

1.Examination's date:

2. Basic information:

Name:

Surname:

Age:

Weight:

Sex:

Handiness:

Did you suffer from pain / injures / fractures / luxation of shoulder complex int the past ?

3.Information about your treatment

Side of surgery:

Type of surgery:

Time from surgery:

Use of radiation therapy:

Yes / No

Before surgery / after surgery / both

Use of chemotherapy:

Yes / No

Shoulder complex pain on the site of surgery:

Yes / No

Did you feel pain in shoulder complex before the surgery (on the site of surgery)?

Yes / No

Did you have lymphedema after surgery?

Yes / No