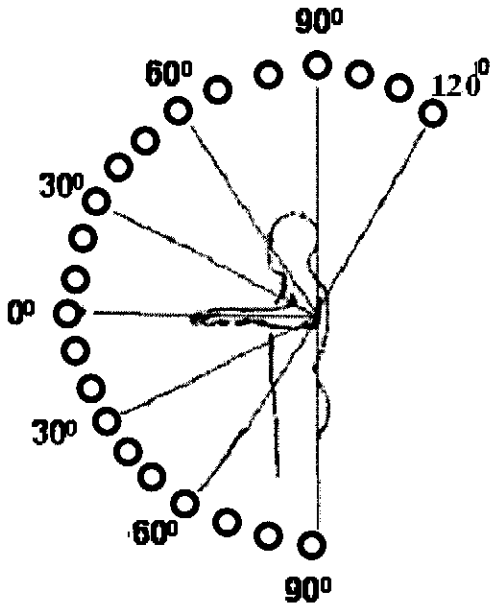


Active Range of Motion Testing

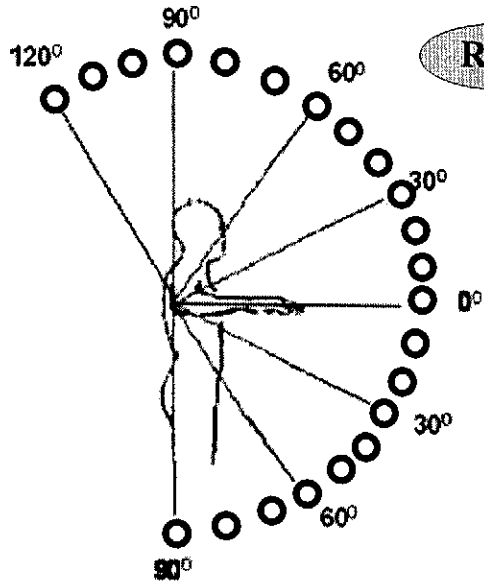
External Rotation/ Internal Rotation (arm at 90 abduction)

External Rotation/ Internal Rotation (arm at 90 abduction)

Left



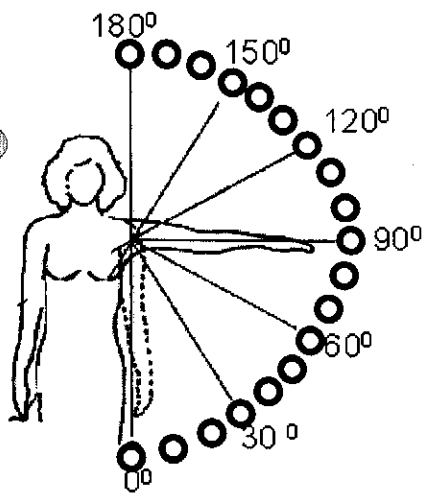
Right



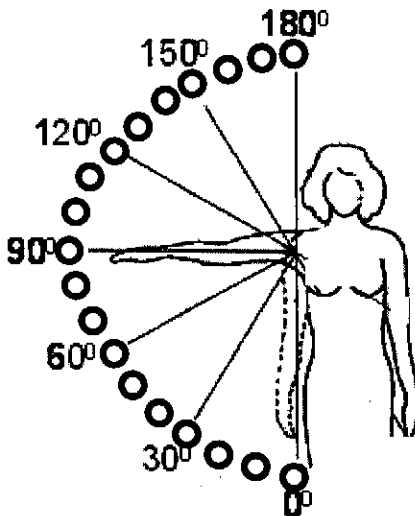
Abduction

Abduction

Left



Right





21265

Strength

Please fill in the appropriate circle for each question.

Scale: 0= no contraction; 1= flicker; 2= movement with gravity eliminated; 3=movement against gravity; 4=movement against some resistance; 5=Normal power

	Left						Testing affected by pain	Right						Testing affected by pain
1. Forward Elevation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes
2. Abduction	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes
3. External Rotation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes
4. Internal Rotation	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes
5. Lift Off Test	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes
6. Belly Press Test	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> Yes

7. Does the patient have anterior apprehension? Yes No

If yes, was there positive relocation? Yes No

If yes, was there: Fear Pain Both

8. Does the patient have posterior apprehension? Yes No

If yes, did they have a positive jerk test? Yes No

If yes, was there: Fear Pain Both

9. Has the patient had subsequent shoulder dislocations requiring assistance with reduction? Yes No

If yes, how many?

10. Has the patient had subsequent shoulder subluxations? Yes No

If yes, how many?

11. Has the patient had any complications? Yes No

If yes, please describe:

12. Does the patient have any positive provocative maneuvers? Yes No

If yes, please list:

13. How does the post operative scar look? Normal Wide Keloid