

PATIENT INFORMATION (please fill out before your visit): Your Primary Care MD _____

Your Name: _____ Your Age: _____

Any changes in medical history? _____

1. Which shoulder bothers you today? RIGHT LEFT BOTH NEITHER
2. How has your shoulder progressed since last visit? BETTER WORSE SAME **Percent of normal** _____%
3. Where is your shoulder pain located? BACK FRONT SIDE DEEP ARM ARMPIT _____
4. How would you describe the pain? ACHING BURNING SHARP DULL IRRITATING _____
5. How SEVERE is the pain, on a scale of 0 (no pain) to 10 (worst pain ever)? _____
6. How long does the pain last, and when does it occur? _____
7. What makes the pain better? _____ Worse? _____
8. What medicines are you taking for the pain, and how much/often? (please list all specific medicines and doses) _____
9. Any numbness or tingling? If yes, where? _____ Any fevers, night sweats or chills? _____
10. Any other comments or things we should know? _____

Your signature and date please: _____

PHYSICIAN/PA EXAMINATION (for physician only) F/U S/P R L B

____ A&O x 4, appropriate, ambulates normally. ____ Skin no lesions/signs infection/incisions healed/sutures

R L B Elbow/ Wrist/ Fingers AROM full without crepitation/weakness/instability R L B Fingers NVI M/S M/R/U

R L B Elbow AROM/PROM Flexion-Exten Arc _____ PRO _____ Sup _____

R L B Shoulder AROM full without crepitation/weakness/instability with exception of _____

R L B Shoulder AROM/PROM FF _____ AB _____ ERO _____ IR _____

R L B Tenderness at ACJ LHB LT GT None _____ Relocation _____
Apprehension _____ O'Brien _____ LO _____ BP _____

R/L/B Sh Strength testing (out of 5) FF _____ AB _____ JobesAB _____ ERO _____ IR _____

OTHER FINDINGS _____

NOTES _____

Imaging: _____

A / P: _____ F/U _____

Approximately _____ minutes or longer was spent with the patient today, over half of this was spent counseling the patient regarding their findings and options for treatment

Provider Signature/Date: _____

Shoulder Arthroplasty Pre-op

Strength Test: R _____ L _____ lbs
(Indicate "0" if patient cannot reach 90° FF)

External Rotation:

- R L
- / None of the movements are pain free
 - / Hand behind head & elbow forward
 - / Hand behind head & elbow back
 - / Hand above head & elbow forward
 - / Hand above head & elbow back
 - / Full elevation of arm