**History and Physical Assessment of the Musculoskeletal System**

Examiner:

Date:

**Biographical Data:**

Patient: Age:

Reason for visit:

**Health History (Subjective)**

1. Any pain in the joints?
2. Any stiffness in the joints?
3. Any swelling/heat/redness in the joints?
4. Any limitation of movement?
5. Any muscle pain or cramping?
6. Any deformity of bone or joint?
7. Any accidents or trauma to bones or joints?
8. Ever had back pain?
9. Any problems with ADLs (activities of daily living)? Bathing, dressing, toileting, grooming, eating, mobility, or communicating?

**Physical Examination (Objective)**

1. **Cervical spine**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Flexion, extension, lateral bending right and left, right and left rotation
2. **Shoulders**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Flexion, extension, abduction, adduction, internal rotation, external rotation
3. **Elbows**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Flexion, extension, supination, pronation
4. **Wrists and hands**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Wrist extension, flexion
		2. Finger estension, flexion
		3. Ulnar deviation, radial deviation
		4. Fingers spread, make fist
		5. Touch thumb to each finger
5. **Hips**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Extension, flexion, external rotation, internal rotation, abduction, adduction
6. **Knees**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Flexion, extension, walk
7. **Ankles and feet**
	1. Inspect size, contour, deformities
	2. Palpate for temperature, pain, swelling, or mass
	3. Active range of motion
		1. Dorsiflexion, plantar flexion, inversion, eversion
8. **Spine**
	1. Inspect for straight spinous processes
	2. Inspect equal horizontal positions for shoulders, scapulae, iliac crests
	3. Inspect for equal spaces between arms and lateral thorax
	4. Inspect for knees and feet aligning with trunk, point forward
	5. From side, note curvature: cervical, thoracic, lumbar
	6. Palpate spinous processes
	7. Active range of motion
		1. Flexion, extension, lateral bending left and right, rotation right and left
9. **Functional Assessment**
	1. Walk (with shoes)
	2. Perform KATZ ADL’s assessment
	3. Perform Lawton IADL’s assessment
	4. Pick up object from floor
	5. Perform TUG test

**Assessment Write-up**

**Subjective Data**

 Summarize your subjective data in narrative format with complete sentences.

**Objective Data**

 Summarize your physical assessment findings here in narrative format with complete sentences. Be descriptive and include each part of the assessment. Include scores of functional assessments.

**Risk Factors and Plan**

 Identify two risk factors for your patient from your assessment above. Tell me why you chose them and why they are significant. Then come up with a plan for improvement for your patient. This can just be a couple sentences.