



CONNECTICUT
CENTER FOR
ORTHOPEDIC
SURGERY, LLC

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Orthopedic Surgeon

www.OrthoOnTheWeb.com

Name _____

Date _____

SHOULDER SURVEY

Dominant hand	Right	Left	Ambidextrous
Shoulder evaluated	Right	Left	Both
Job Injury	Yes	No	
How bad is your pain today?	No pain >	0	1 2 3 4 5 6 7 8 9 10 <Worst pain imaginable
Which word best describes your pain?	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Select the most accurate statement about your shoulder pain:

- I have no pain
- I have slight pain during activity
- I have increased pain during activities
- I have moderate / severe pain during activities
- I have severe pain and need medication

Select one statement below regarding your shoulder pain.

- Normal function:** I can do all activities of daily living, work and sports activities that I did before my shoulder problem. (Lifting 30 pounds or more, can throw.)
- I have **mild limitations** in sports and work. I can throw but limited, can lift 15-30 pounds, able to wash back, comb hair and get dressed.
- I have **moderate limitations** in overhead work, sports and lifting (10 pounds). I am unable to throw or serve in tennis. Have difficulty with washing back, combing hair or getting dressed (need help sometimes).
- I have **severe limitations**. Cannot do usual work or lifting. No sports. Need help washing and dressing. Can feed myself and comb hair.
- Complete disability** of the arm.

Yes No

- | | | |
|---|--------------------------|--------------------------|
| Is your shoulder comfortable with your arm at rest by your side? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your shoulder allow you to sleep comfortably? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you reach the small of your back to tuck in your shirt with your hand? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you place your hand behind your head with the elbow straight out to the side? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you place a coin on a shelf at the level of your shoulder without bending your elbow? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you lift 1 pound (a full pint container) to the level of your shoulder without bending your elbow? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you lift 8 pounds (a full gallon container) to the level of your shoulder without bending your elbow? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you carry 20 pounds at your side with the affected extremity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you think you can toss a softball under-hand 20 yards with the affected extremity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you think you can toss a softball over-hand 20 yards with the affected extremity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you wash the back of your opposite shoulder with the affected extremity? | <input type="checkbox"/> | <input type="checkbox"/> |
| Would your shoulder allow you to work full-time at your regular job? | <input type="checkbox"/> | <input type="checkbox"/> |

Please rate how your shoulder problem affects your ability to work

Fully able to work > 4 3 2 1 0 <Unable to work

Please rate how your shoulder problem affects your ability to participate in sports and recreational activities

Fully able to participate > 4 3 2 1 0 <Unable to participate

Please note the highest level you can reach to perform tasks

Waist level Chest level Neck level Top of head Overhead

Have you ever dislocated the shoulder? Yes No

Is this due to a specific injury? Yes No

Is this work related? Yes No

Have you had previous x-rays or MRI s of the shoulder?

When _____

Where _____

Have you had previous treatment for this condition? Yes No

When _____

Who _____

Physical therapy Medication Injections Other

Have you had previous surgery for this condition?

When _____

Who _____

What kind of surgery _____