

# 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: