

Musculoskeletal Examination Checklist

Patient information	
Name:	
Date of assessment:	Date of birth:
Patient ID:	Sex:
Mobility status/fall risk/use of assistive devices:	Other relevant medical information (if needed):
Pre-exam	Inspection
<input type="checkbox"/> Gather supplies: assistive device <input type="checkbox"/> Perform safety steps	<input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Gait <input type="checkbox"/> Ability to sit and stand <input type="checkbox"/> Posture <input type="checkbox"/> Symmetry <input type="checkbox"/> Overall size <input type="checkbox"/> Bony enlargement <input type="checkbox"/> Muscle and joint alignment <input type="checkbox"/> Coordination <input type="checkbox"/> Muscle function <input type="checkbox"/> Note balance, limping, presence of deformity, or shuffling
Palpate	
<input type="checkbox"/> Bones <input type="checkbox"/> Joints <input type="checkbox"/> Muscles <input type="checkbox"/> Surrounding tissue	
Notes:	
	Notes:

Assess range of motion (ROM)

- ☐ Ask the patient to move major joints through expected ROM movements
- ☐ Observe the quality and equality of motion bilaterally
- ☐ Note any limitation, pain, or crepitus

Notes:

Muscle strength

- ☐ Assess hand grips
- ☐ Assess upper extremities
- ☐ Assess lower extremities

Notes:

Post exam

- ☐ Ensure safety measures
- ☐ Hand hygiene
- ☐ Document assessment findings

Additional notes/remarks