

**Measuring the effect of Hyaluronic Acid on tendon healing after arthroscopic rotator cuff repair: A prospective randomized clinical trial**

**Preoperative shoulder assessment**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:

Sex: M F

Hand dominance: R L

Operative shoulder: R L

Investigator: Signature:

Date of examination: Number of weeks post-op:

**Instructions to Investigators:**

1. This form is to be filled up preoperatively, and at 2, 13, 26, 52 weeks postoperatively
2. Part 1 consists of patient self-administered questionnaires (ASES and Constant)
3. Part 2 is the record of the physical examination of the patient (Constant)
4. Please ensure that the patient information and examination date is filled up completely and accurately
5. This form is to be collected at the reception of St. Vincent’s SportsMed

**PART 1**

**Patient Self-Administered Questionnaires**

**Instruction to Patients:**

1. The succeeding questionnaires are designed to quantify the impairment caused by your shoulder problem to your daily life. All questions pertain to your affected shoulder only.
2. Kindly answer all questions truthfully. Encircle the choice that is most applicable to the question asked.

**ASES Score**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is your occupation? | | What is your usual sport? | | | |
| **Pain Scale** (mark average level of pain you felt on your shoulder the past week) | | | | | |
|  | | | | | |
| **Function** (encircle the number that indicates your ability to do the following tasks) | | | | | |
| *0 = unable to do; 1 = Very difficult; 2 = Somewhat difficult; 3 = Not difficult* | | | | | |
| Putting on a coat | 0 | | 1 | 2 | 3 |
| Sleeping on your side | 0 | | 1 | 2 | 3 |
| Washing your back/putting on a bra | 0 | | 1 | 2 | 3 |
| Manage toileting | 0 | | 1 | 2 | 3 |
| Comb hair | 0 | | 1 | 2 | 3 |
| Reach a high shelf | 0 | | 1 | 2 | 3 |
| Lift 4.5kg (10lb) over your shoulder | 0 | | 1 | 2 | 3 |
| Throw a ball overhead | 0 | | 1 | 2 | 3 |
| Doing your usual work | 0 | | 1 | 2 | 3 |
| Doing your usual sport | 0 | | 1 | 2 | 3 |

*American Shoulder and Elbow Surgeons Standardized Shoulder Assessment Form, patient self-report section: reliability, validity, and responsiveness.Michener LA, McClure PW, Sennett BJ.J Shoulder Elbow Surg. 2002 Nov-Dec;11(6):587-94.*

**CONSTANT Score**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. PAIN** | | | | |
| Score the highest pain level you have experienced during ordinary activities in the last 24 hours *(Set mark on the line below)* [15 cm line length] | | | | |
| No Pain |  | | | Worst |
| Points: | | | | |
| **B. ACTIVITIES OF DAILY LIVING** | | | | |
| Does your shoulder disturb your sleep? | | * Always (2) | | |
| * Occasional (1) | | |
| * Never (0) | | |
| Points: | | | | |
| How much of your normal daily work does your shoulder allow you to perform?  *(Set mark on the line below)* [15 cm line length] | | | | |
| All |  | | | None |
| Points: | | | | |
| How much of your normal recreational activity does your shoulder allow you to perform? *(Set mark on the line below)* [15 cm line length] | | | | |
| All |  | | | None |
| Points: | | | | |
| To which level can you use your hand comfortably? | | * Below the waist (0) | | |
| * Up to the waist (2) | | |
| * Up to the sternum/xiphoid (4) | | |
| * Up to the neck (6) | | |
| * Up to the top of the head (8) | | |
| * Above the head (10) | | |
| Points: | | | | |
| **SUBTOTAL (A + B)** | | |  | |

Ban, et al. Standardised test for evaluation of functionality in patients with shoulder disorders. Danish Medical Journal 60; 4, April 2013.

**PART 2**

**Physical Examination**

**Instructions:**

* Only pain free end range of motion shall be recorded
* Examiner should first show the desired movement, then ask the patient to perform it.
* Testing should be done with patient standing, both feet facing forward, shoulder-width apart.
* Subtotal scores for this part will be added to Part 1 subtotal to obtain the Constant Score.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. Forward Flexion** | | **B. Abduction** | | |
| ROM | * 0 – 30 (0) | ROM | * 0 – 30 (0) | |
|  | * 31 – 60 (2) |  | * 31 – 60 (2) | |
|  | * 61 – 90 (4) |  | * 61 – 90 (4) | |
|  | * 91 – 120 (6) |  | * 91 – 120 (6) | |
|  | * 121 – 151 (8) |  | * 121 – 151 (8) | |
|  | * 151 – (10) |  | * 151 – (10) | |
| **C. External Rotation** | | | | |
| ER performed without help. Hands placed behind and above the head without touching the head. Movements are performed simultaneously but recorded only for the affected side. Record only the maximum movement patient is able to do without significant pain. | | | | |
|  | * Hands behind head, elbows forward (2) | | | |
|  | * Hands behind head, elbows back (4) | | | |
|  | * Hands on top of head, elbows forward (6) | | | |
|  | * Hands on top of head, elbows back (8) | | | |
|  | * Full elevation of arms (10) | | | |
| **D. Internal Rotation** | | | | |
| IR performed without help. Patients are asked to point at specific anatomic landmarks on the ipsilateral side using the thumb of the affected extremity. Record only the maximum movement patient is able to do without significant pain. | | | | |
|  | * Lateral thigh (0) | | | |
|  | * Behind buttock (2) | | | |
|  | * Sacroiliac joint (4) | | | |
|  | * Waist (6) | | | |
|  | * 12th thoracic vertebra (8) | | | |
|  | * Interscapular area (10) | | | |
| **E. Strength** | | | | |
| Score corresponds to force in pounds. If kilograms are used, multiply the result by 2.2 to obtain the score. | | | | |
| 1st: | 2nd: | 3rd: | Best: | |
| **SUBTOTAL (A + B + C + D + E)** | | | |  |
| **CONSTANT SCORE** | | | |  |

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|  |  |  |
| --- | --- | --- |
| **F. MRC GRADE** | **Right** | **Left** |
| Forward elevation | **0 1 2 3 4 5** | **0 1 2 3 4 5** |
| Abduction | **0 1 2 3 4 5** | **0 1 2 3 4 5** |
| External Rotation | **0 1 2 3 4 5** | **0 1 2 3 4 5** |
| Internal Rotation | **0 1 2 3 4 5** | **0 1 2 3 4 5** |

