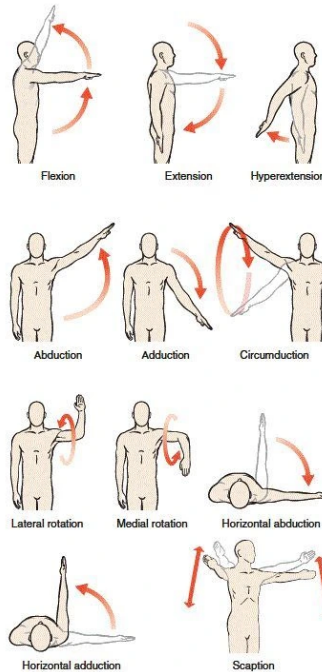


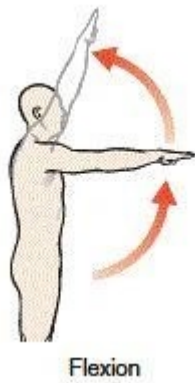
Shoulder Range of Motion

Patient's Name: _____ Examination Date: _____

Examining Physician's Name: _____



FLEXION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

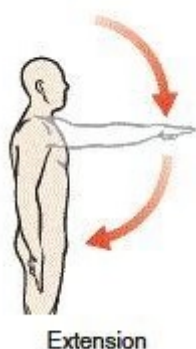
☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

EXTENSION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

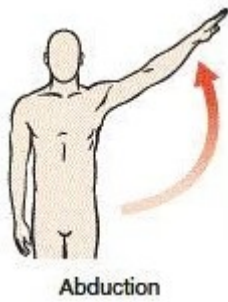
☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

ABDUCTION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

ADDUCTION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

EXTERNAL ROTATION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

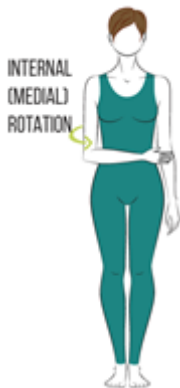
☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

INTERNAL ROTATION



Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

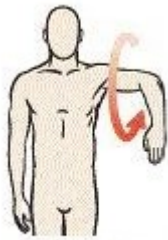
☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

MEDIAL ROTATION



Medial rotation

Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

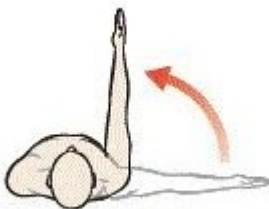
☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

HORIZONTAL ADDUCTION



Horizontal adduction

Left: _____ degrees

Right: _____ degrees

Is there pain on any side?

☐ Yes

☐ No

If yes, which side? _____

Is the movement smooth, controlled, and done with enough power?

☐ Yes

☐ No

If no, please elaborate: _____

Additional Notes:

Illustrations courtesy of:

1. <https://mobilephysiotherapyclinic.in/best-exercises-for-shoulder-joint/>
2. <https://physicaltherapyfirst.com/blog/2021/05/10/my-shoulder-is-frozen-what/>