

Name: _____

Date: _____

Simple Shoulder Test

Answer each question by circling "Yes" or "No"

If you do not normally do the activity, try to imagine if you could. Would your shoulder restrict you. If the activity causes no pain, or rarely produces pain, then answer "Yes". If your shoulder hurts sometimes, often or always when you do the activity, answer "No".

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|-----|---|-----|----|
| 1. | Is your shoulder comfortable with your arm at rest by 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 the level of your shoulder without bending your elbow? | Yes | No |
| 6. | Can you lift one pound (full pint container) to the level of your shoulder without bending your elbow? | Yes | No |
| 7. | Can you lift eight pounds (full gallon container) to the level of your shoulder without bending your elbow? | Yes | No |
| 8. | Can you carry twenty pounds at your side with the affected extremity? | Yes | No |
| 9. | Do you think you can toss a softball under-hand twenty yards with the affected extremity? | Yes | No |
| 10. | Do you think you can toss a softball over-hand twenty 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 full-time at your regular job? | Yes | No |