

Musculoskeletal Examination Checklist

Patient Information

Name:

Age:

Date of Examination:

General Observations

Posture

Gait

Body Symmetry

Muscle Atrophy

Swelling or Deformities

Notes:

Examination of the Spine

Cervical Range of Motion

Thoracic and Lumbar Range of Motion

Spinal Tenderness

Deformities or Curvatures (e.g., scoliosis, kyphosis)

Notes:

Upper Extremity Examination

Shoulder:

Range of Motion

Strength Testing

Impingement Signs

Notes:

Elbow:

Range of Motion

Tenderness

Stability Testing

Notes:

Wrist and Hand:

Range of Motion (Wrist, Fingers)

Grip Strength

Phalen's Test (for Carpal Tunnel Syndrome)

Notes:

Lower Extremity Examination

Hip:

Range of Motion

Strength Testing

Gait Assessment

Notes:

Knee:

Range of Motion

Ligament Stability Tests (e.g., ACL, PCL)

Meniscus Tests

Notes:

Ankle and Foot:

Range of Motion

Tenderness

Stability Testing

Notes:

Neurovascular Assessment

Peripheral Pulses

Capillary Refill

Sensory Examination

Motor Examination

Notes:

Special Tests

Straight Leg Raise Test (for Lumbar Radiculopathy)

FABER Test (for Hip Pathology)

McMurray's Test (for Meniscal Injury)

Notes:

Functional Assessments

Squatting

Walking on Heels/Toes

Stair Climbing

Notes:

Diagnostic Imaging and Other Tests

X-rays

Specify Area:

MRI

Specify Area:

CT Scan

Specify Area:

Ultrasound

Specify Area:

Notes:

Examiner's Summary and Recommendations

Findings Summary:

Recommended Interventions/Treatments:

Doctor's Name:

Date:

Signature: