

Western Ontario Should Instability Index (WOSI)

Patient Name: _____

Date: _____

Dominant Hand: R L Both (Circle One)

Affected Shoulder: R L (Circle One)

Physical Symptoms

The following questions concern the physical symptoms you have experienced due to your shoulder problem. In all cases, please enter the amount of the symptom you have experienced in the last week. (Please answer with an "X" on the horizontal line.)

1. How much pain do you experience in your shoulder with overhead activities?

|-----|
no extreme
pain pain

2. How much aching or throbbing do you experience in your shoulder?

|-----|
no extreme
aching/ aching/
throbbing throbbing

3. How much weakness or lack of strength do you experience in your shoulder?

|-----|
no extreme
weakness weakness

4. How much fatigue or lack of stamina do you experience in your shoulder?

|-----|
no extreme
fatigue fatigue

5. How much clicking, cracking or snapping do you experience in your shoulder?

|-----|
no extreme
clicking clicking

6. How much stiffness do you experience in your shoulder?

|-----|
no extreme
stiffness stiffness

7. How much discomfort do you experience in your neck muscles as a result of your shoulder?

|-----|
no extreme
discomfort discomfort

8. How much feeling of instability or looseness do you experience in your shoulder?

|-----|
no extreme
instability instability

9. How much do you compensate for your shoulder with other muscles?

|-----|
not at extreme
all

10. How much loss of range of motion do you have in your shoulder?

|-----|
no extreme
loss loss

Sports/Recreation/Work

The following section concerns how your shoulder problem has affected your work, sports or recreational activities in the past week. For each question, please indicate the amount with an "X" on the horizontal line.

11. How much has your shoulder limited the amount you can participate in sports or recreational activities?

|-----|
not extremely
limited limited

12. 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 extremely
affected affected

13. How much do you feel the need to protect your arm during activities?

|-----|
not at extreme
all

14. How much difficulty do you experience lifting heavy objects below shoulder level?

|-----|
no extreme
difficulty difficulty

Lifestyle

The following section concerns the amount that your shoulder problem has affected or changed your lifestyle. Again, please indicate the appropriate amount for the past week with an "X" on the horizontal line.

15. How much fear do you have of falling on your shoulder?

|-----|
no extreme
fear fear

16. How much difficulty do you experience maintaining your desired level of fitness?

|-----|
no extreme
difficulty difficulty

17. How much difficulty do you have "roughhousing or horsing around" with family or friends?

|-----|
no extreme
difficulty difficulty

18. How much difficulty do you have sleeping because of your shoulder?

|-----|
no extreme
difficulty difficulty

Emotion

The following questions relate to how you have felt in the past week with regard to your shoulder problem. Please indicate your answer with an "X" on the horizontal line.

19. How conscious are you of your shoulder?

|-----|
not extremely
conscious conscious

20. How concerned are you about your shoulder becoming worse?

|-----|
no extremely
concern concerned

21. How much frustration do you feel because of your shoulder?

|-----|
no extremely
frustration frustrated

Scoring Instructions:

Each individual question score is given by measuring the distance (mm) from the left side of the visual analog scale to the mark (use a ruler). Each 1 mm is equivalent to 1 point.

Physical Symptoms

Score: Summation of Points Questions 1-10

Score: _____ /1,000Points

Sports/Recreation/Work

Score: Summation of Points Questions 11-14

Score: _____ /400 Points

Lifestyle

Score: Summation of Points Questions 15-18

Score: _____ /400 Points

Emotion

Score: Summation of Points Questions 19-21

Score: _____ /300 Points

Emotion

Score: Summation of Points Questions 1-21

Score: _____ /2,100 Points