

**UMMSM Essential Physical Examination
MUSCULOSKELETAL EXAM
Level ONE and Level TWO Benchmarks**

Instructor instructions: Please instruct the student to perform these selected portions of the essential physical exam. Please check the appropriate box ("P" or "R") for each step of the exam. Certification requires correctly performing all aspects of the highlighted maneuvers.

p

"P" = skill performed properly and completely

"R" = needs remediation or has improper technique

No check means the skill was not performed

rev 7/27/2015

Professionalism	Comments (Refer to Item #)	P	R
1. Washes hands before encounter <i>Instructor: Please prompt student to wash hands <u>prior</u> to beginning competency testing, if not initiated by student</i>			
Level 1 Benchmarks			
Pt <u>standing</u>, Examiner <u>behind</u>			
Back			
2. Inspects spine <i>Instructor: Student should inspect spine for symmetry, normal cervical & lumbar lordosis, alignment, pelvis symmetry; evaluate posture</i>			
3. Palpates spine <i>Instructor: Student should palpate the vertebral spinous processes for tenderness, from cervical to lumbosacral spine</i>			
4. Percusses spine <i>Instructor: Student should percuss vertebrae for tenderness from cervical to lumbosacral spine</i>			
5. Assesses ROM of spine <i>Instructor: Back ROM should be assessed on forward flexion, extension, lateral flexion & rotation</i>			
Pt <u>sitting</u>, examiner in <u>front</u>			
Upper extremities			
6. Inspects fingers/wrists/elbows/shoulders <i>Instructor: Student should inspect fingers, wrists, elbows & shoulders for symmetry, joint deformities & swelling</i>			
7. Palpates fingers/wrists/elbows/shoulders <i>Instructor: Student should palpate fingers, wrists, elbows & shoulders for swelling, warmth, tenderness, crepitus; student should palpate each MCP joint using thumbs (or other two fingers) just distal to and on each side of knuckle; DIP and PIP joints should be palpated using 4 fingers (thumb & index finger palpating medial/lateral aspects, thumb & index finger palpating superior and posterior aspects)</i>			
8. Assesses range of motion of fingers/wrists/elbows/shoulders <i>Instructor: Student should assess active and passive ROM of fingers, wrists, elbows, & shoulders</i>			
Pt <u>supine</u> at 30°, Examiner on <u>right</u>			
Lower Extremities			
9. Inspects lower extremities <i>Instructor: Student should inspect legs for size, symmetry, venous pattern, lesions</i>			
10. Inspects knees/ankles/feet <i>Instructor: Student should inspect knees, ankles, feet for symmetry, joint deformities & swelling</i>			
11. Palpates knees/ankles/feet <i>Instructor: Student should palpate knees, ankles, feet for swelling, warmth, tenderness & crepitus</i>			
12. Assesses range of motion of hips/knees/ankles			

Level 2 Benchmarks		P	R
Back			
13. Schober Test <i>Instructor: The Iliac crest should be palpated. A mark should be made at the midline, 5cm below that and 10cm above that. Forward flexion is performed. Anything <5 cm change with flexion is abnormal</i>			
14. Straight Leg Raise <i>Instructor: Patient is supine and the leg is lifted to 70°. Pain elicited between 30° and 70° indicates nerve pain.</i>			
Lower Extremities		P	R
15. Anterior Drawer Test <i>Instructor: Knee is flexed to 90° and foot is stabilized. Forward traction is placed on the tibia. Movement forward is indicative of a ACL tear</i>			
16. Varus/Valgus Stress Test <i>Instructor: Leg is lifted and supported. Varus and Valgus stress is applied. Opening, "gapping", of the opposite side of the knee is abnormal and suggests a collateral ligament tear.</i>			
17. McMurray Test <i>Instructor: Knee is completely flexed. Medial rotation of the tibia is performed and the knee is extended. The same maneuver is performed with lateral rotation of the tibia. Snapping, clicking and pain are indicative of a meniscus tear.</i>			
Upper Extremities		P	R
18. Supraspinatus Test <i>Instructor: Elbow is extended, 90° abduction of the shoulder and 30° of forward flexion. Pressure is applied downward to arm to assess for weakness. Pain or weakness suggest rotator cuff problems.</i>			
19. Painful arc <i>Instructor: Arm is straight at side and abduction of the shoulder is performed to 180°. Pain from 60° to 120° suggests rotator cuff pathology.</i>			
20. Hawkin's sign <i>Instructor: Arm is flexed at elbow 60 ° to 90°. Shoulder flexed to 90° then the humerus is medially rotated. Pain suggests impingement of the supraspinatus by the acromion.</i>			

General comments / overall impressions of this student's performance.