Northside Physical Therapy
Simple Shoulder Test

Name:_____ Date:_____

Dominant hand: **R L** Involved side: : **R L Both**

Answer these questions by checking "yes" or "no".

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