SANTA MONICA ORTHOPAEDIC
AND SPORTS MEDICINE GROUP

Shoulder Scoring System

Patient Name: _____

Exam Date: _____

Age: _____

Sex: M   F

   Hand Dominance   R   L

Initial Assessment?   Y   N

   Diagnosis: R   L _____

Procedure / Date: _____

Pain

Present all of the time and unbearable; strong medication frequently	1
Present all of the time but bearable; strong medication occasionally	2
None or little at rest; present during light activities, salicylates frequently	4
Present during heavy or particular activities only; salicylates occasionally	6
Occasional and slight	8
None	10

Please note: salicylates = aspirin

Function

Unable to use limb	1
Only light activities possible	2
Able to do light housework or most activities of daily living	4
Most housework, shopping and driving possible; able to fix hair and dress and undress, including fastening bra	6
Slight restriction only; able to work above shoulder level	8
Normal activities	10

Does your shoulder feel unstable (as if it is going to dislocate?)	Yes	No
How unstable is your shoulder?	(Very Stable) 0 I I I I I I I I I 10 (Very Unstable)	

Are you having shoulder pain?	Yes	No
How bad is your pain today? (mark line)	(No pain at all) 0 I I I I I I I I I 10 (Excruciating)	

Activities of Daily Living (ADL)

0 = unable to do, 1 = very difficult, 2 =somewhat difficult, 3 = not difficult

Activity	Right Arm	Left Arm
Put on coat	0 1 2 3	0 1 2 3
Sleep on your painful or affected side	0 1 2 3	0 1 2 3
Wash back/do up bra in back	0 1 2 3	0 1 2 3
Manage toileting	0 1 2 3	0 1 2 3
Comb hair	0 1 2 3	0 1 2 3
Reach a high shelf	0 1 2 3	0 1 2 3
Lift 10lb above the shoulder	0 1 2 3	0 1 2 3
Throw a ball overhand	0 1 2 3	0 1 2 3
Do usual work- Specify your Work:	0 1 2 3	0 1 2 3
Do usual sport- Specify your Sport:	0 1 2 3	0 1 2 3

***********Remainder of this form to be filled out by M.D.************

Active Forward Flexion

150 degrees or more	5
120 to 150 degrees	4
90 to 120 degrees	3
45 to 90 degrees	2
30 to 45 degrees	1
Less than 30 degrees	0

Strength of Forward Flexion (Manual Muscle Testing)

Grade 5 (normal)	5
Grade 4 (good)	4
Grade 3 (fair)	3
Grade 2 (poor)	2
Grade 1 (muscle contraction)	1
Grade 0 (nothing)	0

Satisfaction of the patient

Satisfied and better	5
Not satisfied and worse	0

Examiners Name: _____

Shoulder Score Formula: (10-VAS) X 5= ____ + (5/3) x Cumulative ADL score

<u>ASES Shoulder Score</u>: (10-__) x 5= ___+ (1.66 x ___) = ___out of 100

UCLA Shoulder Score : _____

Poor < 21
Fair 21-27
Good 28-33
Excellent 34-35