DR. KHOO

ST VINCENT'S HOSPITAL SYDNEY

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Dr Oliver Khoo – GP Shoulder Assessment Guide

Patient Details

Name: _____

Age: _____ Occupation: _____

Relevant hobbies / activity level: _____

History

Mechanism of Injury (MOI):

- ☐ Traumatic
- ☐ Overuse / Insidious
- ☐ Sport-related
- ☐ Work-related
- ☐ No clear trigger

Date of Onset / Injury: _____

Previous shoulder injury/surgery:

- ☐ No
- ☐ Yes. Details: _____

Pain:

- ☐ Location: _____
- ☐ Duration: _____
- ☐ Severity (0–10): _____
- ☐ Night pain: ☐ Yes ☐ No
- ☐ Relieving factors: _____

Function:

- ☐ Overhead activities restricted
- ☐ Affects ADLs (dressing, reaching, work tasks)

Work capacity:

- ☐ Off work
- ☐ Modified duties
- ☐ Full duties

Relevant PMHx / Medications:

Investigations (if indicated)

Use clinical judgment based on history and exam:

- ☐ Shoulder X-ray (AP / axillary / outlet views)
- ☐ Ultrasound (cuff pathology / biceps / bursitis)
- ☐ MRI shoulder (if concern for cuff/labrum)
- ☐ MRI/CT cervical spine (if referred pain)
- ☐ Diagnostic injection (glenohumeral / subacromial / biceps sheath)

Examination

Side affected: ☐ Left ☐ Right

Observation:

- ☐ Muscle wasting (deltoid/supraspinatus)
- ☐ Asymmetry / postural issues

Range of Motion (active or passive):

- ☐ Abduction: _____ °
- ☐ Internal rotation (IR): _____ °
  / behind back to _____ °
- ☐ External rotation (ER): _____ °

Strength Testing (graded 0–5):

- ☐ Jobe's (supraspinatus): _____ /5
- ☐ IR lag or belly press (subscap): _____ /5
- ☐ ER lag (infraspinatus): _____ /5

Special Tests:

(✓ = performed; +/– or findings can be circled or noted)

- ☐ Speed's test (biceps tendinopathy): ⊕ / ⊖
- ☐ Yergason's test (biceps instability): ⊕ / ⊖
- ☐ Hawkins-Kennedy (impingement): ⊕ / ⊖
- ☐ Neer's sign (impingement): ⊕ / ⊖
- ☐ O'Brien's test (labrum): ⊕ / ⊖

Neck Screen:

- ☐ Active ROM ☐ Cervical tenderness

Neurovascular status:

- ☐ Intact
- ☐ Deficit. Details: _____

Laxity:

- ☐ Multidirectional ☐ Unidirectional ☐ None

Referral Considerations

- ☐ Trialled physiotherapy (cuff strengthening / scapular control)?
- ☐ Night pain or functional limitation persists?
- ☐ Failed conservative management?
- ☐ Diagnostic uncertainty?
- ☐ Occupational implications / risk of chronicity?

This tool supports clinical assessment and referral preparation. For referrals to Dr Khoo, include key findings or attach this form.