



Patient Name: _____

Date: _____

Occupational Medicine Musculoskeletal Exam Template

Constitutional

Vital Signs (need 3)	HR:	BP:	Height:	Weight:	BMI:
Appearance (describe pain behavior, movement, evidence of sedation/impairment)					

Psychiatric

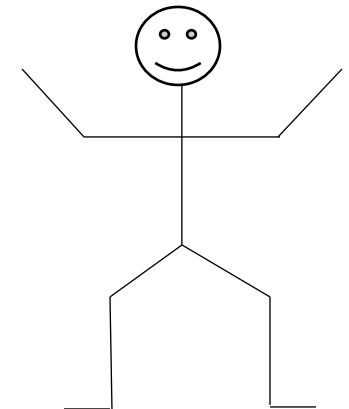
Cognition (orientation, insight, judgment, memory or quality of history)	
Mood/Affect/Cooperation	

Related Organs: _____

Spine (Document range of motion in affected and adjacent spine segment; palpate/inspect affected segment; describe findings in any special (e.g. provocative, distraction) tests)

	Neck	Thorax	Lumbosacral
Flexion			
Extension			
Right Lateral			
Left Lateral			
Right Rotation			
Left Rotation			
Palpation/inspection			
Special tests (describe response):			

Reflexes



Neurological Exam (Check means tested and normal; describe findings if abnormal)

Strength Tested against Resistance		Right		Left	
Upper Extremities	Thumb extension				
	Thumb opposition				
	Pinch strength				
	Grip strength				
	Interosseous strength				
	Wrist flexion				
	Wrist extension				
	Wrist radial movement				
	Wrist ulnar movement				
	Forearm pronation				
	Forearm supination				
	Biceps				
	Triceps				
	Shoulder abduction				
	Shoulder adduction				
	Shoulder flexion				
Shoulder extension					
Muscle tone					
Lower Extremities	Hip flexion				
	Hip abduction				
	Hip adduction				
	Hip extension				
	Quadriceps				
	Hamstring				
	Foot dorsiflexion				
	Foot plantar flexion				
	Foot eversion				
	Foot inversion				
	Great toe flexion				
	Great toe dorsiflexion				
Toe interosseous					
Sensation		Soft Touch	Sharp Touch	Soft Touch	Sharp Touch
Posterior aspect of the shoulders (C4)					
Lateral aspect of the upper arms (C5)					
Medial aspect of the lower arms (T1)					
Tip of the thumb (C6)					
Tip of the middle finger (C7)					
Tip of the pinky finger (C8)					
Upper part of the upper leg (L2)					
Lower-medial part of the upper leg (L3)					
Medial lower leg (L4)					
Lateral lower leg (L5)					
Sole of foot (S1)					

Extremities Compare sides; examine joints just proximal and just distal to affected area. Check means tested and normal. Describe findings if abnormal.

Upper Extremity	Right			Left		
	Inspection/Palpation	Active/Passive ROM	Stability	Inspection/Palpation	Active/Passive ROM	Stability
Fingers & Metacarpals						
Thumb						
Wrist						
Forearm						
Elbow						
Upper Arm						
Shoulder						

Lower Extremity	Right			Left		
	Inspection/Palpation	Active/Passive ROM	Stability	Inspection/Palpation	Active/Passive ROM	Stability
Toes & Metatarsals						
Arch						
Ankle						
Lower Leg						
Knee						
Upper Leg						
Hip & Pelvis						

Additional Exam Information: _____

Functional Assessment

Observe (Gait/Posture/Balance/Movement)	
Simulated work activities	
Need for/Ability to use affected part for work activities; role for assisted devices	

Comments: _____

Name

Signature

Date