

Musculoskeletal Nursing Assessment

Physician's Name:

Date:

Patient's Name:

Age: Date of Birth:

Considerations (if needed):

Medical History (e.g. chronic disease, neurological condition, surgeries, medication, etc.):

Symptoms (e.g. muscle weakness, pain, swelling, redness, etc.):

Gait assessment:

Spine inspection:

Range of motion of joints observation:

Muscle and extremities inspection:

Muscle strength assessment:

Extremities palpation:

Others:

Summary of Findings: