

Musculoskeletal Procedures Checklist

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| Indicator Conditions | Observed | Performed | Comments |
|---|----------|-----------|----------|
| <p>For each assessment or treatment procedure you might be employing with any one specific patient, please enter a number in the appropriate box. Once you have entered a procedure for one patient you do not need to enter it again as long as it is used again for the same patient. If you use a procedure again, BUT for a different patient, you should enter it again.</p> | | | |
| ASSESSMENT PROCEDURE | | | |
| A. Patient Interview (Obtain Relevant Subject Data) | | | |
| B. Pain Assessment (VAS, McGill Questionnaire, Pain Scales, etc.) | | | |
| C. Read / Obtain Results of Imaging or Special Tests | | | |
| D. Consult with other Health Care Professionals as Appropriate | | | |
| E. Observe General Condition / Situation | | | |
| F. Assess Mental Status | | | |
| G. Assess Posture | | | |
| H. Assess Function (Bed Mobility, Transfers, etc.) | | | |
| I. Assess Gait | | | |
| J. Perform Upper and Lower Quadrant Scanning Examinations | | | |
| K. Assess Rheumatic Disease Activity (Active Joint Count, Effusion, etc.) | | | |
| L. Assess Rheumatic Disease Joint | | | |

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| Damage (Deformity, Laxity, Damage, etc.) | | | |
| M. Assess Joint Inflammation / Effusion | | | |
| N. Assess Skin Condition | | | |
| O. Assess Circulation (Pulse, Colour, Temperature, Capillary Refill, etc.) | | | |
| P. Assess Vertebral Artery Status | | | |
| Q. Assess Stability of Spinal Joints | | | |
| - Cranio-Vertebral | | | |
| - Cervical | | | |
| - Thoracic | | | |
| - Lumbar | | | |
| - Pelvis | | | |
| R. Assess Spinal Joint Play (PPIVMs, PAIVMs) | | | |
| - Cranio-Vertebral | | | |
| - Cervical | | | |
| - Thoracic | | | |
| - Lumbar | | | |
| - Pelvis (SI joint, PAMs, not PPIVMs) | | | |
| S. Assess Active ROM (Goniometer - peripheral, Tape Measure - spine) | | | |
| T. Assess Passive ROM (Goniometry) | | | |
| U. Assess Muscle Tone (Tension, Tone, Spasms, Spasticity) | | | |

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| V. Assess Muscle Length and Flexibility (Length Tension Test) | | | |
| W. Assess Joint Mechanics (Joint Play ie. PAM, Ligament Stability) | | | |
| X. Assess End Feels | | | |
| Y. Assess Muscle Performance | | | |
| - Endurance | | | |
| - Strength (Isometric, Concentric, Eccentric) | | | |
| - Power | | | |
| Z. Perform Functional Strength Tests (Squat, Shoulder Elevation) | | | |
| AA. Perform and Grade Manual Muscle Tests | | | |
| AB. Assess Deep Tendon Reflexes (DTR) | | | |
| AC. Assess Myotomes and Dermatomes | | | |
| AD. Assess UMN Lesion (Babinski, Clonus, etc.) | | | |
| AE. Assess Balance, Proprioception | | | |
| AF. Assess Coordination | | | |
| AG. Assess Sensation to Hot/Cold, Sharp/Dull, Light Touch | | | |
| AH. Assess Need for Equipment / Aids for Function (Walking Aids, Wheelchairs, Orthotics, etc.) | | | |
| AI. Neurodynamic Testing | | | |
| INTERVENTIONS | | | |
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| A. Passive Movements | | | |
| - ROM | | | |
| - Prolonged Stretching (Spinal and Peripheral) | | | |
| - Spinal Joint Mobilization Techniques | | | |
| cranio-vertebral | | | |
| cervical | | | |
| thoracic | | | |
| lumbar | | | |
| pelvis | | | |
| - Peripheral Joint Mobilization Techniques | | | |
| - Neural Mobilization Techniques | | | |
| B. Active Movements | | | |
| - Assisted Exercise | | | |
| - Free Exercise (AROM) | | | |
| - Coordination and Agility Exercises | | | |
| - Core Stability Exercises | | | |
| C. Resisted Movements (Spinal, Peripheral and Patterned Movement) | | | |
| - Manual | | | |
| - Mechanical | | | |
| D. Massage, Frictions | | | |
| E. Positioning of Patient (for optimal/alternate sleep positions) | | | |

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| F. Postural Correction | | | |
| G. Balance Training | | | |
| H. Gait Training | | | |
| I. Use of Ambulation Aids | | | |
| J. Functional Training | | | |
| - Transfer and Mobility Skills | | | |
| - Stairs, Inclines, Outdoors | | | |
| - Hand Function | | | |
| - Oral Facial Function | | | |
| K. Adaptation of Equipment for Therapeutic or Recreational Purposes | | | |
| L. Use of Equipment for Exercise (Slings, Springs, Pulleys, Tubing, etc.) | | | |
| M. Classes | | | |
| - Post THR | | | |
| - Back Education | | | |
| N. Hydrotherapy | | | |
| - WP | | | |
| - Contrast Baths | | | |
| - Pool | | | |
| O. Cold / Hot Packs | | | |
| P. Wax | | | |
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| Q. Traction (Cervical and Lumbar) | | | |
| - Manual | | | |
| - Mechanical | | | |
| R. Electrotherapy | | | |
| Laser | | | |
| - TENS | | | |
| - Interferential | | | |
| - US | | | |
| - Electrical Stimulation | | | |
| - Diadynamic | | | |
| - Direct Current | | | |
| S. Compression Garments (Jobst) | | | |
| T. Biofeedback | | | |
| U. Principles of Joint Care (Joint Protection, Energy Conservation) | | | |
| V. Management of Acute and Chronic Inflammation | | | |
| W. Bandaging / Taping | | | |
| - Tensor Bandaging | | | |
| - Taping | | | |
| - Anti-Emboloc Stocking | | | |
| X. Adaptive Equipment | | | |
| - Collars | | | |

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| - Corsets | | | |
| - Splints / Slings | | | |
| - Orthotics (Ankle Brace, Knee Brace, AFO, etc.) | | | |
| Y. Prosthetic Training | | | |
| Z. Care of Open Wounds/Sores/Burns (Including Sterile Technique) | | | |
| AA. Discharge Planning | | | |
| AB. Written and Verbal Communication with: | | | |
| - Referring Physician | | | |
| - Surgeon | | | |
| - Orthotist | | | |
| - OT | | | |
| - Kinesiologist | | | |
| - WCB / 3rd Party Payers | | | |