

Constant Shoulder Score

Clinician's Name: _____

Patient's Name: _____

Answer all questions, selecting just one unless otherwise stated

During the past 4 weeks.....

1. Pain

Severe
 Moderate
 Mild
 None

2. Activity Level (check all that apply)

Unaffected Sleep
 Full Recreation/Sport
 Full Work

3. Arm Positioning

Up to Waist
 Up to Xiphoid
 Up to Neck
 Up to Top of Head
 Above Head

4. Strength of Abduction [Pounds]

| | |
|--------------------------------|---|
| <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 13-15 |
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 15-18 |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> 19-21 |
| <input type="checkbox"/> 7-9 | <input type="checkbox"/> 22-24 |
| <input type="checkbox"/> 10-12 | <input type="checkbox"/> >24 |

RANGE OF MOTION

5. Forward Flexion

31-60 degrees
 61-90 degrees
 91-120 degrees
 121-150 degrees
 151-180 degrees

6. Lateral Elevation

31-60 degrees
 61-90 degrees
 91-120 degrees
 121-150 degrees
 151-180 degrees

7. External Rotation

Hand behind Head, Elbow forward
 Hand behind Head, Elbow back
 Hand to top of Head, Elbow forward
 Hand to top of Head, Elbow back -
 Full Elevation

8. Internal Rotation

Lateral Thigh
 Buttock
 Lumbosacral Junction
 Waist (L3)
 T12 Vertebra
 Interscapular (T7)

The Constant Shoulder Score is: 0

Grading the Constant Shoulder Score

>30 Poor

21-30 Fair

11-20 Good

<11 Excellent