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SHOULDER HISTORY FORM

NAME _____ DATE _____

AGE _____ SEX _____ OCCUPATION _____

SPORTS INVOLVED _____

Recreational High School College Other _____

Name of: Coach _____ Therapist/Trainer _____

PHYSICAL DEMANDS OF SPORT/HOME/WORK: _____

RECREATIONAL ACTIVITIES/HOBBIES: _____

AFFECTED SIDE: Right Left DOMINANT SIDE: Right Left

DATE OF INJURY/ACCIDENT _____

CHIEF COMPLAINT (Please describe the recent events of your current orthopaedic problem. How long has it been a problem? What makes it worse; what makes it better. If an injury was involved, please describe).

PAIN (Please describe the nature of your pain including duration, location, where sharp or dull, activity related):

PRIOR NON-SURGICAL TREATMENT (Describe any medical treatment including medications, physical therapy, injections, etc.):

DISLOCATION/SUBLUXATION HISTORY:

(If none, proceed to next section) NONE

Number of dislocation episodes _____

Date of first episode _____ Date of last episode _____

Shoulder dislocates: Anterior Posterior (back) Inferior (below)

Check the box that most appropriately describes your situation regarding your pain level and your function level:

I. PAIN

- Present all the time and unbearable. Requires frequent use of strong medication
- Present all the time but bearable. Requires occasional use of strong medication
- Little or no pain at rest. Present during light activities. Requires the use of Ibuprofen or aspirin.
- Occasional and slight pain.
- None

II. FUNCTION

- Unable to use arm.
- Only light activities
- Able to do light housework or most activites of daily living
- Able to do most housework, shopping, & driving. Able to do hair, dress/undress, fasten bra.
- Slight restriction only. Able to work above shoulder level.
- Normal activities

THROWERS (if applicable):

- Quarterback Pitcher Catcher Infielder Outfielder
- STYLE OF THROW: Overhead 3/4 Sidearm
- VELOCITY: Normal Decreased MPH: Present _____ Best _____
- ACCURACY: Normal Decreased
- MAXIMAL PAIN DURING: Wind-up Cocking Acceleratio Deceleration Follow-through

If you are a pitcher answer the following:

- 1) Usual number of innings pitched: _____
- 2) List percentage of pitches thrown for following: Fast ball _____ Curve _____ Slider _____
Change-up _____ Knuckle ball _____ Screw Ball _____
- 3) Type of pitch affected:
 All None Fast Ball Curve Slider Change-up Knuckle-Ball Screw Ball