

POSM / OFALS SHOULDER SUBJECTIVE FOLLOW- UP

Medical Record #

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Name: _____

Physician: KP EB OTHER

Injured Shoulder: Right Left Both

Previous Surgery: Right Left Both

Follow-up period: 3mts 6mts 1 yearly 2 yearly

Exam Date

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Surgery Date

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TREATMENT HISTORY

Answer the following since your last visit to the clinic or the last time you completed a follow-up form on your shoulder.

Has your shoulder been injected? Yes No

If yes, how many times? once twice 3 to 5 6 or greater

Thirty minutes after the latest injection, how much improvement did you have?

Worse 0-25% 26-50% 51-75% 76-100%

What was the long-term effect of the injection?

Worse 0-25% 26-50% 51-75% 76-100%

Have you had a reinjury requiring medical attention since your last visit or since you last completed a shoulder evaluation form? Yes No

Have you had any further surgery on your affected shoulder since your last visit to Plancher Orthopedics that was performed elsewhere?

If yes, please fill out the following:

Operation 1: _____

Operation 2: _____

Date:

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Date:

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PAIN EVALUATION

How bad is your pain at the following times on a scale of 0 to 10 ?

	No Pain										Very Bad Pain	
Today:	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	
At its worst:	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10	

Rate your Pain No Pain Getting Better Staying the Same Getting worse

Do you take narcotic pain medications? Yes No

If yes, are they beneficial? Yes No How many pills/day? 1 2 3 to 5 6 or greater

Do you take anti-inflammatories? Yes No If yes, are they beneficial? Yes No

How does your pain affect:

your activities of daily living?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
your function at work?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
your recreational sporting activities?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
your sleep?	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

How much pain do you have with your arm at rest by your

None Mild Moderate Severe

With regard to your sport, how does pain affect:

your endurance	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
your speed	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
your accuracy or agility	<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

How does your pain affect your ability to compete?

<input type="radio"/> No pain with competition	<input type="radio"/> Moderate pain with competition
<input type="radio"/> Pain only after competition	<input type="radio"/> Severe pain with competition
<input type="radio"/> Mild pain with competition	<input type="radio"/> Pain prevents competition

how would you rate your current level of function during your usual activities of daily living from 0 to 100, with 100 being your level of function prior to your shoulder problem and 0 being the inability to perform any of your usual daily activities.

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SHOULDER INSTABILITY

Since your last visit, have you had a shoulder dislocation that someone else had to put back in? Yes No

If yes, how many? 1 2 3 to 5 6 or greater

How often does your shoulder feel like it will go out? Never Rarely Occasionally Frequently

Answer the following only if you feel like your shoulder will go out:

Does this instability occur with: Sports Activities of Daily Living Sleep

Which direction does it go out: Front Back Bottom All Unknown

How does your shoulder go back in? By Itself I pull on my arm Someone else assists

How many time does this occur each month? 0-2 3-5 6-10 11-15 more than 15

How is your shoulder instability changing with time: Improving Unchanged Getting Worse

57705



How does your shoulder instability affect your ability to compete in sports?

- No problems during competition
- I have instability, but can continue to compete
- I rarely have to stop competing
- I occasionally have to stop competing
- I frequently have instability and have to stop competing
- I cannot compete due to instability

Does a certain position of your arm interfere with your performance?

- No
- Yes, with my arm above my head
- Yes, with my arm in front of my body

FUNCTIONAL EVALUATION

<u>ACTIVITY</u>	<i>Please fill out both Right and Left</i>				<u>RIGHT ARM</u>				<u>LEFT ARM</u>			
	Unable	Very Difficult	Somewhat Difficult	Normal	Unable	Very Difficult	Somewhat Difficult	Normal	Unable	Very Difficult	Somewhat Difficult	Normal
Your Usual Work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Your Usual Recreational Activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Your Usual Sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Put on Coat	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Sleep on Your Side	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Wash Your Back\Fasten Bra	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Manage Toileting	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Tuck in Your Shirt	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Place Hand Behind Your Head With Elbow Out to Side	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Place Coin on Shelf at Level of Shoulder Without Bending Elbow	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Lift 1 Pound to the Level of Shoulder without Bending Elbow	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Lift 10 Pounds to the level of Shoulder Without Bending Elbow	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Carry 20 Pounds at your Side	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Toss a Softball Underhand 10 Yards	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Toss a Softball Overhand 20 Yards	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Wash the Back of the Opposite Shoulder	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

At what level can you use your arm for painless reasonably strong activities?

- Overhead
- Up to top of Head
- Up to Neck
- Up to Nipple Line
- Up to Waist

Answer the following 3 questions, only if you participate in sports :

With regards to your shoulder, at what grade can you now participate in Sports (ie, National, Local, Semi-Pro, Pro,

- Equal to or above my pre-injury level
- Slightly below my pre-injury level
- Moderately below my pre-injury level
- Significantly below my pre-injury level
- I cannot compete in my usual sport
- I cannot compete in any sports

Describe your current strength or endurance of your shoulder when competing or participating in you usual sport:

- I have no weakness or fatigue
- I have mild weakness or fatigue
- I have moderate weakness or fatigue
- I have severe weakness or fatigue
- Weakness or fatigue prevents competition in my usual sport
- Weakness or fatigue prevents competition in all sports

With regards to your shoulder, at what intensity effort do you now compete or participate in your usual sport compared to your pre-injury level?

- Same or better than my pre-injury intensity
- 75-99% of my pre-injury intensity
- 50-74% of my pre-injury intensity
- 25-49% of my pre-injury intensity
- <25% of my pre-injury intensity
- I can no longer compete at any intensity



