

Name: _____

Shoulder Evaluation

Verbal Consent

Cervical Scan ☐ Clear ☐ See NotesNeurological Scan ☐ Clear ☐ See NotesSpecial QuestionsPosture Analysis ☐ Edema ☐ Atrophy ☐ FunctionalHand dominance ☐ Right ☐ LeftRange of Motion/Strength

Active R / L

Passive R / L

MMT (___/5) R / L

Flexion (180°)

Extension (60°)

Abduction (180°)

Adduction (50°)

Horizontal Abd (80°)

Horizontal Add (70°)

Internal Rot'n (70°)

External Rot'n (90°)

Functional Movements

R / L

Accessory Movements (↑, ↓, N, NT) R / L

Internal Rot'n Thumb at

External Rot'n Index at

Anterior Glide

Posterior Glide

Inferior Glide

Stability TestsApprehension (Ant/Post) ☐ Clear ☐ NTDistraction (Infer) ☐ Clear ☐ NTSpecial TestsQuadrant ☐ Clear ☐ NTClunk ☐ Clear ☐ NTYergason's ☐ Clear ☐ NTEmpty Can ☐ Clear ☐ NTLift off ☐ Clear ☐ NTImpingement ☐ Clear ☐ NTAC/SC ☐ Clear ☐ NTScapular Mobility ☐ Clear ☐ NT

Other

Palpation

Signature _____

Date ____/____/____