

WESTERN ONTARIO SHOULDER INSTABILITY INDEX (WOSI)



Patient Name: _____

Date: _____

Instructions: Check the box that best describes you in relation to your symptoms

PHYSICAL SYMPTOMS

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

No pain Extreme pain

0 1 2 3 4 5 6 7 8 9 10

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

No aching/throbbing Extreme aching/throbbing

0 1 2 3 4 5 6 7 8 9 10

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

No weakness Extreme weakness

0 1 2 3 4 5 6 7 8 9 10

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

No fatigue Extreme fatigue

0 1 2 3 4 5 6 7 8 9 10

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

No clicking Extreme clicking

0 1 2 3 4 5 6 7 8 9 10

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

No stiffness Extreme stiffness

0 1 2 3 4 5 6 7 8 9 10

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

No discomfort Extreme discomfort

0 1 2 3 4 5 6 7 8 9 10

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

No instability Extreme instability

0 1 2 3 4 5 6 7 8 9 10

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

Not at all Extreme

0 1 2 3 4 5 6 7 8 9 10

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

No loss Extreme loss

0 1 2 3 4 5 6 7 8 9 10

SPORTS, RECREATION & WORK

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

Not limited Extremely limited

0 1 2 3 4 5 6 7 8 9 10

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

0 1 2 3 4 5 6 7 8 9 10

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

Not at all Extreme

0 1 2 3 4 5 6 7 8 9 10

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

No difficulty Extreme difficulty

0 1 2 3 4 5 6 7 8 9 10

LIFESTYLE

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

No fear Extreme fear

0 1 2 3 4 5 6 7 8 9 10

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

No difficulty Extreme difficulty

0 1 2 3 4 5 6 7 8 9 10

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

No difficulty Extreme difficulty

0 1 2 3 4 5 6 7 8 9 10

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

No difficulty Extreme difficulty

0 1 2 3 4 5 6 7 8 9 10



EMOTIONS

19. How conscious are you of your shoulder?

Not conscious Extremely conscious

0 1 2 3 4 5 6 7 8 9 10

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

No concern Extreme concern

0 1 2 3 4 5 6 7 8 9 10

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

No frustration Extreme frustration

0 1 2 3 4 5 6 7 8 9 10

PHYSICAL SYMPTOMS:

SPORTS, RECREATION & WORK:

LIFESTYLE:

EMOTION:

TOTAL WOSI SCORE

