

Bay Area Physical Therapy & Wellness

3637 Cortez Rd. W. Ste. 103, Bradenton, FL 34210

1401 8th Ave. W. Ste. A, Palmetto, FL 34221



SHOULDER QUESTIONNAIRE

Name: _____

Answer each question below by checking “Yes” or “No”

	YES	NO
1. Is your shoulder comfortable with your arm at rest by your side?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your shoulder allow you to sleep comfortably?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you reach the small of your back to tuck in your shirt with your hand?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you place your hand behind your head with the elbow straight out to the side?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
7. Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you carry twenty pounds at your side with affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you think you can toss a softball underhand ten yards with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you think you can toss a softball overhand twenty yards with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you wash the back of your opposite shoulder with the affected extremity?	<input type="checkbox"/>	<input type="checkbox"/>
12. Would your shoulder allow you to work full-time at your regular job?	<input type="checkbox"/>	<input type="checkbox"/>

Patient Signature: _____ Date: _____