

Additional file 6: Clinical shoulder evaluation form

Participant (name) _____

Participant ID _____

Date: ____ / ____ - ____

Physiotherapist initials: _____

History

For how long have you experienced pain? (week, month, year) _____

Is the pain caused by trauma: No YesOther symptoms: No Yes, which: weight loss / difficulty breathing / coughing / expectoration of sputum / fever / dizziness / headache / fatigue

Additional history (if necessary)

Current symptoms: neck / shoulder blade / shoulder / upper arm / elbow / forearm / hand

R/L

Pain: constant / intermittent / nightly _____

What aggravates / improves: _____

Pain medication: _____

Other treatment: _____

Work / sport / leisure: _____

Other diseases: _____

Other: _____

Clinical findings

Inspection	Right	Left
Atrophy	<input type="checkbox"/> No <input type="checkbox"/> Yes, located <input type="checkbox"/> Infraspinatus <input type="checkbox"/> Supraspinatus <input type="checkbox"/> Deltoid <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, located: <input type="checkbox"/> Infraspinatus <input type="checkbox"/> Supraspinatus <input type="checkbox"/> Deltoid <input type="checkbox"/> Other: _____
Shoulder malalignment	<input type="checkbox"/> No <input type="checkbox"/> Yes, malalignment: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, malalignment: _____
Col. cerv.	Right	Left
Range of motion	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Pain Describe: _____	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> pain Describe: _____
Foramen compression test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
Shoulder	Right	Left
Scapulohumeral rhythm	<input type="checkbox"/> No scapular dyskinesia <input type="checkbox"/> Scapular dyskinesia, describe: _____	<input type="checkbox"/> No scapular dyskinesia <input type="checkbox"/> Scapular dyskinesia, describe: _____
Painful arc test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: <input type="checkbox"/> 60 - 120° and/or <input type="checkbox"/> > 120°	<input type="checkbox"/> Negative <input type="checkbox"/> Positive: <input type="checkbox"/> 60 - 120° and/or <input type="checkbox"/> > 120°
AROM/PROM	<input type="checkbox"/> AROM <input type="checkbox"/> PROM	<input type="checkbox"/> AROM <input type="checkbox"/> PROM
Flex:	_____°	_____°
Abd:	_____°	_____°
Ext rot:	_____°	_____°
Int rot:	<input type="checkbox"/> Shoulder blade _____° <input type="checkbox"/> TH 12 _____° <input type="checkbox"/> Waist _____° <input type="checkbox"/> SI-joint _____° <input type="checkbox"/> Buttock _____° <input type="checkbox"/> Thigh _____°	<input type="checkbox"/> Shoulder blade _____° <input type="checkbox"/> TH 12 _____° <input type="checkbox"/> Waist _____° <input type="checkbox"/> SI-joint _____° <input type="checkbox"/> Buttock _____° <input type="checkbox"/> Thigh _____°
Palpation	Right	Left
Tenderness	<input type="checkbox"/> No <input type="checkbox"/> Yes, located: <input type="checkbox"/> Sulcus <input type="checkbox"/> Sternoclav-joint <input type="checkbox"/> AC-joint <input type="checkbox"/> GH-joint <input type="checkbox"/> Muscular: Trapez / Lev. sca / IS / SS / Pec.major / Regio nuc.	<input type="checkbox"/> No <input type="checkbox"/> Yes, located: <input type="checkbox"/> Sulcus <input type="checkbox"/> Sternoclav-joint <input type="checkbox"/> AC-joint <input type="checkbox"/> GH-joint <input type="checkbox"/> Muscular: Trapez / Lev. sca / IS / SS / Pec.major / Regio nuc.

Reduced strength	Right		Left	
Elev / flex	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abd / add	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Ext rot	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Int rot	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pain when moving against resistance	Right		Left	
Flex / ext	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Abd / add	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Ext rot	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Int rot	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Specific tests	Right		Left	
Jobe's	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Hawkins'	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Hawkins' modified	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Neer's	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
O'Brien	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Cross over	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Scapula Assistance test	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Scapula Retraction Test	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Additional tests (performed if necessary)				
Yergason	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Apprehension	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Relocation	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Sulcus	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Belly pres	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Hornblower's	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive
Comments to tests				

Categorisation

- Subacromial impingement syndrome
- Muscle tenderness
- Frozen shoulder
- Rotator-cuff-rupture
- Suspicion about nerve injury
- AC-joint problems
- Instability, conditional on:
 - Hypermobility
 - Trauma
- Other: _____

Treatment plan

- Exercise
- No exercise
- Advised to contact general practitioner

Comments

Abbreviations:

Abd = Abduction
 AC = Acromioclavicular
 Add = Adduction
 AROM = Active range of motion
 Elev = Elevation
 Ext = External
 Flex = Flexion

GH = Glenohumeral
Int = Internal
IS = Infraspinatus
Lev.sca = Levator scapulae
Pec.major = Pectoralis major
Regio nuc = Regio nuchae
PROM = Passive range of motion
SI = Sacroiliac
SS = Supraspinatus
Sternoclav = sternoclavicular
TH 12 = Twelfth thoracic vertebra

* A clinical shoulder evaluation manual can be requested in Danish from Jeanette Trøstrup (jeatro@rm.dk).