

Kerlan-Jobe Orthopaedic Clinic Shoulder & Elbow Score

Name _____ Age _____ Sex _____ Dominant Hand (R) _____ (L) _____ (Ambidextrous)
Date of Examination _____ Sport _____ Position _____ Years Played _____

Please answer the following questions related to your history of injuries to **YOUR ARM ONLY**:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is your arm currently injured? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently active in your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you missed game or practice time in the last year due to an injury to your shoulder or elbow? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been diagnosed with an injury to your shoulder or elbow other than a strain or sprain? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what was the diagnosis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you received treatment for an injury to your shoulder or elbow? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what was the treatment? (Check all that apply) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Rest <input type="checkbox"/> Therapy <input type="checkbox"/> Surgery (please describe): _____ | | |

Please describe your level of competition in your current sport:
(Use Professional Major League, Professional Minor League, Intercollegiate, High School as the choices)

6. What is the highest level of competition you've participated at? _____
7. What is your current level of competition? _____
8. If your current level of competition is not the same as your highest level, do you feel it is due to an injury to your arm? YES NO

Please check the **ONE category only** that best describes your current status:

Playing without any arm trouble Playing, but with arm trouble
 Not playing due to arm trouble

Instructions to athletes:

The following questions concern your physical functioning during game and practice conditions. Unless otherwise specified, all questions relate to your **shoulder or elbow**. Please answer with an **X** along the horizontal line that corresponds to your current level.

1. How difficult is it for you to get loose or warm prior to competition or practice?



2. How much pain do you experience in your shoulder or elbow?



3. How much weakness and/or fatigue (ie, loss of strength) do you experience in your shoulder or elbow?



4. How unstable does your shoulder or elbow feel during competition?



(continued)

5. How much have arm problems affected your relationship with your coaches, management, and agents?



The following questions refer to your level of competition in your sport. Please answer with an X along the horizontal line that corresponds to your current level.

6. How much have you had to change your throwing motion, serve, stroke, etc., due to your arm?



7. How much has your velocity and/or power suffered due to your arm?



8. What limitation do you have in endurance in competition due to your arm?



9. How much has your control (of pitches, serves, strokes, etc.) suffered due to your arm?



10. How much do you feel your arm affects your current level of competition in your sport (ie, is your arm holding you back from being at your full potential)?

