



**NOVA CHIROPRACTIC &
REHABILITATION CENTER**

#880 w. Church Rd., Sterling, VA 20164
Tel. # (703) 444-4446 / Fax # (703) 444-4341

Patient Name: _____ Acct #: _____ Date: _____

SHOULDER INJURY SELF-ASSESSMENT OF FUNCTION

Please rate your ability to do the following common tasks as they relate to your injured shoulder by placing a "X" in the appropriate box.

ACTIVITY	NORMAL	MILD COMPRO- MISE	DIFFICULT	VERY DIFFICULT (WITH AID)	OTHER/ CANNOT SAY
1. Use back pocket					
2. Wipe after bowel movement					
3. Wash opposite underarm					
4. Eat with fork or spoon					
5. Comb hair					
6. Use hand with arm at shoulder level					
7. Carry 10-15 pounds with arm at side					
8. Dress					
9. Sleep on affected side					
10. Pulling					
11. Use hand over head					
12. Throwing					
13. Lifting					
14. Do usual work					
15. Do usual sport.					

COMMENTS:
