

National Orthopaedic Physical Therapy Outcomes Database
Orthopaedic Section, APTA
Shoulder Case Report Form

Patient Characteristics				
Demographics	Comorbidities	Shoulder History	Non-Surgical	Surgical
Age: _____ years	<input type="checkbox"/> Diabetes	Current use of:	Onset: __/__/__	Surgery date: __/__/__
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> NSAIDs	Mechanism:	Surgery (check all that apply)
Height: _____ inches	<input type="checkbox"/> Cardiac Disease	<input type="checkbox"/> Narcotics	<input type="checkbox"/> Gradual or chronic	<input type="checkbox"/> Rotator cuff repair < 3cm
Weight: _____ pounds	Total Number Comorbidities	Corticosteroid injections:	<input type="checkbox"/> Sudden, nontraumatic	<input type="checkbox"/> Rotator cuff repair > 3cm
Ethnicity:	<input type="checkbox"/> None	<input type="checkbox"/> Less than 30 days ago	<input type="checkbox"/> Traumatic	<input type="checkbox"/> Subacromial decompression
<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> 1-3	<input type="checkbox"/> More than 30 days ago	<input type="checkbox"/> Dislocation or subluxation	<input type="checkbox"/> Biceps tenodesis
<input type="checkbox"/> Hispanic	<input type="checkbox"/> >3	<input type="checkbox"/> History of dislocation/subluxation	Recurrent problem?	<input type="checkbox"/> Biceps tenotomy
Race (all that apply):	Smoking:	Is surgery the reason for current episode of care?	<input type="checkbox"/> No	<input type="checkbox"/> Arthroscopic debridement
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> None	<input type="checkbox"/> Y (complete next 2 columns)	<input type="checkbox"/> Yes	<input type="checkbox"/> Total shoulder arthroplasty
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Current	<input type="checkbox"/> N (complete next column, skip last column)		<input type="checkbox"/> Reverse shoulder arthroplasty
<input type="checkbox"/> Asian	<input type="checkbox"/> Past			<input type="checkbox"/> SLAP/Labral repair
<input type="checkbox"/> Hawaiian/Pacific Islander				<input type="checkbox"/> Anterior stabilization
<input type="checkbox"/> Am. Indian/Alaska Native				<input type="checkbox"/> Posterior stabilization
<input type="checkbox"/> Other _____				<input type="checkbox"/> Tendon transfer
Insurance (all that apply):				<input type="checkbox"/> AC joint reconstruction
<input type="checkbox"/> Commercial				<input type="checkbox"/> Proximal humerus ORIF
<input type="checkbox"/> Medicare				<input type="checkbox"/> Other _____
<input type="checkbox"/> Medicaid				
<input type="checkbox"/> Self-Pay				
<input type="checkbox"/> Automobile				
<input type="checkbox"/> Workers Compensation				
<input type="checkbox"/> Other _____				

Symptoms		
Location of most distal pain: <input type="checkbox"/> Above acromion <input type="checkbox"/> Proximal humerus <input type="checkbox"/> Distal humerus <input type="checkbox"/> Distal to elbow		
<input type="checkbox"/> Progressive worsening of pain or stiffness		<input type="checkbox"/> Night or resting pain
Limitations with activities of daily living <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Limitations with work or homemaking duties <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Limitations with strenuous activity or sport <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Examination Findings (check all that apply)	
<input type="checkbox"/> Positive Hawkins or Neer <input type="checkbox"/> Positive painful resisted elevation or external rotation <input type="checkbox"/> Positive painful arc <input type="checkbox"/> Rotator cuff tear signs (≥ 1 positive test: drop arm, ER lag sign, IR lag sign, confirmation of full thickness rotator cuff tear on imaging) <input type="checkbox"/> Labral signs (≥ 1 positive test: crank test, anterior slide, or confirmation of labral tear on imaging) <input type="checkbox"/> Scapular dyskinesia (not attributable to passive motion restriction) <input type="checkbox"/> Weakness/Decreased force production <input type="checkbox"/> Positive upper limb tension test <input type="checkbox"/> Positive apprehension test (apprehension, not just pain) <input type="checkbox"/> Positive posterior instability (Positive posterior jerk or posterior apprehension) Accessory Motion Testing: Glenohumeral: <input type="checkbox"/> Inc <input type="checkbox"/> Norm <input type="checkbox"/> Dec Thoracic spine: <input type="checkbox"/> Inc <input type="checkbox"/> Norm <input type="checkbox"/> Dec	Difference between AROM and PROM for elevation <input type="checkbox"/> $>20^\circ$ <input type="checkbox"/> $5-20^\circ$ <input type="checkbox"/> $<5^\circ$ <input type="checkbox"/> Limited passive flexion ROM ($\geq 20^\circ$ difference or $<140^\circ$ bilaterally) <input type="checkbox"/> Limited passive external rotation ROM ($\geq 20^\circ$ difference or $<45^\circ$ bilaterally) <input type="checkbox"/> Limited passive internal rotation ROM ($\geq 20^\circ$ difference) Onset of pain during PROM <input type="checkbox"/> Before end range <input type="checkbox"/> At end range <input type="checkbox"/> None or Only with overpressure

Pathoanatomic Classification (check primary category only)
<input type="checkbox"/> Post-Surgery (for this episode of care) <input type="checkbox"/> Subacromial pain syndrome <input type="checkbox"/> Passive motion deficits <input type="checkbox"/> Instability <input type="checkbox"/> Miscellaneous

Episode of Care Summary		
Start of Care Date (mm/dd/yyyy): <u> </u> / <u> </u> / <u> </u>	End of Care Date (mm/dd/yyyy): <u> </u> / <u> </u> / <u> </u>	# of Visits: <u> </u>
End of care status (select one): <input type="checkbox"/> Discharged by PT <input type="checkbox"/> Discharged to Surgery <input type="checkbox"/> Patient terminated treatment		

Weekly Reporting

Date: (mm/dd/yyyy)							
Not Scheduled/Discharged/Terminated Treatment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Initial	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	DC
Irritability Classification: (check primary category only)	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low
Patient demonstrates adherence to instructions	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NT
INTERVENTIONS (record number of days intervention is provided each week)	Initial Wk	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	DC
Shoulder: Joint Mobilization – Non-end range							
Shoulder: Joint Mobilization – End range							
Spinal Mobilization (Non-thrust)							
Spinal Manipulation (Thrust)							
Manual Soft Tissue Mobilization							
Instrumented Soft Tissue Mobilization							
Dry Needling							
ROM Exercises (non-end range)							
ROM Exercises (end range)							
ROM/Stretching Exercises (overpressure/long duration)							
Neuromuscular Control/Coordination Training							
Resistive Strength Training Exercises (including isometric)							
Taping/Strapping							
Patient Education/Activity Modification							
Therapeutic Ultrasound							
Electrical agents (e-stim, light, laser)							
OUTCOMES	Initial	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	DC
Penn Shoulder Score (0 to 100, 0 worst)							
Pain with normal activities (eating, dressing, bathing)? (0-10, 10 worst)							