## **Shoulder Exam**

| Patient Information                                |                      |         |
|--|----------------------|---------|
| Name:  | Age:                 | Gender: |
| Chief Complaint:                                   |                      |         |
| Date of Injury/Onset of Symptoms:                  | Occupation or Sport: |         |
| Observation  |                      |         |
| Inspection of the shoulder area for:               |                      |         |
| Comparison with the Opposite Shoulder:             |                      |         |
| Range of Motion (ROM)                              |                      |         |
| Active and Passive Shoulder Flexion:               |                      |         |
| Active and Passive Shoulder Extension:             |                      |         |
| Active and Passive Shoulder Abduction:             |                      |         |
| Active and Passive Shoulder Adduction:             |                      |         |
| Active and Passive External Rotation:              |                      |         |
| Active and Passive Internal Rotation:              |                      |         |
| Note any pain, crepitus, or end-feel of the joint: |                      |         |
| Strength   |                      |         |
| Manual Muscle Testing of Shoulder Flexion:         |                      |         |
| Manual Muscle Testing of Shoulder Extension:       |                      |         |
| Manual Muscle Testing of Shoulder Abduction:       |                      |         |
| Manual Muscle Testing of Shoulder Adduction:       |                      |         |
| Manual Muscle Testing of External Rotation:        |                      |         |
| Manual Muscle Testing of Internal Rotation:        |                      |         |
| Isometric Testing or Handheld Dynamometry:         |                      |         |
| Note any weakness or muscle imbalance:             |                      |         |
| Special Tests                                      |                      |         |
| Neer's Test:                                       |                      |         |
| Hawkins-Kennedy Test:                              |                      |         |
| Speed's Test:                                      |                      |         |
| Yergason's Test:                                   |                      |         |
| Empty Can Test:                                    |                      |         |

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| Special Tests   |  |  |
|---|--|--|
| Drop Arm Test:  |  |  |
| Apprehension Test:  |  |  |
| Relocation Test:  |  |  |
| Palpation   |  |  |
| Shoulder Joint:   |  |  |
| Clavicle:   |  |  |
| Scapula:  |  |  |
| Acromioclavicular Joint:  |  |  |
| Coracoid Process:   |  |  |
| Bicipital Groove:   |  |  |
| Surrounding Soft Tissues:   |  |  |
| Identify tenderness, swelling, or deformities:  |  |  |
| Functional Assessment   |  |  |
| Limitations or difficulties with daily activities such as reaching overhead, dressing, and lifting: |  |  |
| Functional deficits in sports-specific movements or occupational tasks:                             |  |  |
| Additional Tests  |  |  |
| Imaging Studies such as X-rays, MRI, or Ultrasound if needed:                                       |  |  |
| Treatment Plan  |  |  |
|   |  |  |