## **Shoulder Range of Motion Chart**

Patient information				
Name:		Age:		
Gender:		Date:		
		Q Y		
Flexion	Extension	External rotation	Internal rota	ation
Abduction	Adduction	Medial rotation	Horizontal add	uction
Flexion				
Left: degrees		Right: degree	s	
Is there pain on any side?			Yes	No
Is the movement smooth, co	ontrolled, and done with e	nough power?	Yes	No
If no, please elaborate:				
Remarks:				
Extension				
Left: degrees		Right: degree	s	
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with enough power?		Yes	No	
If no, please elaborate:				
Remarks:				

Abduction				
Left: degrees	Right:	degrees		
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with enough power?			Yes	No
If no, please elaborate:				
Remarks:				
Adduction				
Left: degrees	Right:	degrees		
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with en	ough power?		Yes	No
If no, please elaborate:  Remarks:				
External rotation				
Left: degrees	Right:	degrees		
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with enough power?			Yes	No
If no, please elaborate:  Remarks:				
Internal rotation				
Left: degrees	Right:	degrees		
Is there pain on any side?	1 9		Yes	No
Is the movement smooth, controlled, and done with enough power?			Yes	No

If no, please elaborate:				
Remarks:				
nemarks.				
Medial rotation				
Left: degrees	Right:	degrees		
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with enough power?			Yes	No
If no, please elaborate:			<u>'</u>	
Remarks:				
Horizontal adduction				
Left: degrees	Right:	degrees		
Is there pain on any side?			Yes	No
Is the movement smooth, controlled, and done with enough power?  Yes				
Is the movement smooth, controlled, and done with en	ough power?			No
Is the movement smooth, controlled, and done with en  If no, please elaborate:	ough power?			
	ough power?			
	ough power?			
	ough power?			
If no, please elaborate:	ough power?			
If no, please elaborate:	ough power?			
If no, please elaborate:  Remarks:	ough power?			
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If no, please elaborate:  Remarks:	ough power?			
If no, please elaborate:  Remarks:  Additional comments and observations	ough power?			
If no, please elaborate:  Remarks:  Additional comments and observations  Healthcare professional's information		nber:		
If no, please elaborate:  Remarks:  Additional comments and observations	License num	nber:		