

REGIONAL WRITE-UP—MUSCULOSKELETAL SYSTEM

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any pain in the joints?	_____	_____
2. Any stiffness in the joints?	_____	_____
3. Any swelling, heat, redness in 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?	_____	_____
8. Ever had back pain ?	_____	_____
9. Any problems with the activities of daily living: bathing, toileting, dressing, grooming, eating, mobility, communicating?	_____	_____

II. Physical Examination

A. Cervical spine

- Inspect size, contour _____ Mass or deformity _____
- Palpate for temperature _____ Pain _____
Swelling or mass _____
- Active range of motion
Flexion _____ Extension _____
Lateral bending right _____ Left _____
Right rotation _____ Left _____

B. Shoulders

- Inspect size, contour _____ Color, swelling _____
Mass or deformity _____
- Palpate for temperature _____ Pain _____
Swelling or mass _____
- Active range of motion
Flexion _____ Extension _____
Abduction _____ Adduction _____
Internal rotation _____ External rotation _____

C. Elbows

1. Inspect for size, contour _____ Color, swelling _____
Mass or deformity _____
2. Palpate for temperature _____ Pain _____
Swelling or mass _____
3. Active range of motion
Flexion _____ Extension _____
Pronation _____ Supination _____

D. Wrists and hands

1. Inspect for size, contour _____ Color, swelling _____
Mass or deformity _____
2. Palpate for temperature _____ Pain _____
Swelling or mass _____
3. Active range of motion
Wrist extension _____ Flexion _____
Finger extension _____ Flexion _____
Ulnar deviation _____ Radial deviation _____
Fingers spread _____ Make fist _____
Touch thumb to each finger _____

E. Hips

1. Inspect for size, contour _____ Color, swelling _____
Mass or deformity _____
2. Palpate for temperature _____ Pain _____
Swelling or mass _____
3. Active range of motion
Extension _____ Flexion _____
External rotation _____ Internal rotation _____
Abduction _____ Adduction _____

F. Knees

1. Inspect size, contour _____ Color, swelling _____
Mass or deformity _____
2. Palpate for temperature _____ Pain _____
Swelling or mass _____
3. Active range of motion
Flexion _____ Extension _____
Walk _____ Shallow knee bend _____

G. Ankles and feet

1. Inspect for size, contour _____ Color, swelling _____
Mass or deformity _____
2. Palpate for temperature _____ Pain _____
Swelling or mass _____
3. Active range of motion
Dorsiflexion _____ Plantar flexion _____
Inversion _____ Eversion _____

H. Spine

1. Inspect for straight spinous processes _____
Equal horizontal positions for shoulders, scapulae, iliac crests, gluteal folds _____
Equal spaces between arms and lateral thorax _____
Knees and feet align with trunk, point forward _____
From side, note curvature: cervical, thoracic, lumbar _____
2. Palpate spinous processes
3. Active range of motion
Flexion _____ Extension _____
Lateral bending right _____ Left _____
Rotation right _____ Left _____

I. Functional assessment (if indicated)

- Walk (with shoes on)
- Climb up stairs
- Walk down stairs
- Pick up object from floor
- Rise up from sitting in chair
- Rise up from lying in bed

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Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Assessment (Assessment of health state or problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, patient teaching)