
DOCUMENTATION

The following is a sample narrative note from musculoskeletal assessment of a healthy 30-year-old female.

Nurses Notes:

Subjective Data:

Female, 30 years old, reports mobility is “fine” and unchanged over 2 years. No personal history of joint, skeletal, or muscle diseases. Fracture of radius at age 5 with outcome of full use and movement. Maternal and paternal grandparents (ages 65 to 75) have had osteoarthritis for 5 to 10 years. Parents and siblings without musculoskeletal disease. Client walks outdoors or uses treadmill three to four times a week for 30 to 40 minutes. Diet includes multivitamin daily and orange juice with calcium. No significant weight loss or gain. Uses aspirin or Tylenol for occasional headache. Sun exposure limited to summer activities and outdoor walks. Denies pain or weakness. Gait is reported as steady and unchanged. No problems with muscle weakness, tremor, or movement.



Objective Data:

Symmetrical, nonpainful, and smooth movement of the TMJ. Muscles are firm and symmetrical. ROM—opens mouth with 4 cm between upper and lower teeth. Lateral jaw movement of 1.5 cm in each direction. Movement of jaw and mouth, with equal strength against resistance.

Shoulders are at equal height, clavicles and scapulae equal in size and location. Sternoclavicular and acromioclavicular joints symmetrical, nontender, and firm. Full ROM, muscle strength equal and strong bilaterally. Wrists and hands are symmetrical in size and shape, free from deformity. No swelling. Hands warm and smooth, interphalangeal joints nontender and smooth. Full ROM wrists and hands. Phalen’s test without pain, numbness, or tingling. Muscles strong and equal in wrists and fingers. Hips are firm, stable, and nontender. Full ROM bilaterally. Muscle strength equal to resistance. The patella is centrally located bilaterally. No tenderness or swelling. No edema or fluid in joint. Full ROM, knees aligned when erect, muscle strength equal to resistance. Feet and ankles symmetrical, no swelling, tenderness, pain. Joints firm and nontender, full ROM, equal muscle strength to resistance.

Spine is midline, cervical and lumbar curves concave, thoracic curve convex. Iliac crests and gluteal folds are level. Vertebral processes are aligned, uniform in size, stable, and nontender.

Muscles are smooth, firm, symmetrical. Full ROM. No pain or tenderness on palpation.

EXAM		FINDINGS			
Feet and Ankles	Size:	Symmetrical	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Shape	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Deformity	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes	_____
		Edema	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes	_____
	Joints:	Smooth	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Tender	<input checked="" type="checkbox"/> no	<input type="checkbox"/> yes	_____
	ROM:	Full	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Active	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
	Muscles:	Equal/strong	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
	Spine	Midline:	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Cervical curve:		Concave	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Thoracic curve:		Convex	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Lumbar curve:		Concave	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Iliac crests:		Level	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Gluteal folds:		Level	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Vertebral processes:					
		Aligned	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Uniform size	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Stable	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Tender	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
ROM:		Full	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
Muscles:		Smooth	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Firm	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____
		Symmetrical	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no	_____