Musculoskeletal Nursing Assessment

Patient information	
Patient name: Charlee Solis	Date of birth: 01/15/1980
Gender: Male	Date of assessment: 11/18/2024
Patient ID: 123456	Assessor: Jane Smith, RN

Subjective assessment
Are you experiencing any current musculoskeletal symptoms such as muscle weakness, pain, swelling, redness, warmth, or stiffness?
Yes, experiencing pain and stiffness in the right knee, along with occasional swelling.
How is it affecting your ability to complete daily activities?
Difficulty climbing stairs and standing for prolonged periods.
P (precipitating factors)
Does anything bring on the symptom (e.g., activity, weight-bearing, rest)?
Pain worsens with walking, weight-bearing, and cold weather.
Q (quality)
Describe the characteristics of the pain (e.g., aching, throbbing, sharp, dull):
Aching with occasional sharp twinges during movement.
R (region/radiation)
Is the pain localized, or does it radiate to another part or area of the body?
Pain is localized to the right knee with occasional radiating discomfort to the calf.
S (severity)
How severe is the pain on a scale of 0-10?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☑ 7 ☐ 8 ☐ 9 ☐ 10

T (timing)

When did the pain first start?

Approximately three months ago after a fall.

U (understanding):

What do you think is causing the pain?

Believes it’s related to prior knee injury and worsening arthritis.

Have you ever been diagnosed with a chronic musculoskeletal disease such as osteoporosis, osteoarthritis, or rheumatoid arthritis?

☑ Yes	☐ No

If yes, please describe the conditions and treatments:

Osteoarthritis managed with NSAIDs and physiotherapy.

Have you ever been diagnosed with a neurological condition that affected the use of your muscles?

☐ Yes	☑ No

If yes, please describe:

Have you had any previous surgeries on your bones or muscles, such as fracture repair or knee or hip surgery?

☑ Yes	☐ No

If yes, please describe:

Yes, arthroscopic knee surgery on the right knee in 2020

Are you currently taking any medications, herbs, or supplements for your muscles, bones, or the health of your musculoskeletal system?

☑ Yes	☐ No

If yes, please describe:

Yes, taking ibuprofen and a glucosamine supplement.

Have you ever had a broken bone, strain, or other injury to a muscle, joint, tendon, or ligament?

☑ Yes	☐ No

If yes, please describe:

Yes, right knee ligament strain three years ago.

Objective assessment

Gait and posture

Normal gait and balance: ◯ Yes ◉ No

Postural abnormalities: ◯ Kyphosis ◯ Lordosis ◉ Scoliosis

Joint and muscle

Symmetry: ☑ Present ☐ Absent

Swelling, redness, or deformity: ☑ Yes ☐ No

Active range of motion: ☐ Normal ☑ Limited

Palpation findings

Tenderness: ☑ Yes ☐ No

Warmth: ☑ Yes ☐ No

Crepitus (without pain): ☑ Present ☐ Absent

Additional remarks

Swelling and limited range of motion suggest active inflammation in the knee joint.

Muscle strength testing	Remarks
☑ Assessed upper extremity strength	
☑ Assessed lower extremity strength	Right 3/5 (Active movement against gravity but not ag

Muscle strength scale

☐ **0** - No muscle contraction.

☐ **1** - Trace muscle contraction, such as a twitch.

☐ **2** - Active movement only when gravity is eliminated.

☑ **3** - Active movement against gravity but not against resistance.

☐ **4** - Active movement against gravity and some resistance.

☐ **5** - Active movement against gravity and examiner’s full resistance.

Critical conditions to be addressed immediately

Hot, swollen right knee indicative of possible acute inflammatory response.
Referral to orthopedic specialist recommended for further evaluation and management.

Additional notes

Patient requires follow-up for potential knee imaging (X-ray or MRI).
Education provided on managing osteoarthritis symptoms, including lifestyle modifications and physical therapy options.