
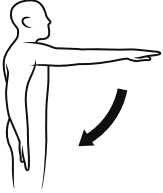
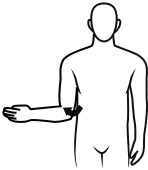

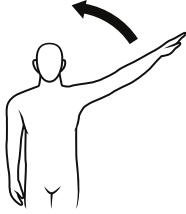
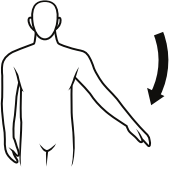
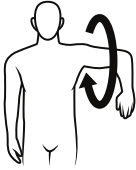
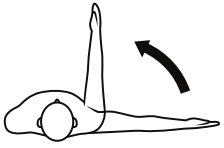


# Shoulder Range of Motion Chart

Patient information			
Name:		Age:	
Gender:		Date:	
			
<b>Flexion</b>	<b>Extension</b>	<b>External rotation</b>	<b>Internal rotation</b>
			
<b>Abduction</b>	<b>Adduction</b>	<b>Medial rotation</b>	<b>Horizontal adduction</b>
Flexion			
Left:        degrees		Right:        degrees	
Is there pain on any side?		Yes	No
Is the movement smooth, controlled, and done with enough power?		Yes	No
If no, please elaborate:			
Remarks:			
Extension			
Left:        degrees		Right:        degrees	
Is there pain on any side?		Yes	No
Is the movement smooth, controlled, and done with enough power?		Yes	No
If no, please elaborate:			
Remarks:			

<b>Abduction</b>			
Left:           degrees	Right:           degrees		
Is there pain on any side?	Yes	No	
Is the movement smooth, controlled, and done with enough power?	Yes	No	
If no, please elaborate:			
Remarks:			
<b>Adduction</b>			
Left:           degrees	Right:           degrees		
Is there pain on any side?	Yes	No	
Is the movement smooth, controlled, and done with enough power?	Yes	No	
If no, please elaborate:			
Remarks:			
<b>External rotation</b>			
Left:           degrees	Right:           degrees		
Is there pain on any side?	Yes	No	
Is the movement smooth, controlled, and done with enough power?	Yes	No	
If no, please elaborate:			
Remarks:			
<b>Internal rotation</b>			
Left:           degrees	Right:           degrees		
Is there pain on any side?	Yes	No	
Is the movement smooth, controlled, and done with enough power?	Yes	No	

