

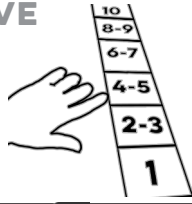


PATIENT TREATMENT RECORD SHOULDER

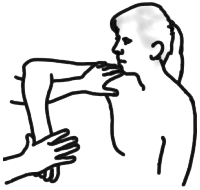
PATIENT NAME:

START DATE:

SUBJECTIVE



OBJECTIVE ANALYSIS



Impingement pain?



Frozen shoulder?



Shoulder dislocation?



Rotator cuff tear?



AC joint dislocation?



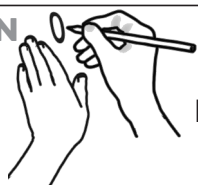
Shoulder fracture?



Shoulder OA?

TREATMENT

PLAN



Repeat assessment on next visit

DISCHARGE DATE:

OUTCOME: