



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:

	AROM		PROM		End Feel	
	R	L	R	L	R	L
Flexion						
Extension						
Radial Deviation						
Ulnar Deviation						
Supination						
Pronation						

Functional Movements:

Apley's Scratch Test:

Painful Arc:

Scapular Biomechanics:

Pinch Grip:

Whole Grip:

Resisted Tests:

Flexibility:

Neurologic Screen:

	Sensation		Reflexes		Motor	
	R	L	R	L	R	L
C1						
C2						
C3						
C4						
C5						
C6						
C7						
C8						
T1						

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 outline, including the given HEP.

Sign: _____

Date: