

Separated Shoulder Test Template

Patient Information:

Name: _____

Age: _____

Gender: _____

Date of Assessment: _____

Referring Physician: _____

Chief Complaint:

Clinical History:

Objective Assessment:

1. Observation:

- Posture:

- Swelling:

2. Palpation:

- Clavicle and Acromioclavicular (AC) Joint:

- Coracoid Process:

- Scapula:

3. Range of Motion (ROM):

- **Active ROM:**
-
-

- **Passive ROM:**
-

4. Strength Testing:

- **Resisted Movements:**
-
-

5. Special Tests:

- **Neer's Test:**
-

- **Hawkins-Kennedy Test:**
-

- **Cross-Body Adduction Test:**
-

6. Imaging:

- **X-rays:**
-

- **MRI or CT Scan:**
-

Assessment:

Plan:

Follow-Up: