

Shoulder Range of Motion Template

Patient Name: _____ Date: _____ dd / mm / yyyy

Practitioner: _____

SHOULDER RANGE OF MOTION

Shoulder Range of Motion

Flexion (Right): _____ Flexion (Left): _____

Extension (Right): _____ Extension (Left): _____

Abduction (Right): _____ Abduction (Left): _____

Adduction (Right): _____ Adduction (Left): _____

Internal Rotation (Right): _____ Internal Rotation (Left): _____

External Rotation (Right): _____ External Rotation (Left): _____

Horizontal Abduction (Right): _____ Horizontal Abduction (Left): _____

Horizontal Adduction (Right): _____ Horizontal Adduction (Left): _____

NOTES

Notes

SIGNATURE

Practitioner Signature

Date: _____ dd / mm / yyyy