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Bodies in Balance Physical Therapy

Name:_____ **DOB:**_____ **Date:**_____

The Penn Shoulder Score: Function Subscale

Please circle the number that best describes the level of difficulty that you might have performing each activity		No Difficulty	Some Difficulty	Much Difficulty	Can't do at all	Did not do before injury
1.	Reach in the small of your back to tuck in your shirt with your hand	**3**	**2**	**1**	●	**X**
2.	Wash the middle of your back/hook bra	**3**	**2**	**1**	●	**X**
3.	Perform necessary toileting activities	**3**	**2**	**1**	●	**X**
4.	Wash the back of the opposite	**3**	**2**	**1**	●	**X**
5.	Comb hair	**3**	**2**	**1**	●	**X**
6.	Place hand behind head with elbow held straight out to the side	**3**	**2**	**1**	●	**X**
7.	Dress self (including put on coat and pull shirt off overhead)	**3**	**2**	**1**	●	**X**
8.	Sleep on affected side	**3**	**2**	**1**	●	**X**
9.	Open a door with affected arm	**3**	**2**	**1**	●	**X**
10.	Carry a bag of groceries with affected arm	**3**	**2**	**1**	●	**X**
11.	Carry a briefcase/small suitcase with affected arm	**3**	**2**	**1**	●	**X**
12.	Place a soup can (1-2 lb) on a shelf at shoulder level without bending elbow	**3**	**2**	**1**	●	**X**
13.	Place a one gallon container (8-10lb) on a shelf at shoulder level without bending elbow	**3**	**2**	**1**	●	**X**
14.	Reach a shelf above your head without bending your elbow	**3**	**2**	**1**	●	**X**
15.	Place a soup can (1-2 lbs) on a shelf overhead without bending your elbow	**3**	**2**	**1**	●	**X**
16.	Place a one gallon container (8-10 lb) on a shelf **o**verhead without bending your elbow	**3**	**2**	**1**	●	**X**
17.	Perform usual sport/	**3**	**2**	**1**	●	**X**
18.	Perform household chores (cleaning, laundry, cooking)	**3**	**2**	**1**	●	**X**
19.	Throw overhand/ swim/ overhead racquet sports (circle all that apply to you)	**3**	**2**	**1**	●	**X**
20.	Work full-time at your regular job	**3**	**2**	**1**	●	**X**

PLEASE CIRCLE ONE

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

● 1 2 3 4 5 6 7 8 9 10

Not satisfied Very satisfied

THERAPIST WILL SCORE

Scoring:

Total of columns = _____(a)

Number of Xs x 3 = _____(b), 60 - _____(b) = _____(c) (if no X's are circled, function score=total of columns)

Function Score = ____(a) ÷ ____(c) = ____ x 60 ____/60