Musculoskeletal Assessment

Name: _____ **Date**: _____

Age: _____ **Gender:** _____

History

Review of history related to musculoskeletal system:

YES/NO			If YES, provide details:
Musculoskeletal			
☐	☐	Musculoskeletal disease	_____
☐	☐	Recent injury	_____
☐	☐	Exercise history	_____
☐	☐	Muscle aches or pain	_____
☐	☐	Skeletal aches or pain	_____
☐	☐	Muscle weakness or limitation	_____
☐	☐	Joint pain or stiffness	_____
☐	☐	Muscular disease/disorder	_____
☐	☐	Neck pain/problem	_____
☐	☐	Back pain/problem	_____
☐	☐	Shoulder pain/problem	_____
☐	☐	Elbow pain/problem	_____
☐	☐	Hand or wrist pain/problem	_____
☐	☐	Hip pain/problem	_____
☐	☐	Knee pain/problem	_____
☐	☐	Ankle pain/problem	_____
☐	☐	Foot pain/problem	_____
☐	☐	Fracture history	_____
☐	☐	Change in gait or mobility	_____
☐	☐	Musculoskeletal surgery	_____
☐	☐	Dietary Ca, protein	_____
☐	☐	Chronic disease	_____
☐	☐	Bone density evaluation	_____

Current medications: _____

_____

Allergies: _____

_____

Family history/musculoskeletal system: _____

_____

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____

_____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Physical Assessment

Inspection

General survey (posture, body symmetry, gait, deformities, skeletal development, muscle development): _____

_____

_____

_____

Inspection/Palpation

Spine (cervical, thoracic, lumbar, sacral curvatures; tenderness; redness; swelling; deformities):

_____

_____

Active and passive ROM (flexion, extension, rotation, lateral bending; pain limitation): _____

_____

_____

Shoulders, elbows (contour, deformity, tenderness, redness, swelling, crepitus): _____

_____

_____

Shoulders, active and passive ROM (shoulder internal/external rotation, flexion, extension, pain, limitation): _____

_____

Elbow (flexion, extension, pronation, supination, pain limitation): _____

_____

_____

Wrists, fingers (size, shape, symmetry, contour, redness**,** swelling, deformity, tenderness, crepitus):_____

_____

Forearm, active and passive ROM (flexion, extension, hyperextension, circumduction, radial/ulnar deviation; pain limitation): _____

_____

Hips and knees (contour, size, symmetry, redness**,** swelling, deformity, tenderness, crepitus):

_____

_____

Hips, active and passive ROM (internal/external rotation, flexion, extension; pain, limitation): ___

_____

_____

Knees (flexion, extension, hyperextension; pain, limitation): _____

_____

_____

Ballottement: _____

Ankles, toes (size, shape, symmetry, deformities, redness, tenderness, swelling): _____

_____

Ankles and feet, active and passive ROM (flexion, extension, hyperextension, inversion, eversion; pain, limitation): _____

_____

Muscle Strength

Muscle strength evaluation (bilateral evaluation and comparison of all muscle groups by testing extension and flexion of the muscle groups against resistance): _____

_____

_____

Functional Assessment

Walking distance: _____

Climbing stairs: _____

Dressing/grooming: _____

Rise from chair: _____

Rise from bed: _____

Toileting / Bathing: _____

Analysis:

_____

_____

_____

_____