

# Athletic Trainer Sick Call Evaluation Note: SHOULDER

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Company: \_\_\_\_\_ Wk of training: \_\_\_\_\_  Male  Female

Injury Location:  RIGHT  LEFT  BOTH ----->

**Check one:**

- I have been seen by TMC/PT for this problem. If so, when? \_\_\_\_\_
- I have been seen by an athletic trainer for this problem. If so, when? \_\_\_\_\_
- I have been seen by a medic for this problem. If so, when? \_\_\_\_\_
- I have never been seen for this problem

**Pain Scale:** Circle number 0 1 2 3 4 5 6 7 8 9 10

**Training Goals:**  Continue Training  Decrease Pain  Diagnose Problem  Learn Self Care  Want out of Army

**Have you ever injured this body part before?**  YES  NO  Do not remember

**How long has this been bothering you?**  1-2 days  3-5 days  1 wk  1-2 wks  2-3 wks  More than 3 wks

**Feels better with:**  Ice  Support (Brace/Boot)  Decreased Activity  Rest  Nothing decreases pain

**Feels worse with:**  Push-ups  Pull-ups  Lifting/Carrying  Climbing  Sit-ups  Nothing  Other: \_\_\_\_\_

**DO NOT WRITE BELOW. ONLY COMPLETE ABOVE PORTION. ATHLETIC TRAINER ONLY!**

**History:**

**Observations:**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Effusion</li> <li><input type="checkbox"/> Shoulders Asymmetrical</li> <li><input type="checkbox"/> Winged Scapula (serratus anterior weakness)</li> <li><input type="checkbox"/> Step Deformity (torn AC &amp; CC lig- AC dislocation)---&gt; pain w/horiz add</li> <li><input type="checkbox"/> Description: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Deformity</li> <li><input type="checkbox"/> Protecting shoulder</li> <li><input type="checkbox"/> Curvature of Spine</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Discoloration</li> <li><input type="checkbox"/> Edema</li> <li><input type="checkbox"/> Ecchymosis</li> </ul> |
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**Palpations:**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Glenohumeral Joint</li> <li><input type="checkbox"/> Acromioclavicular Joint</li> <li><input type="checkbox"/> Sternoclavicular Joint</li> <li><input type="checkbox"/> Clavicle</li> <li><input type="checkbox"/> Coracoid Process</li> <li><input type="checkbox"/> TTP: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Greater Tubersity of Humerous</li> <li><input type="checkbox"/> Bicipital Groove</li> <li><input type="checkbox"/> Spine of Scapula</li> <li><input type="checkbox"/> Deformity</li> <li><input type="checkbox"/> Acromion</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Edema</li> <li><input type="checkbox"/> Pitted Edema</li> <li><input type="checkbox"/> Effusion</li> <li><input type="checkbox"/> Crepitus</li> <li><input type="checkbox"/> Increased Tissue Temperature</li> </ul> |
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**AROM:**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Flexion</li> <li><input type="checkbox"/> Extension</li> <li><input type="checkbox"/> Abduction</li> <li><input type="checkbox"/> Adduction</li> <li><input type="checkbox"/> Internal Rotation</li> <li><input type="checkbox"/> External Rotation</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Horizontal Abduction</li> <li><input type="checkbox"/> Horizontal Adduction</li> <li><input type="checkbox"/> Circumduction</li> <li><input type="checkbox"/> Scapular Protratioin</li> <li><input type="checkbox"/> Scaplar retraction</li> </ul> |
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**MMT:**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Flexion (anterior deltoid, biceps, pectoralis major)</li> <li><input type="checkbox"/> Extension (latissimus dorsi, teres major, posterior deltoid)</li> <li><input type="checkbox"/> Abduction (middle deltoid, supraspinatus)</li> <li><input type="checkbox"/> Adduction (pectoralis major, latissimus dorsi)</li> <li><input type="checkbox"/> Internal Rotaion (infraspinatus, teres minor)</li> <li><input type="checkbox"/> External rotation (subscapularis, pectoralis major)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevation (trapezius, rhomboids)</li> <li><input type="checkbox"/> Scapular Protraction (serratus anterior)</li> <li><input type="checkbox"/> scapular Retraction (rhomboids)</li> <li><input type="checkbox"/> Horizontal adduction (pectoralis major)</li> <li><input type="checkbox"/> Horizontal abduction (deltoid)</li> </ul> |
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**Special tests:**

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| <ul style="list-style-type: none"> <li>Impingement</li> <li><input type="checkbox"/> Neer (supra)</li> <li><input type="checkbox"/> Hawk ins/Kennedy (supra)</li> <li><input type="checkbox"/> Posterior Internal</li> <li><input type="checkbox"/> Fulerum (post intl imping)</li> <li><input type="checkbox"/> Posterior Drawer</li> <li><input type="checkbox"/> Suleus Sign (infer sublux)</li> </ul> | <ul style="list-style-type: none"> <li>Instability</li> <li><input type="checkbox"/> Ant App (shlder disloc)</li> <li><input type="checkbox"/> Relocation Test</li> <li><input type="checkbox"/> Anterior Drawer</li> <li><input type="checkbox"/> Post App (shlder disloc)</li> </ul> | <ul style="list-style-type: none"> <li>Labral Tears</li> <li><input type="checkbox"/> Clunk</li> <li><input type="checkbox"/> O'Brien</li> <li><input type="checkbox"/> Labral Crank</li> <li><input type="checkbox"/> Compress/Rot</li> </ul> | <ul style="list-style-type: none"> <li>Tendons</li> <li><input type="checkbox"/> Speeds (biceps)</li> <li><input type="checkbox"/> Yergasons biceps</li> <li><input type="checkbox"/> Empty Can (supra)</li> <li><input type="checkbox"/> Lift-off(subscap)</li> </ul> | <ul style="list-style-type: none"> <li>Other/Weakness</li> <li><input type="checkbox"/> AC Compression</li> <li><input type="checkbox"/> Spring Back (infra&amp;teres)</li> <li><input type="checkbox"/> Teres Minor</li> <li><input type="checkbox"/> Trapezius</li> <li><input type="checkbox"/> Drop Arm (RC) ) <input type="checkbox"/> Rhomboid</li> </ul> | <ul style="list-style-type: none"> <li>Scapular Stability</li> <li><input type="checkbox"/> Wall Pushup</li> <li><input type="checkbox"/> Pinch/Squeeze</li> </ul> |
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**Plan:**  RICE  Stretch  Strengthening Exercises  Crutches  Pad area  Taping: \_\_\_\_\_

**Profile:**  Ankle/Foot 1 2 3 4 **Expires:** \_\_\_\_\_ **Follow-up:**  PRN  Yes: \_\_\_\_\_

**Return to duty:**  **Referral:**  PT  TMC **Entered in AHLTA:**