

# 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:**