

# Shoulder Symptom Modification Procedure (SSMP)

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Patient's name: \_\_\_\_\_ DoB: \_\_\_\_\_ Date: \_\_\_\_\_

Symptomatic movement or posture 1: \_\_\_\_\_

Symptomatic movement or posture 2: \_\_\_\_\_

## **1. Thoracic kyphosis**

- Finger on sternum technique
- Taping technique
- Manual therapy
- Other \_\_\_\_\_



Optional

Angle (pre) \_\_\_\_\_ °

Angle (post) \_\_\_\_\_ °

Comments:

Change in NSRS (1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

## **2a. Scapular position**

- |   |  |
|---|--|
| <input type="checkbox"/> Elevation          | <input type="checkbox"/> Depression        |
| <input type="checkbox"/> Protraction        | <input type="checkbox"/> Retraction        |
| <input type="checkbox"/> Posterior tilt     | <input type="checkbox"/> Anterior tilt     |
| <input type="checkbox"/> Internal rotation  | <input type="checkbox"/> External rotation |
| <input type="checkbox"/> Combinations _____ |  |

Comments:

Change in NSRS (1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

## **2b. Winging scapula**

- |   |                               |   |                               |
|---|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> N/A                  | <input type="checkbox"/> Left | <input type="checkbox"/> Right            | <input type="checkbox"/> Both |
| <input type="checkbox"/> Manual stabilisation |                               | <input type="checkbox"/> Taping technique |                               |
| <input type="checkbox"/> Other _____          |                               |   |                               |

Comments:

Change in NSRS (1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

## **3. Humeral head procedures**

- |   |   |
|---|---|
| <input type="checkbox"/> Humeral head depression [flexion] – standing / sitting   |   |
| <input type="checkbox"/> Humeral head depression [abduction] – standing / sitting |   |
| <input type="checkbox"/> Humeral head depression [flexion] – supine               |   |
| <input type="checkbox"/> Humeral head depression [abduction] – supine             |   |
| <input type="checkbox"/> External rotation test                                   | <input type="checkbox"/> Eccentric elevation test         |
| <input type="checkbox"/> Assisted elevation-flexion                               | <input type="checkbox"/> Assisted elevation-abduction     |
| <input type="checkbox"/> Adduction resistance test (ER)                           | <input type="checkbox"/> Adduction resistance test (IR)   |
| <input type="checkbox"/> AP test  | <input type="checkbox"/> AP test (with inclination) _____ |
| <input type="checkbox"/> PA test  | <input type="checkbox"/> PA test (with inclination) _____ |
| <input type="checkbox"/> Other _____  |   |

Comments:

Change in NSRS (1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

## **4. Neuromodulation procedures**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Comments:

Change in NSRS (1) \_\_\_\_\_ % (2) \_\_\_\_\_ %

## **Clinical reasoning and management plan**