PENN SHOULDER SCORE

Patient Name:		Date:	
Address:			
City & State:		Zip Code:	
Home Phone:	Work Phone:		Age:
Dominant Hand: **L R Both** (circle one)	Gender: **M F** (circle one)		Affected Arm: **L R Both** (circle one)

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

PENN SHOULDER SCORE
Part I: Pain & Satisfaction: Please circle the number closest to your level of pain or satisfaction

	office use only
Pain at rest with your arm by your side: 0 1 2 3 4 5 6 7 8 9 10 No Worst Pain Pain Possible	_____ (10 - # circled)
Pain with normal activities (eating, dressing, bathing): 0 1 2 3 4 5 6 7 8 9 10 No Worst Pain Pain Possible	_____ (10 - # circled) (score "0" if not applicable)
Pain with strenuous activities (reaching, lifting, pushing, pulling, throwing): 0 1 2 3 4 5 6 7 8 9 10 No Worst Pain Pain Possible	_____ (10 - # circled) (score "0" if not applicable)
PAIN SCORE:	=___/30
How satisfied are you with the current level of function of your shoulder? 0 1 2 3 4 5 6 7 8 9 10 Not Very Satisfied Satisfied	=___/10 (# circled)

PLEASE TURN OVER TO COMPLETE QUESTIONNAIRE

OFFICE USE ONLY

PENN SHOULDER SCORE		
Visit Date	**Last visit** ___/___/___	**Today** ___/___/___
Pain	/30	/30
Satisfaction	/10	/10
Function	/60	/60
TOTAL	/100	/100

PENN SHOULDER SCORE __Part II: 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 (including put on coat and pull shirt of overhead.	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 soup can (1-2 lbs.) on a shelf at shoulder level without bending elbow.	3	2	1	0	X
13. Place a one gallon container (8-10 lbs.) 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 (1-2 lbs.) on a shelf overhead without bending your elbow.	3	2	1	0	X
16. Place a one gallon container (8-10 lbs.) on a shelf overhead without bending your elbow.	3	2	1	0	X
17. Perform usual sport/hobby.	3	2	1	0	X
18. Perform household chores (cleaning, laundry, cooking).	3	2	1	0	X
19. Throw overhand/swim/overhead racquet sports (circle all that apply to you)	3	2	1	0	X
20. Work full-time at your regular job.	3	2	1	0	X
__SCORING:__ Total of columns = _____ (a) Number of "X's" x 3 =____(b), 60 − ___(b) = _____ (c) (if no "X's" are circled, function score = total of columns) Function Score = ___(a) ÷ ___(c) = ___ x 60 = _____ of 60					

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