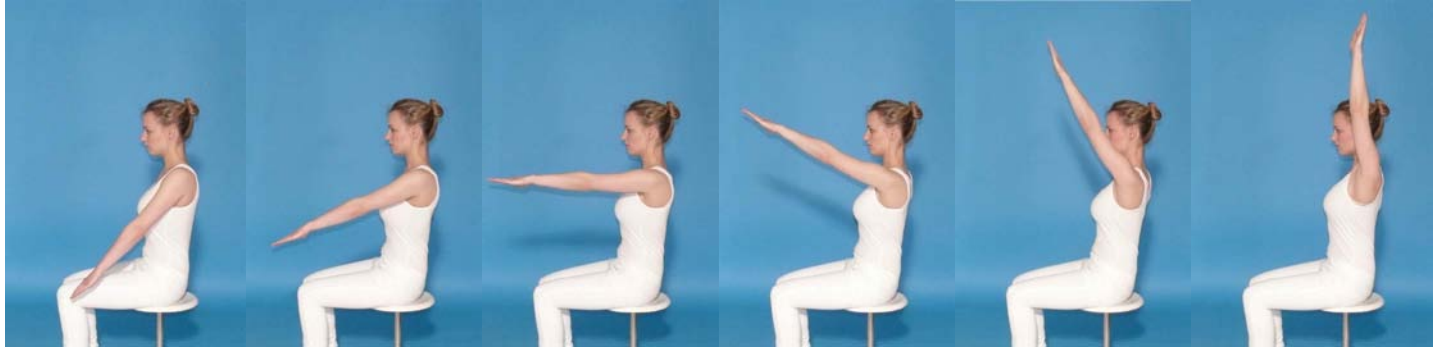


Range of motion

Flexion

Are you able to lift your stretched arm up to the depicted positions?



yes

yes

yes

yes

yes

yes

no

no

no

no

no

no

Abduction

Are you able to lift your stretched arm up to the depicted positions?



yes

yes

yes

yes

yes

yes

no

no

no

no

no

no

Internal rotation

Up to which height of your back are you able to move the dorsum of your hand?



lateral thigh

buttock

tailbone

waistline

upper waist

shoulder blade

yes

yes

yes

yes

yes

yes

no

no

no

no

no

no

Positioning

Up to which height are you able to put the palm of your hand?



waistline

yes

no

chest

yes

no

neck

yes

no

top of head

yes

no

above head

yes

no

External rotation

Please check exactly one box for each position shown for your affected side:

Are you able to....



... put your hand on top of the head with the elbow directed forward

yes

no



... put your hand on top of the head with the elbow held back

yes

no



... put your hand in the neck with the elbow directed forward

yes

no



... put your hand in the neck with the elbow held back

yes

no

Power of the shoulder:

To measure the power of your affected shoulder you need

- a firm carrier bag
- several objects of known weight
e.g. coffee pack 17.6 ounce/ (500g),
or milk tetra-pack 17.6 fluid ounce (500ml=500g)
- Please fill the bag stepwise with 17.6 ounce/ 500g weights, try to lift it according to the depicted position and **hold it for 5 seconds.**

front view:



- arm elongated
- back of hand upward
- arm 90° elevation

top view:



- arm should point about 20° forward

- What is the maximum weight you can lift for five seconds? _____, ___ kg
_____, ___ ounce

Pain

The following questions ask about pain in your affected shoulder without taking pain killers.

Please check exactly one box of each question that describes your pain best.

How severe was your pain at its worst in the last 14 days?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How severe is your average shoulder pain when you perform activities of the daily living?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How severe is your shoulder pain during work/ job?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How severe is your shoulder pain during recreational activities?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How severe is your shoulder pain during sleep?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel tingling (pins and needles) in your shoulder?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check exactly one box of each question that describes your situation best.

Work & activities of daily living

Are you limited in your work/ profession/ principal activity as a result of your shoulder?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much difficulty do you have putting on a pullover?

none	little	moderate	strong	very strong	intolerable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much difficulty do you have putting on your pants?

none little moderate strong very strong intolerable

How much difficulty do you have washing your back?

none little moderate strong very strong intolerable

How much difficulty do you have carrying an object of approximately 5 kg/11lb sideways (e.g. shopping bag, briefcase)?

none little moderate strong very strong intolerable

How much difficulty do you have washing or combing your hair?

none little moderate strong very strong intolerable

How much difficulty do you have placing an object on a shelf above your head?

none little moderate strong very strong intolerable

How much difficulty do you have to push open a heavy door?

none little moderate strong very strong intolerable

How much difficulty do you have to manage toileting?

none little moderate strong very strong intolerable

Recreational activities/ sports

How much difficulty do you have doing easy household chores (e.g. cutting fruits, writing, ironing, turn a key)?

none little moderate strong very strong intolerable

How much difficulty do you have doing medium heavy household chores (e.g. cleaning basin, scrubbing pots or pans, washing your clothes by hand)?

none little moderate strong very strong intolerable

How much difficulty do you have doing heavy household chores (e.g. shovelling snow, moving the lawn)?

none little moderate strong very strong intolerable

How much difficulty do you have throwing a light ball over your head?

none little moderate strong very strong intolerable

How much difficulty do you have to participate in easy sports (e.g. miniature golf, bowling, boccia, frisbee)?

none little moderate strong very strong intolerable

How much difficulty do you have to participate in heavy sports (e.g. swimming, golf, volleyball, tennis)?

none little moderate strong very strong intolerable

Social life

How much difficulty do you have to use public transportation (bus, metro)?

none little moderate strong very strong intolerable

To what extent does your shoulder interfere with your normal social activities with family, friends, neighbours or groups?

none little moderate strong very strong intolerable

Do you feel less capable, less confident or less useful because of your shoulder problem?

never rarely sometimes often very often always

Thank you very much for your efforts!