

Musculoskeletal Examination check list

Examination of the hip

- Introduce yourself to patient.
- Explain what you are going to do.
- Proper exposure of the examined part.
- Compare your examination with the other side.
- Stand on the right side of the patient.

Inspection

- Look from front, back and side for swelling, scare, deformity

Gait eg, antalgic.

Trendelenburg test

- secondary to abductor weakness
- weight bearing on the affected hip leads to a contralateral hip drop

Palpation

- Palpate for any tenderness or hotness (bony GT ASIS SP)

range of motion of the joint

_flex_ext abd add ER IR

Check special test for hip joint.

Thomas test

- With patient supine, fully flex one hip.
- if contralateral hip lifts off table, there is likely a fixed flexion deformity

Neurovascular examination

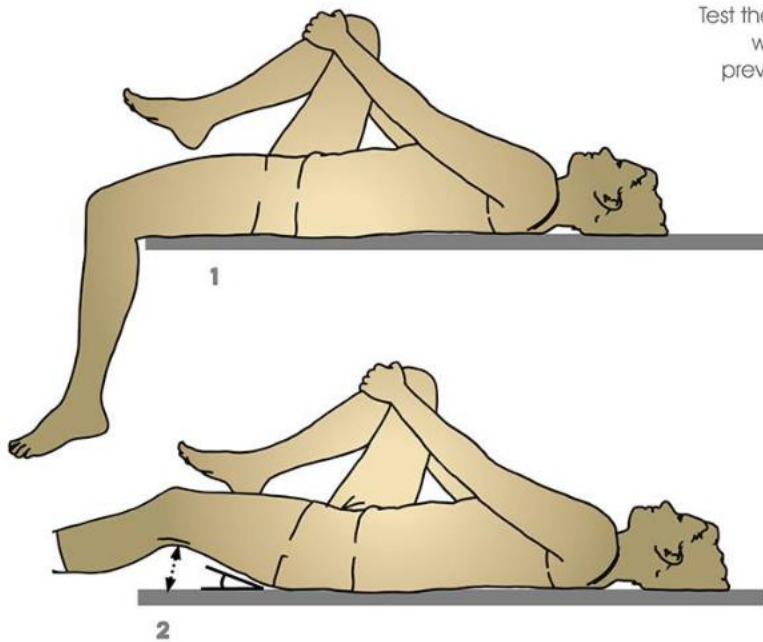
- Femoral artery
- Dorsalis pedis artery
- Sensory and motor examination of both lower limbs

THOMAS TEST

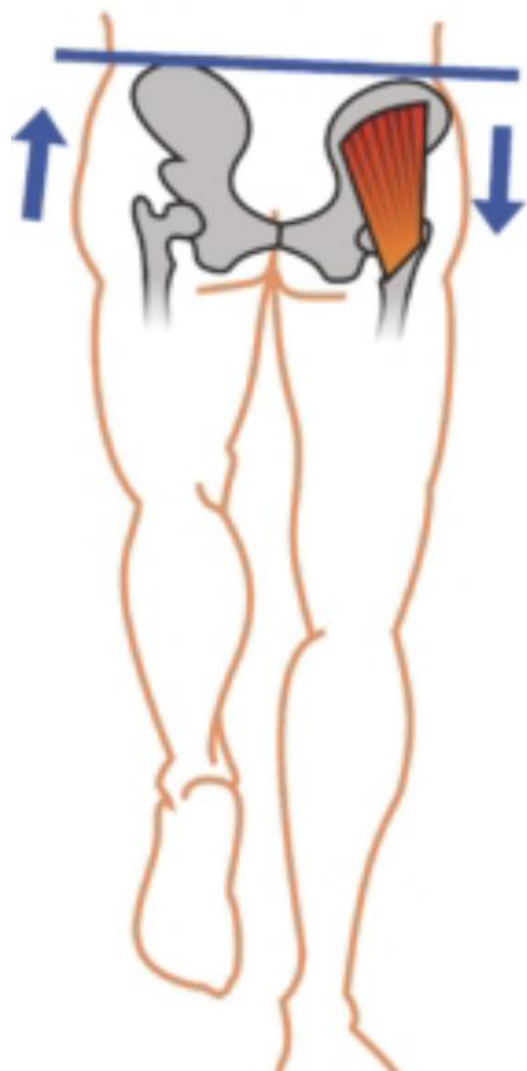
Test the rectus femoris muscle which may be restricted, preventing flattening of leg.

1: normal condition

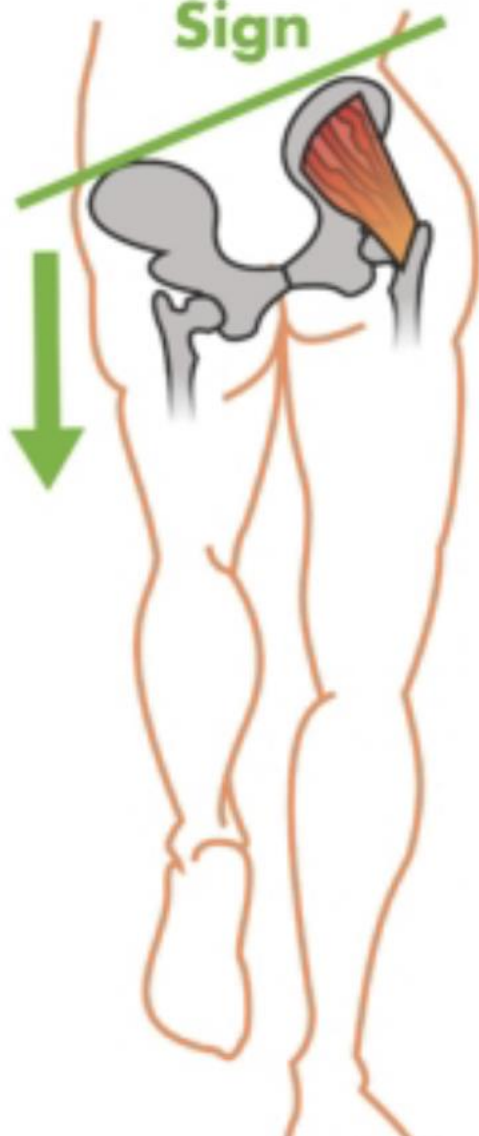
2: restricted condition



Normal



Trendelenburg Sign



Examination of the knee

- Introduce yourself to patient.
- Explain what you are going to do.
- Proper exposure of the examined part.
- Stand on the right side of the patient.
- Compare your examination with the other side.

Inspection

- Look from front, back and side for swelling, scars, gait, deformity. (Genu varum, genu valgum)

Palpate

for tenderness temperature

Check the range of motion of the joint. (flexion, Extension)

Check special test for knee joint.

- Joint line tenderness for meniscus injury.
- Lachman test. For ACL injury.
- Anterior drawer for ACL
- posterior drawer for PCL with the knee at 90° of flexion, a posteriorly directed force is applied to the proximal tibia and posterior tibial translation is quantified

Neurovascular examination



Examination of the shoulder

- Introduce yourself to patient.
- Explain what you are going to do.
- Proper exposure of the examined part.
- Stand on the right side of the patient
- Compare your examination with the other side.

Inspection

- Look from front, back and side for swelling, scar, deformity
scapular wing symmetry

Palpation

- Palpate bony prominence and muscles

Check the range of motion of the joint.

(flexion, Extension, abduction, adduction, internal rotation and external rotation).

Check special tests

Supraspinatus muscle: drop test (passively elevate arm in scapular plan to 90°. Then ask the patient to slowly lower the arm. The test is positive when weakness or pain causes them to drop the arm to their side —tests for function/integrity of supraspinatus)

Apprehension test (have the patient lie supine. Apprehension test performed by bringing the arm in 90 degrees of abduction and full external rotation and patient experiences sense of instability)

Neurovascular examination

Examination of the spine

- Introduce yourself to patient.
- Explain what you are going to do.
- Proper exposure of the examined part.
- Stand on the right side of the patient.

Inspection

Look from front, back and side for skin , swelling, scars, deformity , alignment (scoliosis, kyphosis)

Palpation

palpate local tenderness on the spinal axis, asymmetric

Check the range of motion.

- flexion
- extension
- rotation
- lateral bend

Check neurological examination

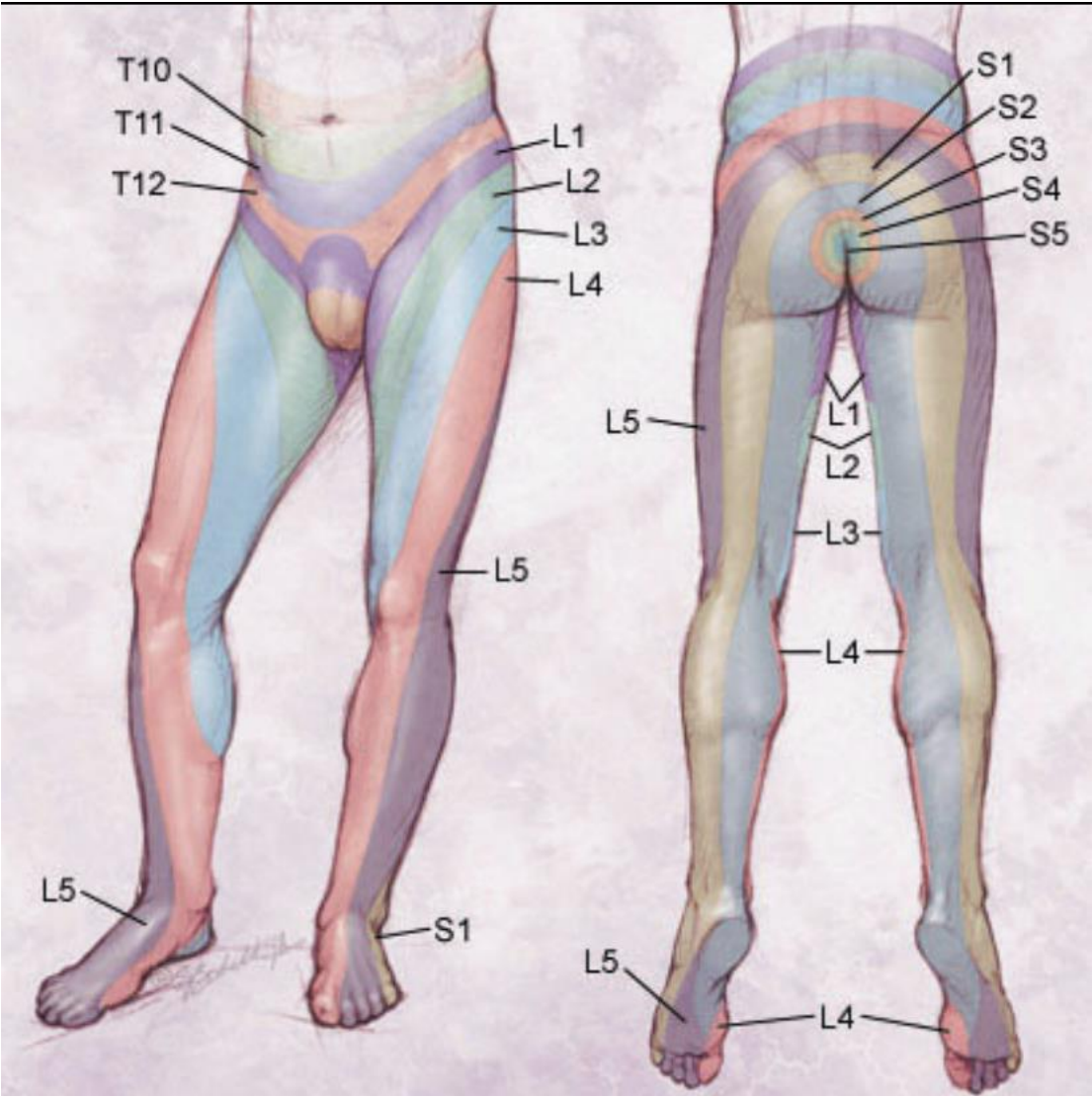
- Sensory
 - pain (prick with sharp object such as paper clip, broken cue tip)
 - light touch (stroke lightly with finger)
- motor examination of the upper and lower limbs
 - include at least one muscle from each nerve root group

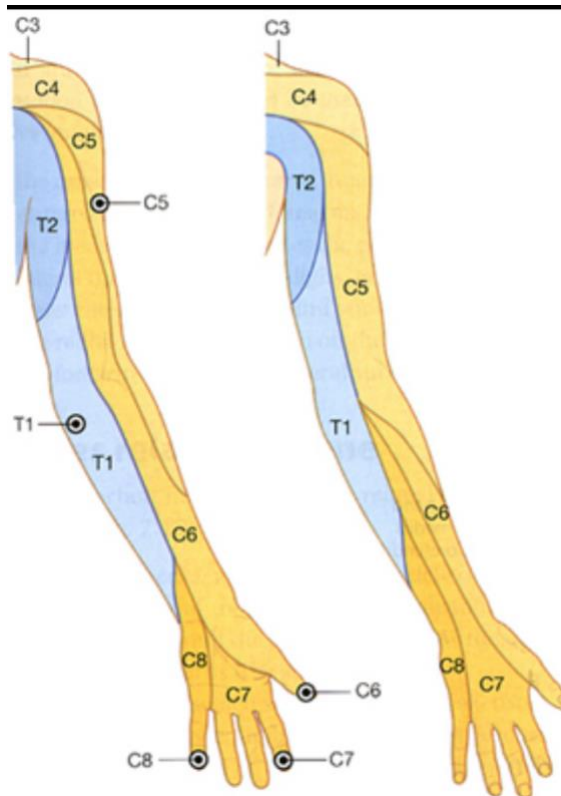
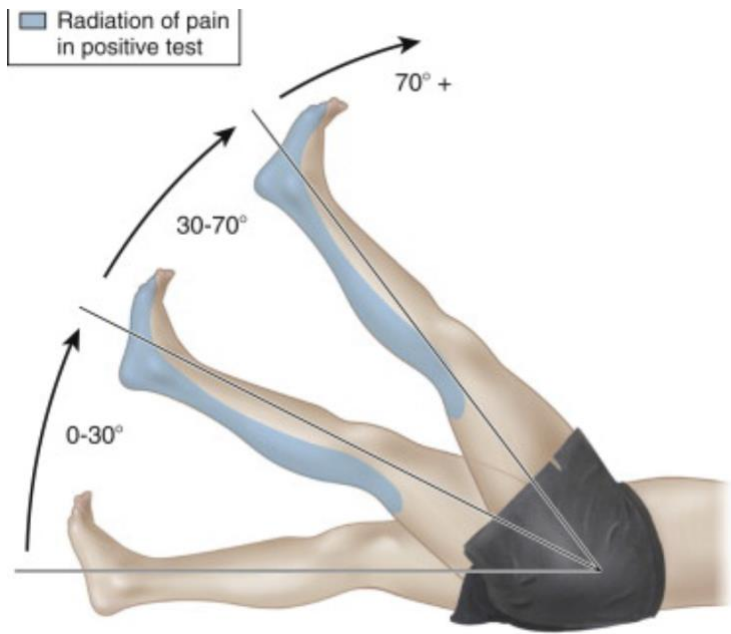
Special test

straight leg raise

- compression of lower lumbar nerve roots (L4-S1)

L2	Hip flexion
L3	Knee extension
L4	Ankle dorsiflexion
L5	Toe dorsiflexion
S1	Foot plantar flexion
S2	Toe plantarflexion





<i>Root</i>	<i>Primary Motion</i>
C4	Scapular Stabilization (winging)
C5	Shoulder abduction Elbow flexion (palm up)
C6	Elbow flexion (thumb up) Wrist extension
C7	Elbow extension Wrist flexion
C8	Finger flexion, hand grip, thumb extension
T1	Finger abduction