

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

SHOULDER US WORKSHEET

Ordering Physician: _____

History: _____

Biceps tendon: Normal Comments _____

Sub-scap tendon: Normal Comments _____

AC joint: Normal Comments _____

Infraspinatus: Normal Comments _____

Posterior Joint & Spinoglenoid notch: Normal

Comments _____

Impingement test: Normal Comments _____

Muscle volume: Normal Comments _____

Supraspinatus: Normal Comments _____

OTHER: _____