

# Shoulder Subluxation Test

## Test Information:

*Test Name:*

*Date Conducted:*

*Practitioner:*

*Patient Name:*

*Patient Date of Birth:*

### Purpose of the Test:

### Description of the Test:

## Procedure Steps:

*Patient Position:*

- *Position:*
- *Rationale:*

*Step 1:*

- *Observations:*

*Step 2:*

- *Observations:*

*Step 3:*

- *Observations:*

(Continue with additional steps as needed)

**Results:**

*Positive Test Indication:*

*Negative Test Indication:*

*Test Outcome:* (Positive/Negative)

- *Interpretation:*

*Further Actions or Recommendations:*

**Practitioner Notes:**

**Practitioner Signature:**

**Date:**