

## Musculoskeletal Teaching Checklist - 2008

|     |   | Needs to Practice | Feels Comfortable |
|-----|---|-------------------|-------------------|
|     | Patient in gown seated on examination table. Examiner stands facing patient.  |                   |                   |
|     | <b>Hands and Wrists</b>   |                   |                   |
| 1.  | Inspect hands: dorsal and palmar, note any digit or joint deformity.  |                   |                   |
| 2.  | Instructs patient to actively flex, extend, abduct and adduct 5 fingers and wrists on each side, note any joint restrictions. |                   |                   |
| 3.  | Uses fingertips and thumbs to palpate joints (Carpal joints, MCP, and IP).  |                   |                   |
| 4.  | Uses fingertips and thumbs to palpate wrist for signs of synovitis.   |                   |                   |
| 5.  | Identify and palpate the following joints: metacarpocarpal, carporadial, and carpoulnar                                       |                   |                   |
|     | <b>Understands the 3 tests for Carpel Tunnel Syndrome</b>   |                   |                   |
| 6.  | Attempts to elicit Tinel's sign. Taps the flexor retinaculum over median nerve.   |                   |                   |
| 7.  | Performs Phalan's test. Flexes wrists 90° for 40-60 seconds and assess for tingling in median nerve distribution.             |                   |                   |
| 8.  | Performs carpal compression test. Compresses median nerve with both thumbs for 40-60 seconds.                                 |                   |                   |
|     | <b>Elbows</b>   |                   |                   |
| 9.  | Assesses range of motion by asking patient to extend and flex elbow; then supinate and pronate hand.                          |                   |                   |
| 10. | Palpates extensor surface of ulna with elbow flexed to 70°.   |                   |                   |
| 11. | Palpates grooves on either side of olecranon process.   |                   |                   |
| 12. | Presses on medial and lateral epicondyles to assess tenderness. (Tennis elbow/Golf elbow)                                     |                   |                   |

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|     | <b>Shoulders</b>  |                          |                          |
| 13. | Inspects shoulders anteriorly and posteriorly for subluxation, atrophy, scapular winging.   |                          |                          |
|     | <b>Assessing Range of Motion</b>  |                          |                          |
| 14. | Checks abduction and external rotation by having patient clasp hands behind head and extend arms to coronal plane.  |                          |                          |
| 15. | Tests scapular motion by further abducting arms above head. (Active or passive)   |                          |                          |
| 16. | Tests shoulder flexion: flexes shoulders forward to 180°.   |                          |                          |
| 17. | Tests shoulder extension: extends shoulders backward to 60°.  |                          |                          |
| 18. | Checks degree of internal rotation by having patient place hands on the small of the back.  |                          |                          |
| 19. | Identifies and palpates the following points for tenderness and deformity:<br>greater tubercle of humerus, bicipital groove, subdeltoid bursa, and the acromioclavicular and glenohumeral joints. |                          |                          |
| 20. | Identifies and palpates the coracoid process.   |                          |                          |
| 21. | Understands Neer's Impingement sign: pain with shoulder abduction to 180° and external rotation.  |                          |                          |
| 22. | Understands Hawkin's Impingement test: flexion, abduction, and internal rotation of the shoulder.   |                          |                          |
|     | <b>Head and Neck</b>  |                          |                          |
| 23. | Inspects neck for normal lordotic curve, abnormal step off, (also tracheal deviation, goiter).  |                          |                          |
| 24. | Palpate cervical spine for step off, tenderness.  |                          |                          |
| 25. | Palpate cervical paraspinal muscles for tenderness or hypertonicity.  |                          |                          |

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|     | <b>Head and Neck-continued</b>  |                          |                          |
| 26. | Assess active range of motion for cervical spine.<br>Instruct patient to: <ol style="list-style-type: none"> <li>a. Flex and Extend Neck forward and back</li> <li>b. Rotate head to left and right</li> <li>c. Sidebend to bring ear towards ipsilateral shoulder</li> </ol>                     |                          |                          |
| 27. | Understand Spurling's Test for foraminal stenosis:<br>Extend, sidebend, and rotate the head to close the neural foramina and assess for paresthesia in the distribution of a nerve root.  |                          |                          |
| 28. | With index fingers, identify and palpate the following joints for deformity or tenderness:<br>sternoclavicular, manubriosternal, and costochondral.   |                          |                          |
|     | <b>Assessment of Temporomandibular Joint (TMJ)</b>  |                          |                          |
| 29. | Places first two fingers of each hand in front of tragus of ear and instruct patient to open and close mouth.   |                          |                          |
| 30. | Performs 3 finger or knuckle test of TMJ  |                          |                          |
|     | <b>Feet</b>   |                          |                          |
| 31. | Patient supine or sitting. Examiner stands at foot of examination table.  |                          |                          |
| 32. | Inspects feet. <ol style="list-style-type: none"> <li>a. Inspects plantar surface for abnormal callusing or ulcers.</li> <li>b. Inspects dorsal surface for Hallux Valgus, midfoot and forefoot deformity.</li> <li>c. Inspects skin of feet for cyanosis, mottling, capillary refill.</li> </ol> |                          |                          |
| 33. | Has patient flex and extend toes.<br>Passively flex and extend great toe (Hallux Rigidus) and lesser toes.  |                          |                          |
| 34. | Compresses the metatarsal heads between thumbs and fingers, noting tenderness (Morton's Neuroma).   |                          |                          |

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|     | <b>Feet - continued</b>   |                          |                          |
| 35. | With thumbs on sole of foot and fingers on the top of foot, bilaterally palpates the following joints and entheses: distal interphalangeal, proximal interphalangeal, metatarsophalangeal, origin of plantar fascia on the calcaneus. |                          |                          |
| 36. | With patient standing, assess for pes cavus or pes planus.  |                          |                          |
| 37. | During casual gait, understand supination and pronation.  |                          |                          |
|     | <b>Ankles</b>   |                          |                          |
| 38. | Inspects ankle for swelling, discoloration and nodules.   |                          |                          |
| 39. | Assesses active range of motion by having patient flex, extend, invert and evert each foot.   |                          |                          |
| 40. | If patient unable to perform active range of motion, passively check dorsiflexion, plantarflexion, inversion and eversion.  |                          |                          |
| 41. | Palpate medial and lateral ligaments for tenderness or edema, palpate achilles tendon for nodules, tenderness.  |                          |                          |
|     | <b>Knees</b>  |                          |                          |
| 42. | Patient supine on exam table.   |                          |                          |
| 43. | Inspects knees for deformities, effusion (bulging), joint line appearance.  |                          |                          |
| 44. | Tests active range of motion by having patient fully flex, then extend each leg.  |                          |                          |
| 45. | Palpates patella, medial and lateral joint lines for deformity or tenderness.   |                          |                          |
|     | <b>Understands 3 Methods to Check for Knee Effusion</b>   |                          |                          |
| 46. | Palpates suprapatellar pouch on each side of quadriceps, using thumb and forefingers. Compresses suprapatellar pouch on each side with one hand and palpate tibiofemoral joint space for effusion.                                    |                          |                          |

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|     | <b>Understands 3 Methods to Check for Knee Effusion - continued</b>   |                          |                          |
| 47. | Performs Bulge test to assess for small effusions.  |                          |                          |
| 48. | Performs flocculation test for knee effusion.   |                          |                          |
|     | <b>Checks Knee Stability</b>  |                          |                          |
| 49. | Mediolateral Stability:<br>Stresses medial collateral and lateral collateral ligaments with knee in 20° of flexion, to assess degree of "give" in knee joint. |                          |                          |
| 50. | Anterior-Posterior Stability:<br>With patient supine, examines cruciate ligaments anteriorly and posteriorly, by Lachman's test with knees 20° of flexion.    |                          |                          |
| 51. | Anterior-Posterior Stability:<br>Tests anterior and posterior cruciate ligaments by Drawer test with knees at 90° of flexion.                                 |                          |                          |
| 52. | Assesses mensical injury of knee by hyperflexion and internal and external rotation of tibia, eliciting any pain. (McMurray's Test).                          |                          |                          |
|     | <b>Hips</b>   |                          |                          |
| 53. | Patient is supine on examining table.   |                          |                          |
| 54. | Using passive range of motion technique, assess hip flexion, internal and external rotation, with pelvis in neutral position.                                 |                          |                          |
| 55. | When assessing flexion of one hip, observe that the other side can stay down in extension (down on exam table).   |                          |                          |
| 56. | With the knee and hip flexed, rotates each hip internally (40°) and externally (45°).   |                          |                          |
| 57. | With the leg extended (straight down), abducts hip to 60° and adducts hip to 30° for each side.   |                          |                          |
| 58. | Performs Patrick or FAbER (Flex, Abduct, Externally Rotate) test to assess for hip or sacroiliac disease (pain) on each side.                                 |                          |                          |

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|     | <b>Hips - continued</b>   |                          |                          |
| 59. | Understands how to perform a Thomas test for occult hip flexion contracture on each hip.  |                          |                          |
|     | <b>Spine</b>  |                          |                          |
| 60. | Patient stands with back to examiner so that spine is visible.<br>Examiner seated.  |                          |                          |
| 61. | Inspects dorsolumbar spine for abnormal curvature, scoliosis, abnormal lordosis or kyphosis.  |                          |                          |
|     | <b>Assessing Range of Motion of Spine:</b>  |                          |                          |
| 62. | Examiner stabilizes patients' pelvis with hands.  |                          |                          |
| 63. | Has patient side-bend to right, then left.  |                          |                          |
| 64. | Has patient extend spine backwards toward examiner. (patient looks at ceiling).   |                          |                          |
| 65. | Has patient flex forward, examines curve of spine from upper thoracic to sacrum.  |                          |                          |
| 66. | Rotate by twisting shoulders to right, then left. (examiner is stabilizing pelvis).   |                          |                          |
| 67. | Using smooth motion of examiner's hand, palpates posterior ribs for dislocation, spinous processes for step off, paravertebral muscles for tenderness or abnormal tone. |                          |                          |
| 68. | Uses ulnar surface of fist to percuss spine for deep tenderness.  |                          |                          |
| 69. | Using thumbs, palpate sacroiliac joints for tenderness and asymmetry  |                          |                          |
| 70. | Assess for Trendelenberg sign (weak hip abductors) by having patient stand on one foot and looking for lowering of the contralateral hip.                               |                          |                          |