***ROWE SCORE*:**

* ***1.*** Please circle the letter of the statement that **best** describes the **FUNCTION** of your shoulder:

a. I perform all my work and sports; I have no limitation in overhead activities, my shoulder is strong in lifting, swimming, tennis, throwing; I have no discomfort. 30

b. I have mild limitations in work and sports. My shoulder is strong. I have minimum discomfort. 25

c. I have moderate limitations doing overhead work and heavy lifting; I am unable to throw, serve hard in tennis, or swim; I have "moderate disabling" pain. 10

d. I have marked limitations. I am unable to perform overhead work and lifting; I cannot throw, play tennis, or swim. I have "chronic discomfort". 0

Total ROWE Score (see also PT form): _____ (100)