

AAOSMI Patient Number:

All American Orthopedic and Sports Medicine Institute
Initial Shoulder Information Form

Research Department.

Pt ID _____

Shoulder ID _____

Name _____ SS# _____ Age: _____

Date of visit: _____ Sex: Female Male Date of Birth: _____

Which physician are you seeing today? (circle) Holt Rios

Home Telephone: _____ Work Telephone: _____

Name of Friend or Relative (including telephone number): _____

What is your occupation? _____

Who referred you to AAOSMI? _____

Affected limb? Right Left

When did this problem/injury begin? (Date: Please try to be as specific as possible.) ____ / ____ / ____

How long has this problem / injury bothered you?

Less than 2 weeks More than 6 weeks Less than 6 months More than 1 year

2 - 6 weeks Less than 3 months Less than 1 year

Is this a WORK injury? Yes No Is Worker's Comp Involved? Yes No

Is this a Sports injury? Yes No If Yes, what Sport? _____

What is your level of play? (Please circle one)

Junior High High School College Professional Recreational

Circle the types of sports/activities you currently participate.

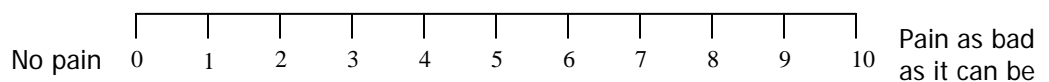
- | | | | | |
|---------------|--------------|-------------|--------------|-------------|
| Walking | Cycling | Climbing | Basketball | Football |
| Running | Soccer | Golf | Wrestling | Judo/Karate |
| Aerobic | Rodeo | Softball | Gymnastics | Hockey |
| Hiking | Biking | Weight lift | Racquetball | Goalie |
| Rowing | Water skiing | Tennis | Wind surfing | |
| Nordic skiing | Motorcycle | Canoeing | Water polo | |
| | Snow skiing | Swimming | Rugby | |
| | | Baseball | Diving | |

Where is the pain in your shoulder? Top Bottom Front
 Back Shoulder Blade

In general, how would you describe your pain? Please circle the statement that applies to your pain.

None Mild Moderate Severe

How bad is your pain today?



To what degree do you experience pain? Please circle the statement that applies to your pain.

- | | | | | | |
|---------------------|---------------------|----------------------------------|---|---------------------|------|
| Always & unbearable | Always but bearable | After or during light activities | Only during heavy or certain activities | Occasional & slight | None |
|---------------------|---------------------|----------------------------------|---|---------------------|------|

What is the highest level that you can comfortably use your arm? (circle the highest level only)

Waist level Chest level Neck level Top of head Above head

- | | | |
|--|------------------------------|-----------------------------|
| Is your work affected by this problem or injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you participate in full recreation or sport? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your pain interrupt your sleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
-

Function: Please mark the statement that most describes how well you can use your injured arm. (Please only mark one.)

- I am unable to use my arm.
 - I can only do light activities.
 - I am able to do light housework and most activities of daily living.
 - I am able to do most housework, shopping, and driving possible. This includes doing my hair and dressing including fastening my bra (if applicable).
 - I can do most any activities I want with only slight restriction this includes work above shoulder level.
 - I am able to do all activities without problems.
-

Please circle the appropriate response to the following questions:

- | | | |
|--|-----|----|
| 1) Is your shoulder comfortable with your arm at rest by your side? | Yes | No |
| 2) Does your shoulder allow you to sleep comfortably? | Yes | No |
| 3) Can you reach the small of your back to tuck in your shirt with your hand? | Yes | No |
| 4) Can you place your hand behind your head with the elbow straight out to the side? | Yes | No |
| 5) Can you place a coin on a shelf at the level of your shoulder without bending your elbow? | Yes | No |
| 6) Can you lift 1 lb.(a full pint container) to the level of your shoulder without bending your elbow? | Yes | No |
| 7) Can you lift 8 lbs.(a full gallon) to the level of the top of your head without bending your elbow? | Yes | No |
| 8) Can you carry 20 lbs. (a bag of potatoes) at your side with the affected extremity? | Yes | No |
| 9) Do you think you can toss a softball underhand 10 yards with the affected extremity? | Yes | No |
| 10) Do you think you can throw a softball overhand 20 yards with the affected extremity? | Yes | No |
| 11) Can you wash the back of your opposite shoulder with the affected extremity? | Yes | No |
| 12) Would your shoulder allow you to work full-time at your regular job? | Yes | No |
-

Circle the number that indicates your ability to do the following activities:

0 = Unable to do 1 = Very difficult to do 2 = Somewhat difficult to do 3 = Not difficult to do

- | | | | | |
|---|---|---|---|---|
| 1) Put on a coat | 0 | 1 | 2 | 3 |
| 2) Sleep on your painful or affected side | 0 | 1 | 2 | 3 |
| 3) Wash back/fasten bra in back | 0 | 1 | 2 | 3 |
| 4) Manage toileting | 0 | 1 | 2 | 3 |
| 5) Comb hair | 0 | 1 | 2 | 3 |
| 6) Reach a high shelf | 0 | 1 | 2 | 3 |
| 7) Lift 10 lbs. above shoulder | 0 | 1 | 2 | 3 |
| 8) Throw a ball overhand | 0 | 1 | 2 | 3 |
| 9) Do usual work | 0 | 1 | 2 | 3 |
| 10) Do usual sport | 0 | 1 | 2 | 3 |
-

Overall, how satisfied are you with your treatment and improvement?

- I am satisfied with my treatment and my problem/injury has improved.
- I am satisfied with my treatment but my problem has gotten worse.

The following questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing these questions. For each of the following questions, please mark an X in the one box that best describes your answer.

1. In general would you say your health is: Excellent Very Good Good Fair Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Limited A Lot	Limited A Little	Not Limited At All
2. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing <u>several</u> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
4. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
6. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Didn't do work or other activities as <u>carefully</u> as usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.....

How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TO BE COMPLETED BY PHYSICIAN

Left
 Right

Holt

Motion

Active / Passive

- (1) Flexion _____ / _____
- (2) Abduction _____ / _____
- (3) ER at side _____ / _____
- (4) ER @ 90° _____ / _____
- (5) IR @ 90° _____ / _____
- (6) IR _____ / _____

Constant Forward Flex	Lat. Flex	Bankart (Motion)	Bankart (Stability)
≥150°	≥150°	100% ER, ER, Elevation 20	None 50
120-150°	120-150°	75% ER, Elevation, IR 15	Apprehension 30
90-120°	90-120°	50% ER 75% Elevation, IR 5	Subluxation 10
45-90°	45-90°	50% Elevation, IR, no ER 0	Dislocation 0
30-45°	30-45°		
<30°	<30°		

Constant Internal Rotation Scoring	Constant External Rotation Scoring (Circle all that apply)
Dorsum of hand to lateral thigh 0	Hand behind head with elbow held forward 2
Dorsum of hand to buttock 2	Hand behind head with elbow held back 2
Dorsum of hand to lumbosacral junction 4	Hand on top of head with elbow held forward 2
Dorsum of hand to waist (3 rd lumbar vertebra) 6	Hand on top of head with elbow held back 2
Dorsum of hand to 12 th dorsal vertebra 8	Full elevation from on top of head 2
Dorsum of hand to interscapular region (DV 7) 10	

Power _____
(Max 25 lbs)

Stability

Normal	Sulcus (cm)	SLAP (+ =buckles)
Load/shift: + - crepitation	Adduction 0 1 2 3 more	Superior + - crep
AS + - crep	Abduction 0 1 2 3 more	AS + - crep
AM + - crep	Ext rotation 0 1 2 3 more	AM + - crep
AI + - crep	Jobe series	O'Bryan + - crep
Inf + - crep	Apprehension + -	Speed's + -
Post + - crep	Augmentation + -	Scapula: Normal Protracted
	Relocation + -	

Rotator Cuff Normal Inflammation/Swelling **Strength (UCLA)** 5 4 3 2 1 0

Rent Test: Negative Inflamed Partial Complete	Miscellaneous
Manual Test	Chondromalacia
Neer + - SS Isolation + - painful	A-C Comp. + -
Hawkins + - Whipple (SS) + - painful ↓ w/ ret yes no	Scapula Normal 1 2 3
A-C Joint + - Ext. Rotator (IS) + - painful	Biceps Stress Test + -
SS Stress + - painful Lift Off (SC) + - painful Belly Push + -	

Radiographs Normal Arthritis Calcific tendonitis	Glenohumeral AC Joint Acromial Morphology	1 2 3 4 1 2 3 4 1 2 3 4	Fracture _____
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IMPRESSION

- | | | |
|--------------------------------|--------------------------------|--|
| 1. Cuff Injury SS IS SC | 3. Labral Tear | 8. Biceps |
| (a) Tendinitis | Anterior | Tendinitis |
| (b) Contusion | Posterior | Tear |
| (c) Impingement | SLAP | 9. Adhesive Capsulitis |
| (d) Partial Thickness | 4. Interval Tear | 10. Fracture |
| (e) Full Thickness | 5. AC Joint | Proximal Humerus |
| (f) Massive | Dislocation 1 2 3 4 | GT |
| 2. Instability | Arthritis | LT |
| AS PI | Osteolysis | Glenoid |
| AM MDI | 6. GH Arthritis 1 2 3 4 | Clavicle |
| AI SLAP | 7. Scapulothoracic | Acromion |
| PS | Tendinitis Strain | 11. No shoulder pathology found |
| | Winging Protraction | |

Notes: _____

