



## THE WESTERN ONTARIO SHOULDER INSTABILITY INDEX (WOSI)

The following questions concern the **physical symptoms** you have experienced, how your shoulder has affected your **work, sports or recreational activities**, the amount that your shoulder has affected or changed your **lifestyle**, and your **emotions** with regards to your shoulder. Please answer these questions based on how you have felt in the **past week**. For each question, enter to what degree you have experienced these factors with an **“X”**.

### PHYSICAL SYMPTOMS

1. How much pain do you experience in your shoulder with overhead activities?	_____
	No pain <span style="float: right;">Extreme pain</span>
2. How much aching or throbbing do you experience in your shoulder?	_____
	No aching/throbbing <span style="float: right;">Extreme aching/throbbing</span>
3. How much weakness or lack of strength do you experience in your shoulder?	_____
	No weakness <span style="float: right;">Extreme weakness</span>
4. How much fatigue or lack of stamina do you experience in your shoulder?	_____
	No fatigue <span style="float: right;">Extreme fatigue</span>
5. How much clicking, cracking, or snapping do you experience in your shoulder?	_____
	No clicking <span style="float: right;">Extreme clicking</span>
6. How much stiffness do you experience in your shoulder?	_____
	No stiffness <span style="float: right;">Extreme stiffness</span>
7. How much discomfort do you experience in your neck muscles as a result of your shoulder?	_____
	No discomfort <span style="float: right;">Extreme discomfort</span>
8. How much feeling of instability or looseness do you experience in your shoulder?	_____
	No instability <span style="float: right;">Extreme instability</span>
9. How much do you compensate for your shoulder with other muscles?	_____
	Not at all <span style="float: right;">Extreme</span>
10. How much loss of range of motion do you have in your shoulder?	_____
	No loss <span style="float: right;">Extreme loss</span>

## **SPORTS/RECREATION/WORK**

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

Not limited

Extremely 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 affected

Extremely affected

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

Not at all

Extreme

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

No difficulty

Extreme difficulty

## **LIFESTYLE**

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

No fear

Extreme fear

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

No difficulty

Extreme difficulty

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

No difficulty

Extreme difficulty

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

No difficulty

Extreme difficulty

## **EMOTIONS**

19. How conscious are you of your shoulder?

Not conscious

Extremely conscious

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

No concern

Extremely concerned

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

No frustration

Extremely frustrated