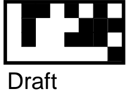

Draft

CONSTANT SCORE AND ADDITIONAL QUESTIONS FOR VERSO SHOULDER

HOSP NO: | | | | | | | | | | | |

STUDY NO: | | | | |

HOSPITAL: | | | | | | | | | | | | |

GENDER: ○ **Male** ○ **Female**

SIDE ○ LEFT ○ RIGHT

FOLLOW-UP: ○ PRE-OP ○ 3 MONTHS ○ 1 YEAR ○ 6 WEEKS ○ 6 MONTHS ○ OTHER (PLEASE SPECIFY)

YEARS: | | | **MONTHS:** | | |

EVALUATOR: | | | | | | | | | | | | |

Shade Circles Like This--> ●

1. DO YOU HAVE PAIN IN YOUR SHOULDER? ○ NONE ○ MILD ○ MODERATE ○ SEVERE

2. Place an X on the line below to describe your shoulder pain level during normal activity

☺ No pain 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 Unbearable pain ☹

Function

1. **Does your shoulder limit your occupation or daily living?**
   ○ No, or very slightly ○ Moderate limitation ○ Severe limitation
2. **Are your leisure and recreational activities limited by your shoulder?**
   ○ No, or very slightly ○ Moderate limitation ○ Severe limitation
3. **Does your shoulder disturb your night sleep?** ○ No ○ Sometimes ○ Yes
4. **What level can you use your arm for reasonable painless movement?**
   ○ Waist ○ Chest ○ Neck ○ Ear ○ Above head

1. Forward Elevation in degrees (from arm by side)

○ 0 - 30 ○ 31 - 60 ○ 61 - 90 ○ 91 - 120 ○ 121 - 150 ○ 151 - 180

LEFT: | | | | °

RIGHT: | | | | °

2. Lateral Elevation in degrees (from arm by side)

○ 0 - 30 ○ 31 - 60 ○ 61 - 90 ○ 91 - 120 ○ 121 - 150 ○ 151 - 180

LEFT: | | | | °

RIGHT: | | | | °

3. External Rotation

○ Hand behind head with elbow held forward
○ Hand behind head with elbow held back
○ Hand on top of head with elbow held forward
○ Hand on top of head with elbow held back
○ Full elevation from (hand) top of head

4. Internal Rotation

○ Hand behind back to lateral thigh
○ Hand behind back to buttock
○ Hand behind back to lumbosacral junction
○ Hand behind back to waist (3rd lumbar vertebra)
○ Hand behind back to 12th thoracic vertebra
○ Hand behind back to interscapular level

Please continue answering the questions on page 2.

Draft

CONSTANT SCORE AND ADDITIONAL QUESTIONS FOR VERSO SHOULDER

HOSP NO: ☐☐☐☐☐☐☐☐☐☐☐☐

STUDY NO: ☐☐☐☐

HOSPITAL: ☐☐☐☐☐☐☐☐☐☐☐☐

Shade Circles Like This--> ●

SIDE ○ LEFT ○ RIGHT

FOLLOW-UP: ○ PRE-OP ○ 3 MONTHS ○ 1 YEAR ○ 6 WEEKS ○ 6 MONTHS ○ OTHER (PLEASE SPECIFY) **YEARS:** ☐☐ **MONTHS:** ☐☐

Internal rotation in 90° of abduction: **LEFT:** ☐☐☐ ° **RIGHT:** ☐☐☐ °

External rotation in adduction with the arm beside the body: **LEFT:** ☐☐☐ ° **RIGHT:** ☐☐☐ °

POWER: Number of pounds resisted at 90° of lateral elevation (maximum 25lbs) **Left:** ☐☐ kg ☐☐ lbs **Right:** ☐☐ kg ☐☐ lbs

Place an X on the line below to describe how satisfied you are with your shoulder.

☹ Not satisfied 0 1 2 3 4 5 6 7 8 9 10 Very satisfied ☺

What is your occupation: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1. How well can you perform your occupation?

○ Easily ○ With little difficulty ○ Moderate difficulty ○ Extreme difficulty ○ Not at all

2. What are your two main sporting/leisure activities:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. How well can you perform these activities?

○ Easily ○ With little difficulty ○ Moderate difficulty ○ Extreme difficulty ○ Not at all

ONLY COMPLETE THIS SECTION AFTER YOUR OPERATION:

Operation: ☐

Date of Surgery: ☐☐ / ☐☐ / ☐☐☐☐
D D M M Y Y Y Y

How do you feel NOW following your operation? ○ Much better ○ Better ○ Same ○ Worse

Have you NOW returned to the same occupation? ○ Yes ○ No

Have you NOW returned to the same occupation but with decreased level of activity (due to the shoulder)? ○ Yes ○ No

Have you NOW changed occupation due to the shoulder? ○ Yes ○ No

If yes, what is your occupation NOW? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Have you NOW stopped working all together due to your shoulder? ○ Yes ○ No

Have you NOW returned to the same level of activity in the same sport? ○ Yes ○ No

Have you NOW returned to a decreased level of activity in the same sport (due to the shoulder)? ○ Yes ○ No

Have you NOW changed sports due to the shoulder? ○ Yes ○ No

If yes, what sport have you changed to? ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Have you NOW stopped playing sport all together due to your shoulder? ○ Yes ○ No

Signature

Date: ☐☐ / ☐☐ / ☐☐☐☐
D D M M Y Y Y Y

Thank you for your help in completing this form.