

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													
		Yes					No						
a. Testing affected by pain													
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						