National Orthopaedic Physical Therapy Outcomes Database

Orthopaedic Section
Shoulder Pain Pilot Project

Introductory Webinar
September 22, 2015

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Chair, NOPTOD Task Force

Phil McClure PT, PhD, FAPTA
Chair, Shoulder Guideline Group

NOPTOD Task Force

- James Irrgang PT PhD ATC FAPTA (Chair)
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- Lori Michener PT PhD ATC SCS
- Michael Reed DPT MSc OCS MTC
- Joshua Cleland PT PhD OCS FAAOMPT
- Marc Goldstein EdD
Orthopaedic Section Strategic Plan

Strategic Outcome 1 – Standards of Practice:

Objective B – Develop National Orthopaedic Physical Therapy Outcomes Database

National Orthopaedic Physical Therapy Outcomes Database

Purposes:
• Provide clinicians with a tool they can use to assess their clinical performance
• Describe orthopaedic physical therapy practice
• Provide evidence of the value of orthopaedic physical therapy
National Orthopaedic Physical Therapy Outcomes Database

The NOPTOD is NOT a Research Project

Quality Improvement Projects:
• Assess clinician and organizational performance
• Permitted use of protected health information
• Does not require IRB approval
National Orthopaedic Physical Therapy Outcomes Database

Neck Pain Pilot Project:

- Collect & analyze clinical & process outcomes data based on Neck Pain Clinical Practice Guidelines
- Successfully Completed (n= 250 patients)
- (n= 40 therapists)

National Orthopaedic Physical Therapy Outcomes Database

Purposes of Shoulder Pilot Project:

- Demonstrate feasibility of collecting and analyzing outcomes data
- Determine usefulness of information to enhance clinician performance & establish value of orthopaedic physical therapy
- Use results to plan for an electronic data capture & analysis system for the NOPTOD
NOPTOD Shoulder Pain Pilot Project

Overview:

Participation in Pilot Project is Voluntary & Open to All PT Members of Orthopaedic Section

Registration Process:

• Complete Registration Form:
  – Name
  – E-mail address
  – Practice setting
  – Organization
  – Facility
  – Entry level degree
  – Years of practice
  – Advanced degrees (including DPT if entry level degree was not DPT)
  – Residencies/Fellowships
  – ABPTS certifications
Registration Process:

- Completed registration form submitted to Section Office
- Section Office will assign organization/facility & PT ID numbers
- Individualized Case Report Forms, including the organization/facility & PT ID numbers will be provided by Section Office
- Only use Case Report Forms that contain your personal ID information to submit information to the NOPTOD
- Data Use Agreement between clinical site and section
  - Complete and return prior to submission of any data

Overview:

- Data collection: paper-based forms
- Data to be collected includes:
  - Patient characteristics
  - Symptoms & physical examination findings
  - Treatment classification
  - Interventions
  - Clinical outcomes
  - Information summarizing episode of care
NOPTOD Shoulder Pain Pilot Project

Overview:

• Data collected prospectively for 6 months:
  – Oct 2015 through March 2016
• Record data during course of care
• Retrospective chart review of patients treated prior to data collection period not eligible for inclusion in pilot project

NOPTOD Shoulder Pain Pilot Project

Overview:

• Completed forms to be sent to Orthopaedic Section Office
  – Scanned & e-mailed
  – Faxed
  – US postal service
• Forms should be sent soon after the end of care, but will also accept forms monthly or at end of data collection period
• Data will be input by graduate students
NOPTOD Shoulder Pain Pilot Project

Overview:

• **Analysis & summary of information:**
  – Completeness of data collection
  – Accuracy of treatment classification
  – Adherence to evidence-based treatment guidelines
  – Summary of clinical outcomes
  – Summary of episode of care (duration, visits)

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NOPTOD Shoulder Pain Pilot Project

Overview:

• Results sent to all section members contributing data
• Summary of personal results
• Summary of overall results to permit comparisons with peers across country
• All results reported **anonymously**
NOPTOD Shoulder Pain Pilot Project

Two Key Documents

• Manual of Operating Procedures (MOP)
  – Reference document describing project and details of standardized methods for data collection

• Case Report Form
  – Data Collection Form
  • Intake Data (pg 1 and 2)
  • Weekly Reporting (pg 3)

NOPTOD Shoulder Pain Pilot Project

Manual of Operating Procedures (MOP):

• Developed by team of researchers and clinicians, based on:
  – Shoulder Pain Clinical Practice Guidelines (JOSPT May 2013)
  – STAR Shoulder Classification (PTJ May 2015)

JOSPT
May 2013

Philip McClure, PT, PhD, FAPTA (Chair)
Gerard Brennan, PT, PhD
James Irrgang, PT, PhD, ATC, FAPTA
Brian Leggin, PT, DPT, OCS
Lori Michener, PT, PhD, ATC, SCS, FAPTA
Amee Seitz, PT, PhD
Charles Thigpen, PT, PhD, ATC
Timothy Uhl, PT, PhD, ATC
Stephen Kareha, PT, DPT, OCS, ATC

PTJ
May 2015
NOPTOD Shoulder Pain Pilot Project

Manual of Operating Procedures (MOPs):

- Reference document providing detailed description of project:
  - Overview & purpose of project
  - Instructions for registration to participate in pilot project
  - Instructions for completing & submitting Case Report Forms
- Standardized methods for:
  - Assessment of symptoms
  - Examination procedures
  - Classification of patient
  - Reporting intervention strategies
  - Assessment of outcomes

Case Report Form:

- Intake (pg 1-2)
  - Identification information
  - Episode
  - Patient characteristics
  - Symptoms
  - Examination findings
  - Classification
- Weekly Reporting (pg 3)
  - Daily/weekly
  - Interventions
  - Outcomes

No Patient Identifiers
Case Report Form

Identification Information:

• Section Office will provide 10 forms
  – Clinic, PT & Patient ID numbers
• Start with form number 001 and use consecutively numbered form for each new patient
• Do not include any patient identification information (name, SSN, MRN) on form
• Use only forms that have your ID information
• Contact Orthopaedic Section Office if additional forms are needed
Case Report Form:Pg 1

*Intake*

*Episode of Care:*

- Dates for start and end of care:
  - Use mm/dd/yyyy format
- Total number of visits during episode
- End of care status:
  - Discharged by PT
  - Discharged to Surgery
  - Patient terminated treatment

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Case Report Form Pg 1

**Patient Characteristics:**

- Age
- Gender
- Height (inches)
- Weight (pounds)
- Ethnicity & race (as described by US Census Bureau)
- Insurance type
- Diabetes
- Thyroid Disease
- Cardiac disease
- Total number of morbidities
  - See list in MOP
- Smoking
- Narcotic use
- NSAID use
**Case Report Form Pg 1**

**Patient Characteristics:**

**Onset Date:**
- Enter exact date if known
- If only month is known, enter the 1st day of the month - ex. injury in March 2011 – enter 03/01/2011
- If only year is known, enter 1st day of the year - ex. injury in 2008, enter 01/01/2008

**Onset mechanism:**
- Gradual
- Sudden
- Traumatic
- Dislocation/Subluxation

**Recurrent problem**
- Hx of corticosteroid inject (< 30d, > 30d)

**Surgery**
- Date of surgery
- Surgery type

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<table>
<thead>
<tr>
<th>Symptom</th>
<th>Value</th>
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<tbody>
<tr>
<td>Location of pain/dysnia</td>
<td></td>
</tr>
<tr>
<td>( &gt; 70 \text{ deg} ) or ( &lt; 70 \text{ deg} ) ( \pm ) ( &gt; 120 \text{ deg} )</td>
<td>( \text{LV} ) / ( \text{RH} )</td>
</tr>
<tr>
<td>( &gt; 120 \text{ deg} ) or ( &lt; 120 \text{ deg} ) ( \pm ) ( &gt; 120 \text{ deg} )</td>
<td>( \text{LV} ) / ( \text{RH} )</td>
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<td>( &gt; 120 \text{ deg} ) or ( &lt; 120 \text{ deg} )</td>
<td>( \text{LV} ) / ( \text{RH} )</td>
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<tr>
<td>( &gt; 120 \text{ deg} ) or ( &lt; 120 \text{ deg} )</td>
<td>( \text{LV} ) / ( \text{RH} )</td>
</tr>
</tbody>
</table>

**Examination Findings**

- Positive Hamstring or Hip
- Positive pain/weakness: evulsion or external rotation
- Positive pain arc
- History of nersigns (M positive test, Drop Arm, Iliac sign, posterior inferior iliac spine pain)
- Affirmation of iliobundle rotator cuff tear on imaging
- Labral signs (Y positive test Reck test, anterior side, or combination of labral tear on imaging)
- Shoulder impingement (not attributable to passing motion restrictions)
- Difference between PROM and ROM for elevation
- Limited passive external rotation ROM (20° difference)
- Limited passive flexion ROM (0° difference)
- Limited passive internal rotation ROM (0° difference)
- Limited pain during PROM
- Usual and range: Test and Range (CPI - more injury with compression)
- Work: Kimball lateral motion: \( 2 \) vs. \( 1 \)
- Positive upper arm tension test
- Positive apprehension test (preference, not pain)
- Positive posterior rotator cuff tear, posterior apprehension
- Obturator and posterior bony mobility ~ \( 2 \) vs. \( 1 \)
- Thorac spine: \( 2 \) vs. \( 1 \)

**Pathoanatomic Classification:** (check primary category only)

- \( \) Post-Surgery (fill in episode of care)
- Subacromial pain syndrome
- Rotator cuff tendonitis
- Instability
- Miscellaneous
Case Report Form: Pg 2

• **Symptoms**
  – Progressive worsening of pain or stiffness
  – Location of most distal pain
    • (AA=above acromion; PH=proximal humerus; DH=distal humerus; DE=distal to elbow)
  – Night or resting pain
  – Functional limitation with ADLs
  – Functional limitation with work duties
  – Functional limitation with strenuous activity/sport
  • Record each as either:
    – Present (Y)
    – Not Present (N)
    – Not tested (NT)

Case Report Form: Pg 2

• **Examination** (most are recorded as either: Y N NT)
  – Positive Hawkins or Neer
  – Positive painful resisted elevation or external rotation
  – Positive painful arc
  – Rotator cuff tear signs (at least 1 positive test: drop arm, ER lag sign, IR lag sign, confirmation of full thickness rotator cuff tear on imaging)
  – Labral signs (at least 1 positive test: crank test, anterior slide, or confirmation of labral tear on imaging)
  – Scapular dyskinesis (not attributable to passive motion restriction)
  – Difference between AROM and PROM for elevation
    • >20° 5-20° <5°
  – Limited passive flexion ROM (≥20° difference or <140° bilaterally)
  – Limited passive external rotation ROM (≥20° difference or <45° bilaterally)
  – Limited passive internal rotation ROM (≥20° difference)
  – Onset of pain during PROM
    • (BE=before end range; E=at end range; None/OP=none or only with overpressure)
  – Weakness/Decreased force production
  – Positive upper limb tension test
  – Positive apprehension test (apprehension, not just pain)
  – Positive posterior instability (Positive posterior jerk or posterior apprehension)
  – Glenohumeral joint accessory mobility (Inc Normal Dec NT)
  – Thoracic spine PA accessory mobility (Inc Normal Dec NT)
Case Report Form: Pg 2

• **Pathoanatomic Classification** (This should remain static over episode of care, only record initially)
  – Post-Surgery (for this episode of care)
  – Subacromial pain syndrome
  – Passive motion deficits
  – Instability
  – Miscellaneous

Case Report Form: Pg 3

**Weekly Reporting**

• Enter date for start of each week of treatment at the top of each column

• Check box in column if patient was not seen during that week – may be due to:
  – Patient was not scheduled during week
  – Patient has been discharged or
  – Patient has terminated treatment on his/her own
• Irritability Classification (High-Mod-Low)
  – This is may change over an episode of care, record weekly

<table>
<thead>
<tr>
<th>Stage of Irritability</th>
<th>High</th>
<th>Moderate</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>High pain (≥7/10)</td>
<td>Moderate pain (4-6/10)</td>
<td>Low pain (≤3/10)</td>
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<tr>
<td>Consistent night or rest pain</td>
<td>Intermittent night or rest pain</td>
<td>Absent night or rest pain</td>
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<tr>
<td>Pain before end of ROM</td>
<td>Pain at end of ROM</td>
<td>Minimal pain with overpressure</td>
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<tr>
<td>AROM-PROM</td>
<td>AROM-PROM</td>
<td>AROM-PROM</td>
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<tr>
<td>High disability</td>
<td>Moderate disability</td>
<td>Low disability</td>
<td></td>
</tr>
</tbody>
</table>

• Patient Adherence to Instructions (Y N NT)
• Interventions (record number of times provided each week, MAX 1 PER VISIT)
  – 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)

Note delineations related to intensity
So, for example, if you did resistive exercise on two visits within week 2, you would put a “2” in that cell (1 for each day). Regardless of how many individual exercises the patient did each visit. Obviously, more than 1 intervention type may occur each visit so if you also did end-range joint mobilization on both visits, you would mark as below.

<table>
<thead>
<tr>
<th>Weekly Reporting</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>DC</th>
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</thead>
<tbody>
<tr>
<td>Not Scheduled/Discharged/ Terminated Treatment</td>
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<td>Safety/Classification (check primary category only)</td>
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<td>H = High, M = Moderate, L = Low</td>
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<td>Patient demonstrates adherence to instructions</td>
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<td>Interventions</td>
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<td>(record number of times provided each week, MAX 1 PER VISIT)</td>
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<td>Shoulder, with Mobilization - End range</td>
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<tr>
<td>Shoulder, Joint Mobilization - End range</td>
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<td>Trunk Mobilization - Non-Rigid</td>
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<td>Manual Soft Tissue Mobilization</td>
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<td>Dry Needling</td>
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<td>ROM Exercise - Non-end range</td>
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<td>ROM Stabilization Exercises (non-reassuring motion)</td>
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<td>Neurovascular, Sensory, Coordination Training</td>
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<td>Ambulatory Strength Training Exercises (excluding resistance)</td>
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<td>Taping/Casting</td>
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<td>Patient Expertise/Motivation</td>
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<td>Therapeutic Ultrasound</td>
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<td>Electrical Agents (ultrasound, light, laser)</td>
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<tr>
<td>Pain (Shoulder Score 30 to 100, 0 none)</td>
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<td>Pain with normal activities (soles, dressing, bending) (0 to 10, 0 none)</td>
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</tbody>
</table>

Case Report Form

**Interventions:**

- Record number of times each intervention was provided during each week of treatment
- “Initial” treatment should include all interventions provided in 1st week of treatment
- Interventions recorded for subsequent weeks should include number of times the intervention was provided that week
- If patient was seen beyond 6 weeks, record the total number of times the intervention was provided beyond 6 weeks in the column labeled “DC” (discharge)
Case Report Form Pg 3

- Outcomes (record weekly)
  - Penn Shoulder Score (0 to 100, 0 worst)
    - Sum total of Pain (30 pts), Satisfaction (10 pts), Function (60 pts)
  - Pain with normal activities? (eating, dressing, bathing)
    - (0-10, 10 worst)

National Orthopaedic Physical Therapy Outcomes Database

The NOPTOD is a Quality Improvement Project

NOT

a Research Project

IRB Approval Is Not Necessary
### National Orthopaedic Physical Therapy Outcomes Database

**Questions??**

<table>
<thead>
<tr>
<th>Weekly Reporting</th>
<th>Data (monetary)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
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<td></td>
<td>Scheduled/Discharged/Terminated Treatment</td>
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<tr>
<td>Injury Classification (check primary category only)</td>
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<tr>
<td>Patient demonstrates adherence to instructions</td>
<td>Y</td>
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<td>N</td>
<td>Y</td>
<td>N</td>
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</table>

<table>
<thead>
<tr>
<th>INTERVENTIONS (record number of times provided each week, MALES ONLY)</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Shoulder, Joint Mobilization - Non-rheumatic</td>
<td>M</td>
<td>M</td>
<td>M</td>
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<td>M</td>
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<tr>
<td>Shoulder, Joint Mobilization - End Range</td>
<td>M</td>
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<tr>
<td>Signal Mobilization (Neck)</td>
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<td>Signal Mobilization (Thorax)</td>
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<td>Manual Soft Tissue Mobilization</td>
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<td>Instrumented Soft Tissue Mobilization</td>
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<td>Ice/Heat</td>
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<td>ROM Exercises (normal range)</td>
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<td>ROM Exercises (end range)</td>
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<tr>
<td>ROM/Reshaping Exercises (overshaping/undercorrection)</td>
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<td>Neurovascular Control/Coordination Training</td>
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<td>Flexibility</td>
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<td>Toning/Strength Training</td>
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<td>Patient Education/Activity Modification</td>
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<td>Therapeutic Ultrasound</td>
<td>M</td>
<td>M</td>
<td>M</td>
<td>M</td>
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</tr>
<tr>
<td>Electrical agents (e.g., light, laser)</td>
<td>M</td>
<td>M</td>
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<table>
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<tr>
<th>OUTCOMES</th>
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</tr>
<tr>
<td>WB 1</td>
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<tr>
<td>WB 2</td>
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<tr>
<td>WB 3</td>
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<tr>
<td>WB 4</td>
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<tr>
<td>DC</td>
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</tr>
</tbody>
</table>

Pain: Shoulder Score: 0 to 100 (0 worst)
Pain with normal activities (sleeping, dressing, bathing): 0 to 10 (0 worst)
The Press Shoulder Score, Part 1: Pain and Satisfaction Subscale

Please circle the number closest to your level of pain or satisfaction

**Pain at rest with your arm by your side:**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Worst pain possible</td>
<td></td>
<td></td>
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</tbody>
</table>

**Pain with normal activities (eating, dressing, bathing):**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst pain possible</td>
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</tr>
</tbody>
</table>

**Pain with strenuous activities (reaching, lifting, pushing, pulling):**

<table>
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<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst pain possible</td>
<td></td>
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</tbody>
</table>

**Pain Score**

= _/ 30

**How satisfied are you with the current level of function of your shoulder?**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Worst pain possible</td>
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</tbody>
</table>

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Pain Shoulder Score: Function Subscale

Please circle the number that best describes the level of difficulty you might have performing each activity.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Some difficulty</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Very difficult</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Can't do at all</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

1. Reach behind your head with your affected arm
   1. 2. 3. 4. X
2. Reach for something on the floor
   1. 2. 3. 4. X
3. Perform necessary toileting activities
   1. 2. 3. 4. X
4. Wash the back of your neck or shoulder
   1. 2. 3. 4. X
5. Comb hair
   1. 2. 3. 4. X
6. Raise your hand above your head against resistance
   1. 2. 3. 4. X
7. Dress self
   1. 2. 3. 4. X
8. Step on affected side
   1. 2. 3. 4. X
9. Open a door with affected arm
   1. 2. 3. 4. X
10. Carry a bag of groceries with affected arm
    1. 2. 3. 4. X
11. Carry a briefcase/valise with affected arm
    1. 2. 3. 4. X
12. Place a map on (1.5 lbs) of shelf or on counter top
    1. 2. 3. 4. X
13. Place a steering wheel with affected arm
    1. 2. 3. 4. X
14. Reach a shelf above your head
    1. 2. 3. 4. X
15. Reach a shelf above your head
    1. 2. 3. 4. X
16. Place a map on (1.5 lbs) on a shelf made of wood
    1. 2. 3. 4. X
17. Perform a conferring hock
    1. 2. 3. 4. X
18. Perform a dumbbell curl
    1. 2. 3. 4. X
19. Threw overhead (e.g., baseball, tennis, basketball)
    1. 2. 3. 4. X
20. Wash both times of your regular
    1. 2. 3. 4. X

**Scoring**

Total score = _/ 40

Comparison of the two scores (Pain and Function)

Pain Score = _/ 30

Function Score = _/ 40

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