## www.orthopaedicscores.com ASES Shoulder Score Name Age Date 1. Usual Work 2. Usual Sport/Leisure activity? 3. Do you have shoulder pain at night? 4) Do you take pain killers such as paracetamol (acetaminophen), diclofenac, or ibupi 0 Yes $\bigcirc$ 0 No $\bigcirc$ No 5) Do you take strong pain killers such as codeine, tramadol, or morphine? 6) How many pills do you take on an average day? Yes 0 No 7) Intensity of pain? **9** 08 07 **6 0**5 **4** 3 02 1 Pain as bad as it can be 8) Is it difficult for you to put on a coat? 9) Is it difficult for you to sleep on the affected side? Unable to do Unable to do 0 Very difficult to do 0 Very difficult to do 0 Somewhat difficult 0 Somewhat difficult Not difficult Not difficult 11) Is it difficult for you manage toiletting? 10) Is it difficult for you to wash your back/do up bra? Unable to do Unable to do Very difficult to do 0 Very difficult to do Somewhat difficult Somewhat difficult Not difficult 0 Not difficult 12) Is it difficult for you to comb your hair? 13) Is it difficult for you to reach a high shelf? Unable to do Unable to do Very difficult to do 0 Very difficult to do Somewhat difficult Somewhat difficult 0 0 Not difficult 14) Is it difficult for you to lift 10lbs. (4.5kg) above your shoulder? 15) Is it difficult for you to throw a ball overhand? Unable to do Unable to do 0 $\bigcirc$ Very difficult to do Very difficult to do 0 0 0 Somewhat difficult $\bigcirc$ Somewhat difficult Not difficult Not difficult 0 16) Is it difficult for you to do your usual work? 17) Is it difficult for you to do your usual sport/leisure activity? Unable to do Unable to do 0 Very difficult to do Very difficult to do 0 Somewhat difficult $\bigcirc$ Somewhat difficult

0

Not difficult

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0

**Reference**: American Shoulder and Elbow Surgeons Standardized Shoulder Assessment F report section: reliability, validity, and responsiveness.Michener LA, McClure PW, Sennett BJ.J Surg. 2002 Nov-D

The Total ASES score is: 0