



Acupuncture-Chiropractic-Massage Network - Pain Management Center, Inc.
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SHOULDER EXAM FOR NEW COURSE OF CARE

EXAM DATE:

PATIENT:

Claim #:

PTP:

Chart #:

PTP Diagnosis:

DOI:

VISITS PRESCRIBED: ____Chiropractic ____Acupuncture ____Massage-4-units

Expiration Date:

Symptomatic Side: ☐ R ☐ L

Mechanism of Injury:

% of time: ☐ occasional 25% ☐ intermittent 50% ☐ frequent 75% ☐ constant 90-100%

Numerical Rating:____/10

Upper Extremity Functional Scale (80/80 = Maximum Function):____80 Questionnaire Attached

Work Status: ☐ Full Duty ☐ TPD ☐ TTD ☐ PPD ☐ PTB ☐ Retired

Past & Current Treatments, Medications, Orthoses:

Provocative Testing

- ☐ (-) ☐ +R ☐ +L: Subacromial: Painful Arc
- ☐ (-) ☐ +R ☐ +L: Supraspinatus: Empty Can (Jobe)
- ☐ (-) ☐ +R ☐ +L: Biceps: Yergason's Test
- ☐ (-) ☐ +R ☐ +L: AC Joint: Cross-Body Adduction
- ☐ (-) ☐ +R ☐ +L: Adhesive Capsulitis: Marked Loss Of Passive External Rotation
- ☐ (-) ☐ +R ☐ +L: Resisted Motion Pain:
- ☐ (-) ☐ +R ☐ +L: Other:

ROM TESTING

SHOULDER	RIGHT	LEFT	ROM PAIN
Flexion	/180°	/180°	☐ R ☐ L
Extension	/50°	/50°	☐ R ☐ L
Abduction	/180°	/180°	☐ R ☐ L
Adduction	/50°	/50°	☐ R ☐ L
Ext Rotation	/90°	/90°	☐ R ☐ L
Int Rotation	/90°	/90°	☐ R ☐ L

Patient:

2

Date of Exam for New Course:

Comorbidities/Prognostic Barriers

- ☐ Chronicity (≥ 3 months)
- ☐ Deconditioning/Low Physical Activity
- ☐ Widespread pain ☐ Pain Behaviors ☐ Work Psychosocial Factors ☐ Depression ☐ Anxiety
- ☐ Sleep Disturbance
- ☐ Medication Dependence
- ☐ Tobacco Use
- ☐ Overweight ☐ Diabetes ☐ Hypothyroid

Planned Therapies

- Manual ☐ Manipulation ☐ Myofascial Release ☐ Mobilization ☐ Massage ☐ Massage 4 units
- Exercise ☐ Strengthening ☐ Flexibility ☐ Cardio ☐ Proprioception ☐ Body Mechanics
- Modalities ☐ Electrical:_____ ☐ Thermal:_____
- ☐ Instrument Assisted Soft Tissue Therapy
- ☐ Acupuncture/Electroacupuncture
- ☐ Pain Education ☐ Lifestyle Advice ☐ Other:_____

Provider Name

Provider Signature

Upper Extremity Functional Scale

Please indicate whether you are having any difficulty with activities because of your lower limb problems by marking **one** answer for each activity listed below.

Activities	Extreme Difficulty Or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, household, or school activities	☐	☐	☐	☐	☐
Your usual hobbies, recreational or sporting activities	☐	☐	☐	☐	☐
Lifting a bag of groceries to waist level	☐	☐	☐	☐	☐
Lifting a bag of groceries above your head	☐	☐	☐	☐	☐
Grooming your hair	☐	☐	☐	☐	☐
Pushing up on your hands (e.g., from bathtub or chair)	☐	☐	☐	☐	☐
Preparing food (peeling, cutting)	☐	☐	☐	☐	☐
Driving	☐	☐	☐	☐	☐
Vacuuming, sweeping, or raking	☐	☐	☐	☐	☐
Dressing	☐	☐	☐	☐	☐
Doing up buttons	☐	☐	☐	☐	☐
Using tools or appliances	☐	☐	☐	☐	☐
Opening doors	☐	☐	☐	☐	☐
Cleaning	☐	☐	☐	☐	☐
Tying or lacing shoes	☐	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐	☐
Laundering clothes (e.g., washing, ironing, folding)	☐	☐	☐	☐	☐
Opening a jar	☐	☐	☐	☐	☐
Throwing a ball	☐	☐	☐	☐	☐
Carrying a small suitcase (with your affected limb)	☐	☐	☐	☐	☐
		X 1 =	X 2 =	X 3 =	X 4 =

SCORE = ____/80