

Name: _____ Date: _____

Simple Shoulder Test (SST)

Circle YES or NO to whether you can or think you can do the following:

Is your shoulder comfortable with your arm at rest by your side?	YES	NO
Does your shoulder allow you to sleep comfortably?	YES	NO
Can you reach the small of your back to tuck in your shirt with your hand?	YES	NO
Can you place your hand behind your head with your elbow straight out to the side?	YES	NO
Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	YES	NO
Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	YES	NO
Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	YES	NO
Can you carry twenty pounds at your side with the affected extremity?	YES	NO
Do you think you can toss a softball underhand ten yards with the affected extremity?	YES	NO
Do you think you can toss a softball overhand twenty yards with the affected extremity?	YES	NO
Can you wash the back of your opposite shoulder with the affected extremity?	YES	NO
Would your shoulder allow you to work full-time at your regular job?	YES	NO