

Kim Test

Patient information

Name:

Date of birth:

Date of examination:

Referring physician:

Clinical history

Chief complaint:

History of present illness:

Relevant medical history:

Physical examination

General inspection:

Range of motion:

Other relevant tests conducted:

Kim Test for shoulder**Technique used:**

The patient is positioned sitting upright.

The arm was abducted to 90 degrees, then elevated obliquely at 45 degrees with axial loading.

The examiner's position is behind the patient.

Findings:

Pain: Yes No

Location of pain:

Click/clunk: Yes No

Severity of symptoms: Mild Moderate Severe

Patient's response:

Impression (preliminary):

Positive for posteroinferior labral lesion: Yes No

Suspected type of lesion (if applicable):

Additional notes**Signature of examiner**

Date: