

# Labral Tear Test

## Patient Information

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

## Medical History

Relevant Medical History:

Previous Shoulder Injuries/Surgeries:

Current Medications:

Allergies:

## Symptoms Assessment

Duration of Symptoms: \_\_\_\_\_

Pain Description:

- Scale (1-10): \_\_\_\_\_
- Location: \_\_\_\_\_
- Triggering Activities: \_\_\_\_\_

Range of Motion Limitations:

Functional Limitations:

Other Symptoms:

## Physical Examination

Visual Inspection:

Palpation:

**Range of Motion Testing:**

**Special Tests for Labral Tear:**

O'Brien's Test: \_\_\_\_\_

Biceps Load Test II: \_\_\_\_\_

Anterior Slide Test: \_\_\_\_\_

Other Tests: \_\_\_\_\_

**Findings:**

**Imaging and Diagnostic Tests**

**X-Ray:**

Findings:

**MRI:**

Findings:

**Arthroscopy (if applicable):**

Findings:

**Other Tests:** \_\_\_\_\_

Findings:

**Diagnosis**

**Preliminary Diagnosis:** \_\_\_\_\_

**Type of Labral Tear (if confirmed):** \_\_\_\_\_

**Severity:** \_\_\_\_\_

**Treatment Plan**

**Conservative Management:**

Physical Therapy:

Medications:

Activity Modifications:

**Surgical Options:**

Recommended Procedure:

Expected Outcomes:

**Follow-Up Schedule:** \_\_\_\_\_

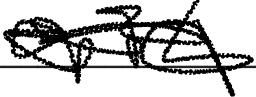
**Clinician's Notes and Observations**

**Patient Education and Guidance**

Information Provided:

**Patient's Understanding and Questions:**

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**Clinician's Signature:**  \_\_\_\_\_

**Date:** \_\_\_\_\_