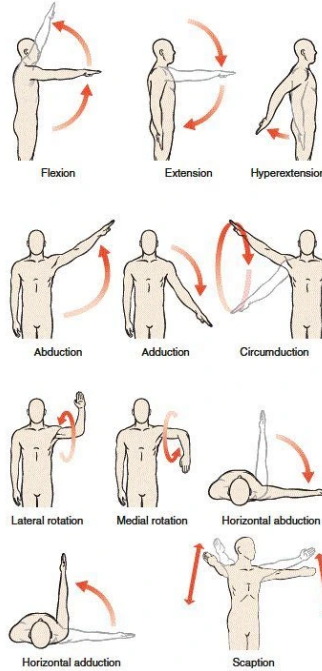


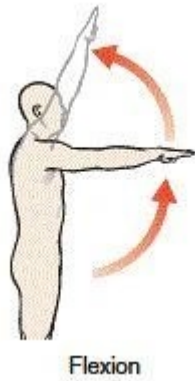
# Shoulder Range of Motion

Patient's Name: \_\_\_\_\_ Examination Date: \_\_\_\_\_

Examining Physician's Name: \_\_\_\_\_



## FLEXION



Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

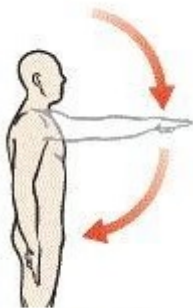
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## EXTENSION



Extension

Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

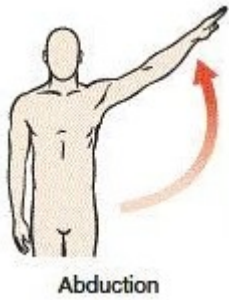
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## ABDUCTION



Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## ADDUCTION



Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

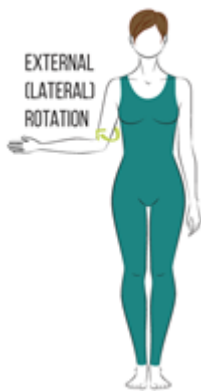
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## EXTERNAL ROTATION



Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

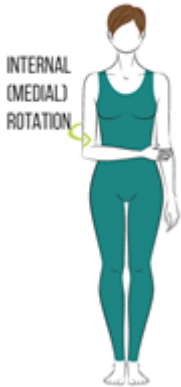
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## INTERNAL ROTATION



Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

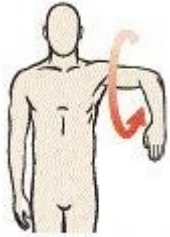
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## MEDIAL ROTATION



Medial rotation

Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

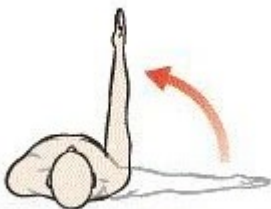
Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

## HORIZONTAL ADDUCTION



Horizontal adduction

Left: \_\_\_\_\_ degrees

Right: \_\_\_\_\_ degrees

Is there pain on any side?

Yes

No

If yes, which side? \_\_\_\_\_

Is the movement smooth, controlled, and done with enough power?

Yes

No

If no, please elaborate: \_\_\_\_\_

Additional Notes:

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Illustrations courtesy of:

1. <https://mobilephysiotherapyclinic.in/best-exercises-for-shoulder-joint/>
2. <https://physicaltherapyfirst.com/blog/2021/05/10/my-shoulder-is-frozen-what/>