Napa Valley College
Associate Degree Program in Nursing
NURS 141
Musculoskeletal Assessment – Submit with Care Plan

Student’s Name: ____________________________________________________________

Patient Initials: __________ Date of Care: ________________ Room # ______________

Refer to Elkin, Potter & Perry, Skill 13.5

1. Ask patient to describe history of problems in bone, muscle or joint function:
   __________________________________________________________

2. Assess nature and extent of client’s pain:
   __________________________________________________________

3. Determine how alterations influence patient’s ability to perform ADLs:
   __________________________________________________________

4. Assess height and weight
5. Describe gait as patient walks

6. Describe posture

7. Describe abnormal symmetry of:
   a. Joints
   b. Muscles

8. Document ROM (range of motion):
   upper extremities
   lower extremities

9. Describe muscle strength:
   upper extremities
   lower extremities

10. Describe weight bearing status & need for assistive devices:

11. Pertinent lab values & diagnostic tests:

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>X-ray</td>
<td></td>
<td>Calcium</td>
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<tr>
<td>CT Scan</td>
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<td>ANA</td>
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<td>MRI</td>
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<td>ESR</td>
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<tr>
<td>Bone Density</td>
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<td>Hct/Hgb</td>
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Nursing Diagnosis: if appropriate ____________________________________________

☐ Arthritis ☐ Gout ☐ Fracture ☐ Deformity

☐ Contractures ☐ Rt. Arm ☐ Rt. Leg
☐ Lt. Arm ☐ Lt. Leg

☐ Limitations

☐ Wheelchair ☐ Bed bound ☐ History of falls

Gait: ☐ Steady ☐ Unsteady ☐ Independent

☐ Needs assist. ☐ Cane ☐ Walker ☐ Other

☐ Assist with bath ☐ Assist with dressing ☐ Assist with meals ☐ Other

☐ Amputations ☐ Prosthesis ☐ Other

☐ Pain ☐ Location ☐ Scale