

Biceps Load Test

Section	Details
Patient Information	
Full Name	
Date of Birth	
Contact Number	
Address	
Referring Physician	
Medical History	
Previous Shoulder Injuries	
Relevant Medical Conditions	
Current Medications	
Known Allergies	
Recent Surgeries (if any)	
Subjective Assessment	
Onset of Pain	
Pain Scale (0-10)	
Type of pain	
Aggravating Factors	
Alleviating Factors	

Objective Assessment	
Shoulder Range of Motion	
Pain on Palpation	
Strength Assessment (Out of 5)	
Special Tests	
Biceps Load Test I	
Biceps Load Test II	
Speed's Test	
Yergason's Test	
Drop Arm Test	
Findings	
Observations	
Special Notes	
Interpretation	
Test Outcome (Implications)	
Recommendations	
Overall Interpretation	
Summary & Plan	