



IPA MANHATTAN
PHYSICAL THERAPY

pennshoulderscore

Since beginning therapy for your shoulder, would you say that your shoulder has:

- Gotten much worse
- Gotten moderately worse
- Gotten slightly worse
- Stayed the same
- Gotten slightly better
- Gotten moderately better
- Gotten much better

patient name:	date:
gender: m // f	age:
address:	
city & state:	zip code:
home phone:	work phone:
dominant hand: (circle one) l // r // both	affected arm: (circle one) l // r // both

office use only		
pennshoulderscore		
visit date	last visit	today
	/ /	/ /
pain	/30	/30
satisfaction	/10	/10
function	/60	/60
total	/100	/100

pennshoulderscore

part 1: pain & satisfaction
Please circle the number closest to your level of pain or satisfaction

Pain at rest with your arm by your side:	office use only
no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain	_____
	10 - (# circled)
Pain with normal activities (<i>eating, dressing, bathing</i>): worst	
no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain	_____
	10 - (# circled) Score 0 if not applicable
Pain with strenuous activities (<i>reaching, lifting, pushing, pulling, throwing</i>):	
no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain	_____
	10 - (# circled) Score 0 if not applicable
pain score	= ___ / 30
How satisfied are you with your current level of function of your shoulder?	
no pain 0 1 2 3 4 5 6 7 8 9 10 worst possible pain	= / 10

	(# circled)

please turn over to continue questionnaire

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grants unrestricted use of this questionnaire for patient care and clinical research purposes.

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pennshoulderscore part					
2: function					
Please circle the number that best describes the level of difficulty you might have performing each activity					
	no difficulty	some difficulty	much difficulty	can't do at all	did not do before injury
1. Reach the small of your back to tuck in your shirt with your hand	3	2	1	0	X
2. Wash the middle of your back/hook bra	3	2	1	0	X
3. Perform necessary toileting activities	3	2	1	0	X
4. Wash the back of opposite shoulder	3	2	1	0	X
5. Comb hair	3	2	1	0	X
6. Place hand behind head with elbow held straight out to the side	3	2	1	0	X
7. Dress self (<i>including put on coat and pull shirt overhead</i>)	3	2	1	0	X
8. Sleep on affected side	3	2	1	0	X
9. Open a door with affected side	3	2	1	0	X
10. Carry a bag of groceries with affected arm	3	2	1	0	X
11. Carry a briefcase/small suitcase with affected arm	3	2	1	0	X
12. Place a can of soup (1–2lbs.) on shelf at shoulder level without bending elbow	3	2	1	0	X
13. Place a one-gallon container (8–10lbs.) on a shelf at shoulder level without bending elbow	3	2	1	0	X
14. Reach a shelf above your head without bending your elbow	3	2	1	0	X
15. Place a soup can (1–2lbs.) on a shelf overhead without bending your elbow	3	2	1	0	X
16. Place a one-gallon container (8–10lbs.) on a shelf overhead without bending your elbow	3	2	1	0	X
17. Perform usual sport/hobby	3	2	1	0	X



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18. Perform household chores (<i>cleaning, laundry, cooking</i>)	3	2	1	0	X
19. Throw overhand/swim/overhead racket sport (<i>circle all that apply to you</i>)	3	2	1	0	X
20. Work full-time at your regular job	3	2	1	0	X
<p>scoring</p> <p>Total of columns: ____ (a)</p> <p>Number of "X's" x 3 = ____ (b)</p> <p>60 - ____ = ____</p> <p style="padding-left: 40px;">(b) (c)</p> <p><i>(If no X's are circled, Function Score = Total of all columns)</i> function score:</p> <p>____ + ____ x 60 = of 60</p> <p style="padding-left: 20px;">(a) (c)</p>					

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