



JRFS SENSORY ASSESSMENT FORM

NAME: _____

KNEE SENSORY TESTING

1. KNEE RIGHT VS LEFT SENSORY SENSITIVITY GUIDELINES:

Procedure:

1. Client wears shorts
2. Client's eyes are closed
3. Apply the stimulus to the non-replacement side
4. Apply stimulus on replacement side & note discrepancies

Areas to apply stimulus:

Musculature that crosses the joint

Scoring Legend:

X = Reduced Sensitivity

0 = Cannot feel it at all

DATE: _____

R vs. L - Knee Replacement	Skin Stim		Vibration		Deep Pressure		Heat		Cold		Notes:
Quadriceps	R	L	R	L	R	L	R	L	R	L	
Vastus Intermedius (top)											
Vastus Lateralis (side)											
Vastus Medialis (VMO)											
Patellar Tendon											
Hamstrings											
Medial											
Lateral											
Gastrocnemius											
Medial											
Lateral											

2. KNEE SENSORY STIMULUS TESTING GUIDELINES:

Procedure:

1. Get a baseline ROM or Strength Assessment
2. Apply the sensory stimulus (30-60 sec)
3. Reassess ROM or Strength

Areas to apply stimulus:

Musculature that crosses the joint

Scoring Legend:

+ = Positive Reassessment

- = Negative Reassessment

N = Neutral Reassessment

DATE: _____

Sensory Stimulus - Knee	Skin Stim	Vibration	Deep Pressure	Heat	Cold	Skin Stretch
Quadriceps						
Vastus Intermedius (top)						
Vastus Lateralis (side)						
Vastus Medialis (VMO)						
Patellar Tendon						
Hamstrings						
Medial						
Lateral						
Gastrocnemius						
Medial						
Lateral						



JRFS SENSORY ASSESSMENT FORM

NAME: _____

SHOULDER SENSORY TESTING

1. SHOULDER RIGHT VS LEFT SENSORY SENSITIVITY GUIDELINES:

Procedure:

1. Client wears tank top (ideally)
2. Client's eyes are closed
3. Apply the stimulus to the non-replacement side
4. Apply stimulus on replacement side & note discrepancies

Areas to apply stimulus:

Musculature that crosses the joint

Scoring Legend:

X = Reduced Sensitivity
0 = Cannot feel it at all
n/a = can't assess

DATE: _____

R vs. L - Shoulder Replacement	Skin Stim		Vibration		Deep Pressure		Heat		Cold		Notes:
Musculature:	R	L	R	L	R	L	R	L	R	L	
Anterior Deltoid											
Medial Deltoid											
Posterior Deltoid											
Latissimus Dorsi											
Pectoralis Major											
Upper Trapezius											
Serratus Anterior											
Scapulothoracic Joint											
Sternoclavicular Joint											
Acromioclavicular Joint											

2. SHOULDER SENSORY STIMULUS TESTING GUIDELINES:

Procedure:

1. Get a baseline ROM or Strength Assessment
2. Apply the sensory stimulus (30-60 sec)
3. Reassess ROM or Strength

Areas to apply stimulus:

Musculature that crosses the joint
On/around joints

Scoring Legend:

+ = Positive Reassessment
- = Negative Reassessment
N = Neutral Reassessment
n/a = can't assess

DATE: _____

Sensory Stimulus - Shoulder	Skin Stim	Vibration	Deep Pressure	Heat	Cold	Skin Stretch
Musculature:						
Anterior Deltoid						
Medial Deltoid						
Posterior Deltoid						
Latissimus Dorsi						
Pectoralis Major						
Upper Trapezius						
Serratus Anterior						
Scapulothoracic Joint						
Sternoclavicular Joint						
Acromioclavicular Joint						