

Additional File 1: Questions on the self-screening questionnaire.

1. Have you been referred to physiotherapy for a problem with your shoulder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do your shoulder symptoms get worse, even for just a moment or two, when you move or place your arm in a particular position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had an operation on your shoulder in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you broken or fractured one of the bones in your shoulder in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has your shoulder “popped out of joint” or dislocated in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do your shoulder symptoms get worse when you move or place <i>your neck</i> rather than your shoulder in a particular position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If all your answers fall in the grey shaded boxes, you have the type of shoulder symptoms we are investigating in our study.		