

**Edwin M. Tingstad, M.D.**  
**Shoulder Form**

Please answer each of the questions below about your left/right shoulder by checking the "yes" or "no" beside each one. Please do not leave questions unanswered and bring this form with you to your appointment. If you would like to add comments, please do so on the back of this page.

Right       Left

1. Is your shoulder comfortable with your arm at rest by your side?  Y    N
2. Does your shoulder allow you to sleep comfortably?  Y    N
3. Can you reach the small of your back to tuck in your shirt with your hand?  Y    N
4. Can you place your hand behind your head with the elbow straight out to the side?  Y    N
5. Can you place a coin on a shelf at the level of your shoulder without bending your elbow?  Y    N
6. Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?  Y    N
7. Can you lift eight pounds (a full gallon container) to the level of the top of your head without bending your elbow?  Y    N
8. Can you carry 20 pounds (a bag of potatoes) at your side with the affected extremity?  Y    N
9. Do you think you can toss a softball under-hand twenty yards with the affected extremity?  Y    N
10. Do you think you can throw a softball over-hand twenty yards with the affected extremity?  Y    N
11. Can you wash the back of your opposite shoulder with the affected extremity?  Y    N
12. Would your shoulder allow you to work full time at your regular job?  Y    N

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

MM/DD/YYYY