

Shoulder Function Index - clinical assessment form

SFInX score:

Patient name: _____

Time after injury (in weeks): _____ Side of injury: R / L

Date of assessment: ___ / ___ / _____

Items	Scores		
	0	1	2
1 Drinking from a cup	<input type="checkbox"/> Unable	<input type="checkbox"/> Able	
2 Washing the opposite armpit	<input type="checkbox"/> Unable	<input type="checkbox"/> Able	
3 Washing the back of the opposite shoulder	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
4 Combing hair	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
5 Tucking shirt into pants	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
6 Washing lower back	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
7 Lying on the affected side	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
8 Reaching behind to get an object	<input type="checkbox"/> Unable	<input type="checkbox"/> Able	
9 Holding an object for a longer period	<input type="checkbox"/> Unable	<input type="checkbox"/> Able	
10 Carrying a heavier object with two hands	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
11 Placing an object on a shelf at shoulder level	<input type="checkbox"/> Unable	<input type="checkbox"/> Able	
12 Sustaining activity above head	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
13 Throwing a ball with two hands over-head	<input type="checkbox"/> Unable	<input type="checkbox"/> Partially able	<input type="checkbox"/> Able
Total number of points (raw score)	0	+	+
			=

Conversion from raw score to SFInX score

Raw score	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
SFInX score	0	12	20	27	32	36	40	43	46	49	52	55	58	61	64	67	70	73	77	81	89	100