
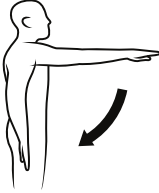
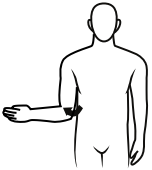

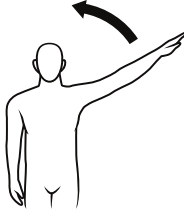
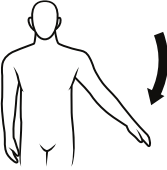

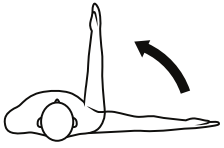


Shoulder Range of Motion Chart

Patient information			
Name:		Age:	
Gender:		Date:	
			
Flexion	Extension	External rotation	Internal rotation
			
Abduction	Adduction	Medial rotation	Horizontal adduction
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:			

Abduction			
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:			
Adduction			
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:			
External rotation			
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:			
Internal rotation			
Left: degrees	Right: degrees		
Is there pain on any side?	Yes	No	
Is the movement smooth, controlled, and done with enough power?	Yes	No	

