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Western Ontario Shoulder Instability (WOSI) Index

Record ID Western Ontario Shoulder Instability (WOSI) Index How much pain do you experience in your shoulder with overhead activities? no pain extreme pain (Place a mark on the scale above) How much aching or throbbing do you experience in your shoulder? no throbbing extreme throbbing (Place a mark on the scale above) How much weakness or lack of strength do you experience in your shoulder? no weakness extreme weakness (Place a mark on the scale above) How much fatigue or lack of stamina do you experience in your shoulder? no fatique extreme fatique (Place a mark on the scale above) How much clicking, cracking or snapping do you experience in your shoulder? no clicking extreme clicking (Place a mark on the scale above) How much stiffness do you experience in your shoulder? no stiffness extreme stiffness (Place a mark on the scale above) How much discomfort do you experience in your neck extreme muscles as a result of your shoulder? no discomfort discomfort (Place a mark on the scale above) How much feeling of instability or looseness do you extreme experience in your shoulder? no instability instability (Place a mark on the scale above) How much do your compensate for your shoulder with other muscles? none at all extreme (Place a mark on the scale above) How much loss of range of motion do you have in your extreme shoulder? no discomfort discomfort





(Place a mark on the scale above)

How much has your shoulder limited the amount you can participate in sports or recreational activities?	no limitation	extreme limitation
	(Place a mark on the scale above)	
How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)	not affected	extremely affected
		(Place a mark on the scale above)
How much do you feel the need to protect your arm during activities?	not at all	extreme (Place a mark on the scale above)
How much difficulty do you experience lifting heavy objects below shoulder level	no difficulty	extreme difficulty
		(Place a mark on the scale above)
How much fear do you have of falling on your shoulder?	no fear	extreme fear
		(Place a mark on the scale above)
How much difficulty do you experience maintaining your desired level of fitness	no difficulty	extreme difficulty
		(Place a mark on the scale above)
How much difficulty do you have "roughhousing" or "horsing around" with family or friends	no difficulty	extreme difficulty
		(Place a mark on the scale above)
How much difficulty do you have sleeping because of your shoulder	no difficulty	extreme difficulty
		(Place a mark on the scale above)
How conscious are you of your shoulder	not conscious	extremely conscious
		(Place a mark on the scale above)
How concerned are you about your shoulder becoming worse	no concern	extreme concern
		(Place a mark on the scale above)
How much frustration do you feel because of your shoulder	no frustration	extreme frustration
		(Place a mark on the scale above)
WOSI Score Total (Calculated)		



