| HSS-AS | HSS Shoulder Self-Assessment Survey | Name: |
|--------|-------------------------------------|-------|
| | | Date |

Demographic Questions (please circle one answer):

- 1) Have you previously had surgery on your shoulder? Yes No
- 2) Are you here for a postoperative visit? Yes If you are here for a postoperative visit, how satisfied are you with your surgery?

 - A) Dissatisfied B) Fairly Satisfied
 - C) Satisfied
- D) Very Satisfied
- 3) How satisfied are you with your shoulder's range of motion?

 - A) Dissatisfied B) Fairly Satisfied
 - C) Satisfied
- D) Very Satisfied
- 4) Is your injury covered by worker's compensation? Yes No
- 5) What is your highest level of education?
- A) Elementary B) High school C) Associate degree

Shoulder Involved (circle one): R / L / Both

- E) College
- E) Masters
- D) Doctorate

Name: _____ Date ____ Shoulder Involved (circle one): R / L / Both

Shoulder ROM Questions:

For each question fill out the letter that correlates with your shoulder range of motion. Please preform all exam maneuvers in front of mirror for assistance and mark your shoulder range of motion for both shoulders.

6) How high can you raise your arm out to the side without assistance (without shrugging your shoulder)? Please indicate the letter that best represents each shoulder's motion.

Left shoulder: _____ Right shoulder: _____









Name: _____ Date _____

Shoulder Involved (circle one): R / L / Both









E 90 deg F 115 deg G 145 deg H 180 deg

| Name: | | | | |
|--------|---------------|------------|---------------|-----|
| Date | | | | |
| Should | er Involved (| circle one | e): R / L / B | oth |

7) How high can you raise your arm out in front of you without assistance? Please indicate the letter that best represents each shoulder's motion.

Left Shoulder _____ Right Shoulder _____



В



C



D



0 deg

45 deg

60 deg

90 deg



E 115 deg



F 145 deg



G 180 deg

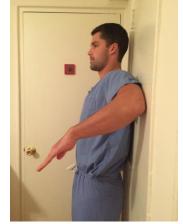
| Name: | | | | | |
|---------|-------------|---------|-------|------|------|
| Date | | | | | |
| Shoulde | er Involved | (circle | one): | R/L/ | Both |

8) How much can you rotate your arm with your shoulder extended out and your back against the wall? Please indicate the letter that best represents each shoulder's motion.

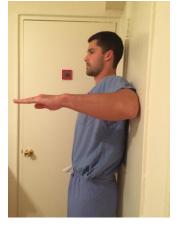
Left Shoulder: _____ Right Shoulder: _____

Directions: i. Stand up straight with your back against the wall ii. Keep your elbow against the wall at shoulder height and rotate your arm towards the wall.

A B C D

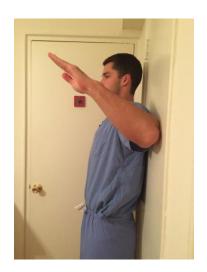


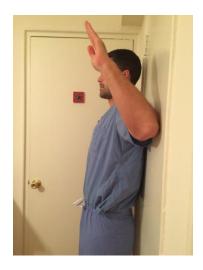






-30 deg -15 deg 0 deg 30 deg







| HSS-AS | HSS Shoulder Self-Assessment Survey |] |
|--------|-------------------------------------|---|
| | | - |

Name: _____ Date ____ Shoulder Involved (circle one): R / L / Both

E 45 deg F 60 deg G 90 deg

| Name: | | | | |
|---------|---------------|-----------|-------------|------|
| Date | | | | |
| Shoulde | er Involved (| circle on | e): R / L / | Both |

9) How much can you rotate your arm with your shoulder at its side and your back against the wall? Please indicate the letter that best represents each shoulder's motion.

Left Shoulder: _____ Right Shoulder: _____

Directions: i. Stand up straight with your back against the wall ii. Keep your elbow against the wall at your side and rotate your arm towards the wall.

C A В 0 deg 15 deg -25 deg E 70 deg 45 deg 30 deg

| Name: | |
|-------|--|
| Data | |

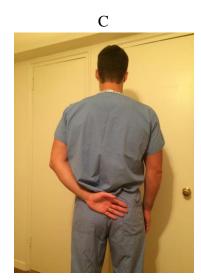
Shoulder Involved (circle one): R / L / Both

10) How far behind your back can you reach? Please indicate the letter that best represents each shoulder's motion.

Left Shoulder: _____ Right Shoulder: _____







Side

Back Pocket

L1







| HSS-AS | HSS Shoulder | Self-Assessment Survey |
|---------------|--------------|------------------------|
|---------------|--------------|------------------------|

Name: _____ Date ____ Shoulder Involved (circle one): R / L / Both

D L4 E T8

F T4

- 11) How difficult was this survey to take (please circle one answer)?
 - 1) easy
- 2) moderately easy
- 3) moderate

- 4) difficult
- 5) very difficult

| D | fame: Pate houlder Involved (circle one): R / L / Both |
|---|--|
| For Staff Purposes ONLY: | |
| Diagnosis: | |
| Preoperative: Yes / No | |
| Post operative: Yes / No, If yes how many month | S: |
| Office Measurements: Abduction: L side R side | Comments: |
| Forward Flexion: L side R side | Comments: |
| External Rotation (Shoulder abducted to 90 deg) | : |
| L side R side Com | nments: |
| External Rotation (Arm at the side fully adducted | d): |
| L side R side Com | |

Internal Rotation (Vertebral Level):

L side _____ R side _____

Comments: