

**Postoperative Neck Dissection
Shoulder Dysfunction Assessment**

Patient Name: _____ Hospital Number: _____

Date of surgery/type of surgery/reconstruction/postoperative complications: _____

Any continued wound complications at time of RTC: _____

Assessment completed by: _____ _____ _____	Initial Assessment: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
____ (y/n) Surgeon approval obtained ____ (y/n) Defer intervention to next RTC. Reason:	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
1. Are you up walking frequently? How far?						
2. Are you moving your arms?						
3. Are you able to dress yourself without assistance?						
4. Are you able to feed yourself (or administer NG feedings) without assistance?						
5. Are you able to bathe and groom yourself without assistance?						
6. Are you able to comb your hair?						
7. Are you able to reach to an upper shelf in your home?						

NURSING ASSESSMENT	Initial Assessment:		Follow-up Date: _____		Date: _____		Date: _____		Date: _____	
	Right Arm	Left Arm	Right Arm	Left Arm	Right Arm	Left Arm	Right Arm	Left Arm	Right Arm	Left Arm
1. Pt. to demonstrate the following movements with the affected arm(s): a. Abduction (record approximate degree of movement/initials).										
b. Raise arm forward (record approximate degree of movement/initials).										
c. Simulate combing hair.										
2. Assess patient's overall posture. (poor, fair, good)										
3. Patient's level of pain in affected arm/shoulder at rest.										
4. Patient's level of pain in affected arm/shoulder with activity.										
5. Assess if patient is completing exercises as instructed. If not, what are limitations?					Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
REFERRAL MADE TO PHYSICAL THERAPY: _____										

0 = no pain 1 - 3 = mild pain 4 - 6 = moderate pain 7 - 10 = severe pain

0	1	2	3	4	5	6	7	8	9	10
NO PAIN			MILD PAIN			MODERATE PAIN			SEVERE PAIN	

INTERVENTION:

Pt. given instructions per: _____