

Patient Self Assessment

Patient Name: _____

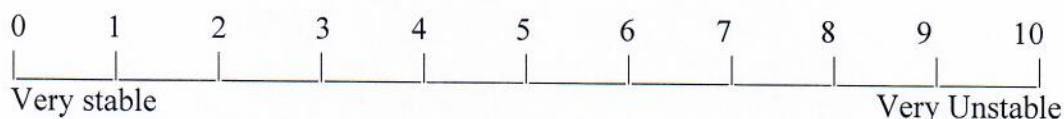
Date: _____

Rowe score = Stability (50) + Motion (20) + function (30)

1. Does your shoulder feel unstable (as if it is going to dislocate?) Yes / No

2. How unstable is your shoulder (mark line)?

Stability: (stable-50, apprehensive-30, subluxation-10, dislocation-0)



3. If your shoulder feels unstable, mark one section that best defines your shoulder function:

Motion: 100%ER-20, 75% ER-15, 50%ER-5, 0 ER-0

| | | | |
|--|---|---|--|
| <u>No Limitation</u> in overhead activities; performs all work and sports; shoulder strong in swimming, tennis, throwing; no discomfort. 30 | <u>Mild Limitation</u> in work and sports; shoulder strong; minimum discomfort. 25 | <u>Moderate Limitation</u> in overhead work and heavy lifting; unable to throw, serve hard in tennis, or swim; moderate disabling pain. 10 | <u>Marked Limitation</u> and unable to perform overhead work and lifting; cannot throw, play tennis, or swim; chronic discomfort. 0 |
|--|---|---|--|

4. Circle the number that indicates your ability to do the following activities:
(0=unable to do, 1=very difficult, 2=somewhat difficult, 3=not difficult)

| Activity | Right Arm | Left Arm |
|---|-----------|----------|
| 1. Put on a coat | 0 1 2 3 | 0 1 2 3 |
| 2. Sleep on your painful or affected side | 0 1 2 3 | 0 1 2 3 |
| 3. Wash back/Do up bra in back | 0 1 2 3 | 0 1 2 3 |
| 4. Managing toileting | 0 1 2 3 | 0 1 2 3 |
| 5. Comb hair | 0 1 2 3 | 0 1 2 3 |
| 6. Reach a high shelf | 0 1 2 3 | 0 1 2 3 |
| 7. Lift 10 pounds above shoulder | 0 1 2 3 | 0 1 2 3 |
| 8. Throw a ball overhand | 0 1 2 3 | 0 1 2 3 |
| 9. Do usual work – list: | 0 1 2 3 | 0 1 2 3 |
| 10. Do usual sport – list: | 0 1 2 3 | 0 1 2 3 |

Patient Self Assessment For Shoulders

Patient Name: _____ Date: _____

INSTRUCTIONS:

This survey asks for your views about your shoulder. If you are unsure about how you should answer a question please give the best answer you can. Please do not make any marks on the pages other than in the ovals.

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