Musculoskeletal Assessment

Pocket book

Make everything as simple as possible,
but not simpler.

PT NAME :

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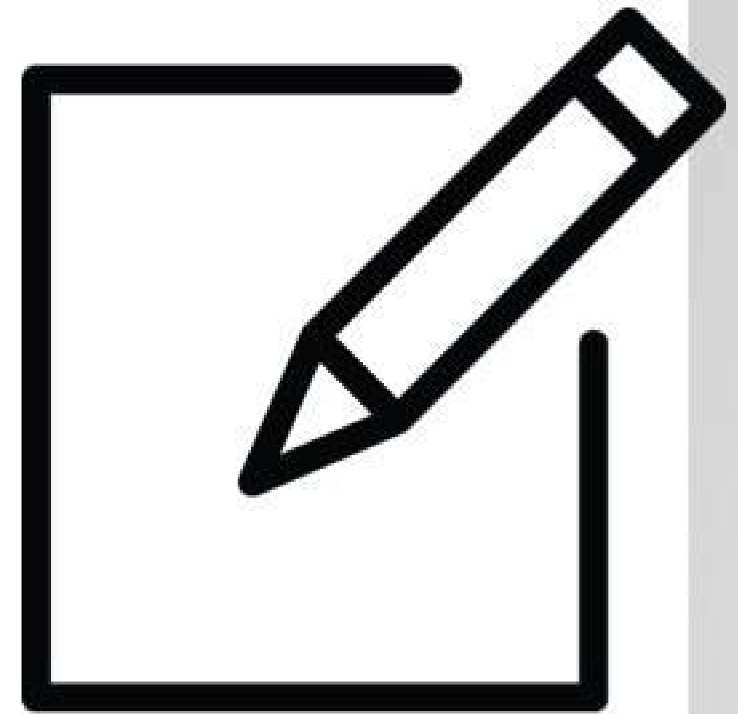
Contents :



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OLD IDEAS IN NEW STYLE

The objectives of this pocket book are:

- To identify the appropriate question to include in subjective musculoskeletal assessment.
- To discuss the use of regional and special questions for particular joints.
- To explain the use of appropriate subjective and objective markers.
- To explain the use of specific and regional tests at particular joints.
- To recognize the need for continuous reassessment.

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FORMAT OF ASSESSMENT:

- 1) Listen – History and back ground.
- 2) Look – observation.
- 3) Test – individual structures (ROM, Strength)
- 4) Record- an accurate account of findings.
- 5) Assess – and remember to involve the patient.

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SUBJECTIVE ASSESSMENT:

Subject assessment needs include :

- The Name, address, number of the patient and the patient hospital number .
- Both the age and the date of birth .
- The medical referrers.
- Patient working (job) very important also
- Patient hobbies or interests or any sport play.
- ADL and occupation.

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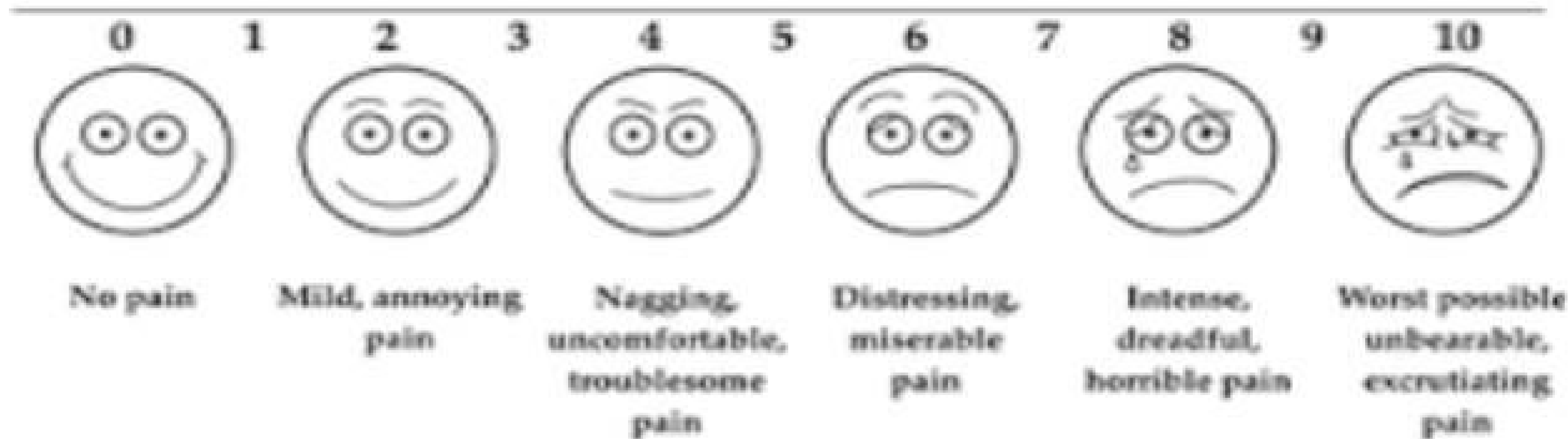
Ask about the symptoms :

- Area of symptoms " using a body chart "
- severity of symptoms "using visual a analogue scale or a numerical scale of 0-10 to quantify pain)



symptoms & signs:

Symptoms are what the person complains of (e.g. my knee hurts).

Signs are what can be measured or tested (e.g. the patent has positive patellar tap test)

- Duration of the symptoms(the pain present all the time or does it come and go depending on activities or time of day.
- Aggravating and easing factors positional factors (different structures on stretch or compression and the resultant deformation produces an increase in severity of the pain . record the length of time that engaging in aggravating activity that increase the symptoms.
- Time factors (record the sign and symptoms over a 24 hours
- Do the symptoms keep the paient wake or awaken or at the night .
- the symptom vary form the morning to the afternoon and into the evening .

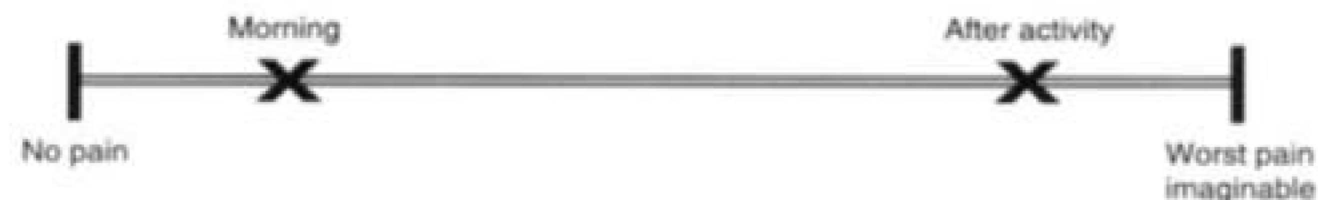


Figure 2.2 The visual analogue scale (VAS).

- History of the present condition
- Traumatic onset or Insidious onset
- Progression of the condition

The stage of the condition if it acute or chronic :

The physiotherapist should identify:

- ✓ 1. Is this the first episode?
- ✓ 2. Is it recurrent?
- ✓ 3. Is it getting better or worse?

• Past medical History :

- (Determine whether or not the patient is suffering or has suffered any major operation or illnesses) record the type and dosage of medication taken
- analgesics such as paracetamol and cocodamol
- NSAIDs such as ibuprofen.
- Skeletal muscle relaxants such as diazepam and baclofen.

• Previous treatment

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Investigations :

(**X-rays**)show the degree or extent of arthritis present at a joint. They are also useful in determining the extent of osteomyelitis (bone infection) and some malignancies and osteoporosis. however, that there is a poor correlation between X-rays and spinal symptoms, for non-specific low back and neck pain

- ✓ **MRI scans** used to identify ligamentous and muscular injuries, particularly in athletes, as well as disco genic prolapse.
- ✓ **CAT scans** to identify the precise level and extent of disc prolapse and subsequent nerve impingement prior to discectomy
- ✓ **(bone scane)**
- ✓ **Blood tests** : confirmation of the diagnosis of particular diseases, such as rheumatoid arthritis, ankylosing spondylitis, osteomyelitis and malignancy.

Red flag indications:

(the physiotherapy management may well be contraindication in this situation and may be wasting time for the patient)

- Unexplained weight loss
- General debility
- Unremitting pain that is unrelieved
- Feeling unwell or tired
- Malignant disease

Note :

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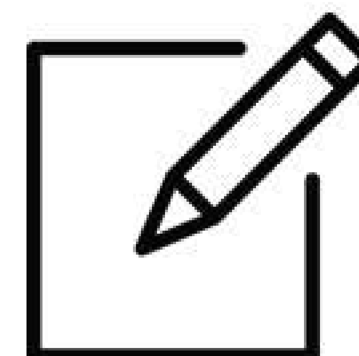

Objective assessment

After taken subject assessment we should take objective assessment for the patient :

1. General observation : observe the persons gait .
2. Local observation : note any localised swelling at the joint. Measure around the joint or limb circumference . Measure if there is deformity, redness, local inflammation, atrophy and compare one joint closely with the other side .
3. Posture : observe the posture in standing, walking, sitting , muscle imbalance, tightness and weakness . Poor postural habits may lead to an acceleration of certain pathologies such as adhesive capsulitis.

4. palpation:

Tenderness , Heat (use the back of your hand which is more sensitive) , swelling , muscle spasm.

4. assessment of movement (passive movements (Accessory movements) – Active movements – Resisted movements).
5. Measurement of joint range using a goniometer .
6. Differentiation tests :

If a lesion is situated within a non contractile structure such as ligament, then both active and passive movements will be painful and or restricted in the same direction for example a ruptured quadriceps muscle will be painful on passive knee flexion (stretch) and resisted knee extension (contraction).

7. End feel :

- Bony block to movement or a hard feel its mean arthritis joints.
- An empty feel, or no resistance at the end range, may be due to severe pain associated with infection, active inflammation or a tumor.
- A springy block is characterized by a rebound feel at the end of range and is associated with a torn meniscus blocking knee extension.
- Spasm is experienced as sudden, relatively hard feel associated with muscle guarding.
- A capsular feel shows a hardiest arrest of movement.

8 assessment of muscle strength :

- The Oxford scale

Oxford/MRC grading scale

Grade	Muscle Activity
0	No contraction
1	Flicker/trace contraction
2	Active movement with gravity eliminated
3	Active movement against gravity
4	Active movement against gravity and resistance
5	Normal power

Note :

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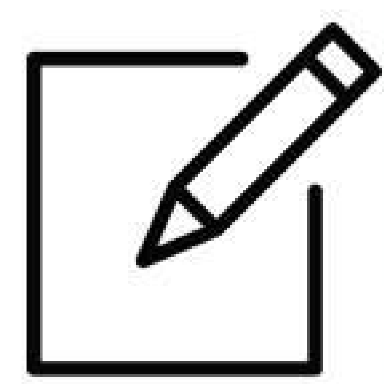

writing up the assessment :

- Subjective and objective.
- Assessment .
- Write problem list .
- Smart goals : (Specific , Measurable , achievable, Realistic ,Time-related)
- Treatment plan .

Ideas
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Characteristics of degenerative joint disease :

- Pain that increase on weight bearing activities
- Insidious onset of symptoms followed by progressive of relapses and remissions
- Pain and stiffness in the morning
- Stiffness following periods of inactivity
- Pain and stiffness that arise after unaccustomed periods of activity
- Bony deformity may follow from collapse of the medial compartment joint space
- Reduction of the joint space with bony outgrowths or osteophytes

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REFRENCE :

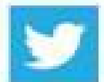
TIDY'S PHYSIOTHERAPY BOOK .

Prepared by :

Norah Abdulrazaq
Bayan Daher

Ptideas.org

Ptideas Team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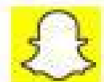
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