## HONG KONG SHOULDER & WRIST CENTRE SPORTS AND TRAUMATOLOGY repair, revive, rejuvenate



## **Oxford Shoulder Score**

Please fill in your details below:

Name:

| Date:   |   |
|---|---|
| The purpose of the Oxford Shoulder Score is to help assess the impact that your shoulder pain has hat on your daily life in the past four weeks The score will be one of several factors your GP will take into account, before discussing with you the next steps in the management of your problem. | d |
| The following questions must ALL be answered on your experiences over the past 4 weeks.   |   |
| Please check 1 box for each question.   |   |
| How would you describe the worst pain you had from your shoulder?      None   |   |
| 2. Have you had any trouble dressing yourself because of your shoulder?  None□ Little□ Moderate□ Extreme□ Impossible□   |   |
| 3. Have you had any trouble getting in and out of a car or using public transport because of your shoulder?   |   |
| None Little Moderate Extreme Impossible   |   |
| 4. Have you been able to use a knife and fork at the same time? Yes ☐ Little difficulty ☐ Moderate difficulty ☐ Extreme difficulty ☐ Impossible ☐   |   |
| 5. Could you do the household shopping on your own?  Easily□ Little difficulty□ Moderate difficulty□ Extreme difficulty□ Impossible□  |   |
| 6. Could you carry a tray containing a plate of food across a room?  Easily□ Little difficulty□ Moderate difficulty□ Extreme difficulty□ Impossible□  |   |
| 7. Could you brush/comb your hair with the affected arm?  Easily□ Little difficulty□ Moderate difficulty□ Extreme difficulty□ Impossible□   |   |
| 8. How would you describe the pain you usually had from your shoulder? None□ Very Mild□ Moderate□ Severe□   |   |

| 9. Could you hang your clothes up in a wardrobe, using the affected arm? (whichever you tend to use)  |              |                     |                    |            |  |  |
|---|--------------|---------------------|--------------------|------------|--|--|
| ,   | •            | Moderate difficulty | Extreme difficulty | Impossible |  |  |
| 10. Have you been able to wash and dry yourself under both arms?  |              |                     |                    |            |  |  |
| Easily Little   | e difficulty | Moderate difficulty | Extreme difficulty | Impossible |  |  |
| 11. How much has pain from your shoulder interfered with your usual work (including housework)?  Not at all ☐ A little bit ☐ Moderately ☐ Greatly ☐ Totally ☐ |              |                     |                    |            |  |  |
| 12. Have you been troubled by pain from your shoulder in bed at night?  No night☐ 1 or 2 nights☐ Some nights☐ Most nights☐ Every night☐                       |              |                     |                    |            |  |  |
| The Oxford score is   |              |                     |                    |            |  |  |

## **Reference:**

Dawson J, Fitzpatrick R, Carr A, Questionnaire on the perceptions of patients about shoulder surgery 'J Bone Joint Surg Br. 1996 Ju/;78(4):593-600,