Shoulder EVALUATION FORM

Date:  
Pt Name:  Pt Number:  
Diagnosis:  
Referred by:  
Visit #:  
Time in:  Time out:  Billable units:  

Patient Information:  

Patient Profile:  

Chief Complaint:  

Account of Current Condition:  
  History of present injury:  
  Current Symptoms:  
    Location:  
    Onset:  
    Character:  
    Intensity:  
    Duration:  
    Aggravating Factors:  
    Alleviating Factors:  
    24 hour behavior:  

PMH:  
  Medication/Allergies:  

Current Function %:  
  Standardized Functional Questionnaire:  
    DASH:  
    NDI:  
    Modified Oswestry:  

Personal and Environmental Factors:  
  Activity:  
  Occupation:  

Patient Goals:  

Systems Review:  

Cardiopulmonary:  
  Neuromuscular:  
  Integumentary:  
  Musculoskeletal:  

Tests and Measures:  

Observation:  
  Joint Clearing:
ROM:

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Functional Movements:
- Apley’s Scratch Test:
- Painful Arc:
- Scapular Biomechanics:
- Pinch Grip:
- Whole Grip:

Resisted Tests:
- Flexibility:

Neurologic Screen:

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Special Tests:
- Yergason’s Test:
- Lift-Off Test:
- Belly-Press Test:
- External Rotation Lag Sign:
- Empty Can Test:
- Full Can Test:
- Infraspinatus Test:
- Patte Test/Hornblower’s Sign:
- Hawkins-Kennedy Test:
- Neer’s Test:
- ULTT 1:
- ULTT 2:
- ULTT 3:
- ULTT 4:
- Load and Shift Test:
- Apprehension Test:
- Sulcus Sign:
- Biceps Load Test:
- Jerk Test:
- Labral Crank Test:
- Horizontal Adduction Test:
- Roos Test:
- Wright Test:
- Allen Test:
- Costoclavicular Test:
- Shoulder Girdle Passive Elevation:
- Adson’s Test:

Joint Mobility:
- Palpation:

Functional Tests:
- Today’s Intervention:

Evaluation:
Summary:
Impairments:
Functional Limitations:
Response to today’s intervention:

Plan of Care:
Outcomes:
   STG:
   LTG:
Prognosis:
Intervention Plan:

Informed Consent:
(Patient or Guardian) has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outlined, including the given HEP.

Sign: ____
____
____
Date: ____