

**SHOULDER ULTRASOUND WORKSHEET**

Patient I.D.	Sonographer
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Scan Quality \_\_\_\_\_

Previous Imaging Yes / No

**Right / Left**

Clinical Indication / Relevant Surgery

Biceps Tendon

Effusion  
No  Yes

Subscapularis

Supraspinatus

Infraspinatus

Dynamic Assessment

Restriction

Bunching

Pain

Other