

# Scapula Fracture Study

# Physical Exam Form

Patient Study ID = \_\_\_\_\_

Follow Up Visit Date (MM/DD/YY) = \_\_\_\_\_

**Follow-up Interval:** ☐ Initial ☐ 2weeks ☐ 6weeks  
☐ 12weeks ☐ 24weeks ☐ 52weeks

## Subjective Evaluation:

Cosmesis: ☐ Satisfactory ☐ Unsatisfactory ☐ Non-operative

Function: ☐ Satisfactory ☐ Unsatisfactory ☐ Operative

## Current Treatment:

☐ Failure non-op → Revision Surgery Date \_\_\_\_\_

## Objective Evaluation:

RANGE OF MOTION (ROM)	LEFT ACTIVE	LEFT PASSIVE	RIGHT ACTIVE	RIGHT PASSIVE
a. Forward elevation				
b. Abduction				
c. External rotation (arm at side)				
d. External rotation (arm at 90° abduction)				
e. Internal rotation (e.g., back pocket, L5, etc.)				
f. Cross-body adduction (goniometer at shoulder)				

STRENGTH													
a. Testing affected by pain		Yes						No					
b. Forward Elevation		0	1	2	3	4	5	0	1	2	3	4	5
c. Abduction		0	1	2	3	4	5	0	1	2	3	4	5
d. External rotation (arm at side)		0	1	2	3	4	5	0	1	2	3	4	5
e. Internal rotation (arm at side)		0	1	2	3	4	5	0	1	2	3	4	5

SENSATION	Intact		Decreased		Paresthesias	
	Left	Right	Left	Right	Left	Right
a. Median						
b. Radial						
c. Ulnar						
d. Axillary						