



Patient's Details

**Operation/Diagnosis: Date:**

Examination: **Pre-op**

3 months 6month 1 year 2 years \_\_\_ years

**A.- Pain (/15): Average (1 + 2)**  **A**

1. Do you have pain in your shoulder (normal activities)?

No = 15 pts, Mild pain = 10 pts, Moderate = 5 pts, Severe or permanent = 0.

Linear scale:

If "0" means no pain and "15" is the maximum pain you can experience, please circle where is the level of pain of your shoulder. (Points given are inverse to the scale. E.g. level 5 in the scale means 10 points)

Level of pain:

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Points:

15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0

**B.- Activities of daily living (/20) Total (1 + 2 + 3 + 4) B**

1. Is your occupation or daily living limited by your shoulder?

No = 4, Moderate limitation = 2, Severe limitation = 0

2. Are your leisure and recreational activities limited by your shoulder?

No = 4, Moderate limitation = 2, Severe limitation = 0

3. Is your night sleep disturbed by your shoulder?

No = 2, Sometimes = 1, Yes = 0

4. State to what level you can use your arm for painless, reasonably activities.

Waist = 2, Xiphoid (sternum) = 4, Neck = 6, Head = 8, Above head = 10

**C.- Range of movement (leave this for the doctor or physiotherapist) (/40): Total (1 + 2 + 3 + 4)**

<b>1.- FWD Flexion:</b>	0 - 30	<b>C</b>	0 pts	<b>2.- Abduction:</b>	0 - 30
	31 - 60		2 pts		31 - 60
	61 - 90		4 pts		61 - 90
	91 - 120		6 pts		91 - 120
	121 - 150		8 pts		121 - 150
	> 150		10 pts		> 150

**3.- External Rotation:**

Hand behind head & elbow forward	2
Hand behind head & elbow back	4
Hand above head & elbow forward	6
Hand above head & elbow back	8
Full elevation of arm	10

**4.- Internal Rotation: (Dorsum hand to)**

Thigh	0
Buttock	2
SI joint	4
Waist	6
T12	8
Between shoulder blades	10

**D.- Power (/25): Points: average (kg) x 2 = D**

First pull: Second pull: Third pull: Fourth pull: Fifth pull: Average pulls:

---

**TOTAL (/100): A + B + C+ D**

### **Appointments**

#### **Berkshire Independent Hospital,**

Swallows Croft, Wensley Road,  
Reading  
RG16UZ  
Tel: 01189 028109

#### **Dunedin Hospital**

16 Bath Road,  
Reading,  
Berkshire  
RG1 6NS  
Tel: 01189 553486  
Email: [infoReading@giuseppesforza.com](mailto:infoReading@giuseppesforza.com)

#### **Wellington Shoulder & Elbow Unit,**

The Platinum Centre,  
Wellington Place, St John's Wood,  
London  
NW8 9LE

#### **Highgate Hospital**

17-19 View Road,  
Highgate,  
London  
N6 4DJ  
Tel: 0207 4835406  
Email: [infoLondon@giuseppesforza.com](mailto:infoLondon@giuseppesforza.com)

---