

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: Shoulder-Hand Syndrome (SHS) Score

Author: Braus, Krauss, and Strobel

Publisher: John Wiley & Sons, Inc.

Time required to administer: 5-10 min.

Cost of the Test: free if you have access to the article

II. Description of Test

Type/Purpose of Test: The Shoulder-Hand Syndrome (SHS) Score is a scale used to measure the presence or severity of clinical symptoms of SHS, which is CRPS of upper limbs after stroke. It may be used to track effectiveness of subluxation treatment in reducing or preventing SHS. The theory of Braus et al. is that SHS is caused by peripheral lesion secondary to post-stroke shoulder subluxation.

Population: Stroke survivors

Focus of measurement:

X Organic systems **X Abilities** ___ Participation/life habits ___ Environmental Factors

III. Practical Administration

Ease of Administration: The SHS Score is quick and easy to administer. If you know how to administer PROM, pain, and edema testing then you will know how to administer this scale.

Clarity of Directions: There is no manual; no information on scoring/interpreting. On the score sheet, there is some ambiguity in the sensory, pain, hyperalgesia subsection because it is unclear which of those factors to score. It is unclear where to measure distal edema and what the difference is between each score, such as between distinct and severe. Also, there is some subjectivity in the definition of painless PROM; every patient has a unique pain threshold.

Scoring Procedures: Simply sum total score based on sub-scores for sensation/pain, edema, and painless PROM in humeral abduction and external rotation.

Examiner Qualification & Training: The SHS Score may be administered by occupational therapists and physical therapists who understand how to assess and interpret pain, edema and painless PROM.

IV. Technical Considerations

Standardization: Not found

Reliability: Not found

Validity: Not found

Manual: No Manual

What is (are) the setting/s that you would anticipate using this assessment?

Acute and Inpatient neuro rehab

Summary of strengths and weaknesses

Weakness: No manual or accessible information on reliability and validity. Scoring/interpreting procedures unclear.

Strength: The scale is free, quick and easy to administer