

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.
PT – SHOULDER FUNCTIONAL ASSESSMENT QUESTIONNAIRE

Score: _____

Problem Arm: Right Left

Dominant Arm: Right Left

Please read: This questionnaire has been designed to give us information as to how your shoulder pain has affected your ability to manage in everyday life. Please answer every section. Mark in each section *only the one line that applies to you*. We realize you may consider that two of the statements in a section relate to you, however please only **mark the line, which most closely describes your problem**.

Section 1 – PAIN INTENSITY

- I have no pain in my arm with any activity.
- I have pain in my arm only when I perform strenuous activity.
- I have pain in my arm with all activities, but I can perform all activities.
- Pain prevents me from doing some activities.
- Pain prevents me from doing most activities.
- Pain prevents me from using my arm with any activity.

Section 2 – RAISING ARM OVERHEAD (reaching in a closet or cupboard, putting on a t-shirt)

- I have no pain raising my arm overhead.
- I can raise my arm overhead, but I have mild pain.
- I can raise my arm overhead, but I move slowly and carefully due to pain.
- Pain prevents me from raising my arm overhead with some activities.
- Pain prevents me from raising my arm overhead with most activities.
- I cannot raise my arm overhead at all.

Section 3 – BEHIND THE BACK ACTIVITIES (use back pocket, fasten bra, tuck in shirt)

- I have no pain at all with behind the back activities.
- I can perform behind the back activities, but it causes mild pain.
- It is painful to reach across my body, and I am slow and careful.
- Pain and limited range of motion prevent me from performing some behind the back activities.
- Pain and limited range of motion prevent me from performing most behind the back activities.
- I cannot perform any behind the back activities.

Section 4 – REACHING ACROSS BODY (grabbing seatbelt, washing opposite armpit)

- I have no pain with any activities reaching across my body.
- I can reach across my body, but it causes mild pain.
- It is painful to reach across my body, and I am slow and careful.
- Pain and a limited range of motion prevent me from reaching across my body sometimes.
- Pain and limited range of motion prevents me from reaching across my body most of the time.
- I am unable to perform any activities reaching across my body.

Section 5 – LIFTING WITH PROBLEM ARM

- I can lift heavy loads without any pain.
- I can lift heavy loads but it causes mild pain.
- Pain prevents me from lifting more than moderate loads (10-15 lbs).
- Pain prevents me from lifting more than moderate loads (4-9 lbs).
- Pain prevents me from lifting very light loads (1-3 lbs).
- I am unable to carry any object with my arm at my side.

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Section 6 – CARRYING AN OBJECT

- I can carry heavy objects with my arm at my side without any pain.
- I can carry heavy objects with my arm at my side, but it causes me pain.
- Pain prevents me from carrying more than 10-15 lb objects with my arm of my side.
- Pain it prevents me from carrying more than 4-9 lb objects with my arm at my side.
- Pain prevents me from caring more than 1- 3 lb objects at my side.
- I am unable to carry any object with my arm at my side.

Section 7 – LYING ON SHOULDER (sleeping or rest position)

- I have no pain lying on my shoulder.
- I can lie on my shoulder, but it gives me a mild pain.
- Pain prevents me from lying on my shoulder for more than 30 minutes.
- Pain prevents me from lying on my shoulder for more than 15 minutes.
- Pain prevents me from lying on my shoulder for more than 5 minutes.
- I am unable to lie on my shoulder at all.

Section 8 – PUSHING / PULLING (opening car door, swinging door, refrigerator)

- I have no pain with any pushing/pulling activities.
- I can perform all pushing/pulling activities, but I have mild pain.
- It is painful to perform pushing/pulling activities, but I move slowly and carefully.
- Pain prevents me from performing some pushing/pulling activities.
- Pain prevents me from performing most pushing/pulling activities.
- Pain prevents me from performing any pushing/pulling activities.

Section 9 – USUAL PHYSICAL ACTIVIYT / SPORT HOBBY PERFORMANCE (describe one activity you regularly perform)

- I have no pain performing this activity.
- I can perform all aspects of this activity, but I have mild pain.
- It is painful to perform this activity and I must move slowly and carefully.
- Pain prevents me from performing certain movements involved with this society.
- Pain prevents me from performing certain movements involved with this activity, and I must take frequent breaks.
- Pain prevents me from performing this activity at all.