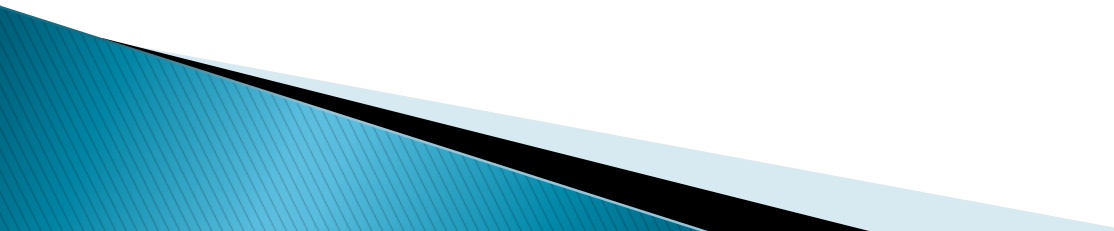


# Musculoskeletal Assessment

Nur 248



# Overview

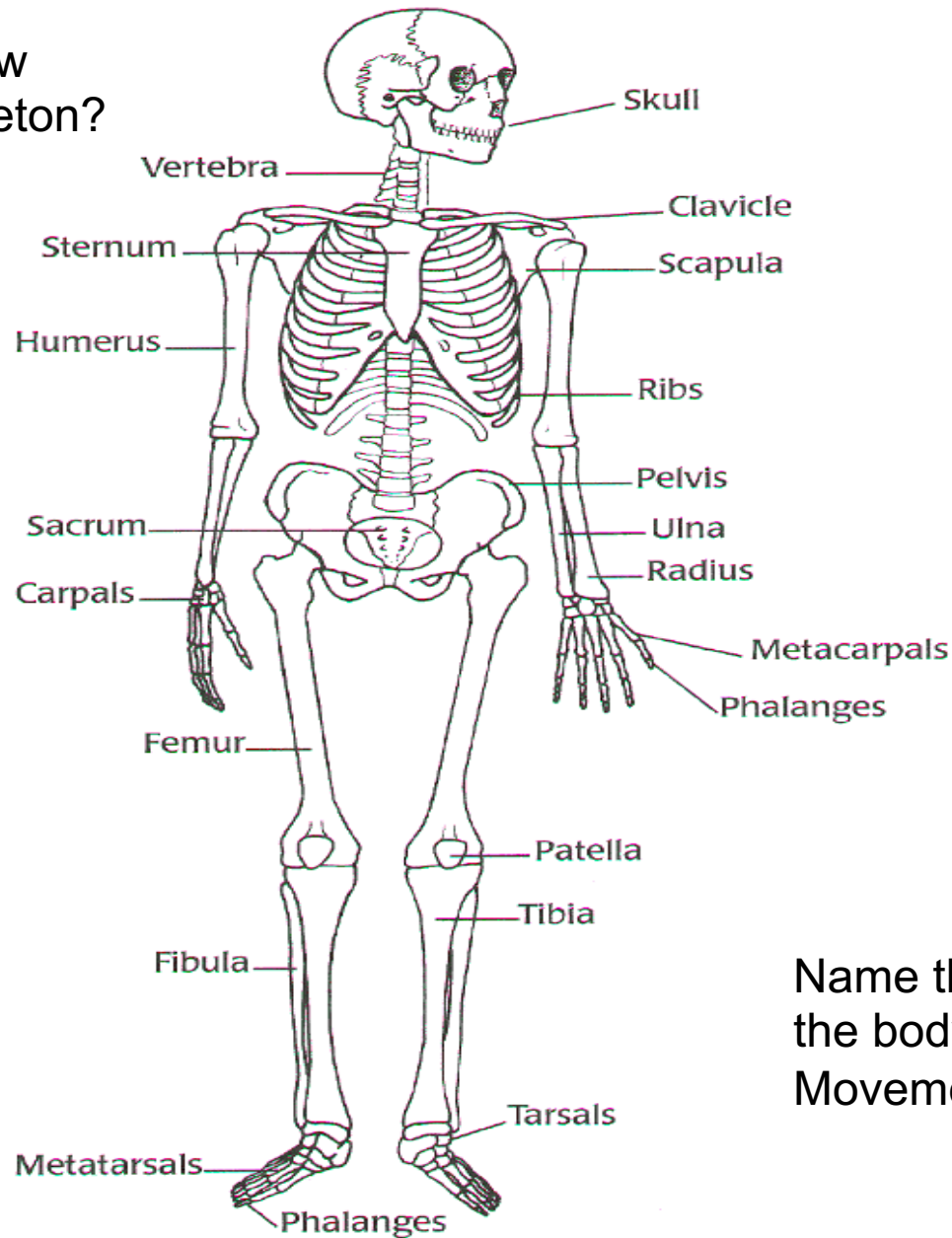
- ▶ Anatomy review
  - ▶ Joints and Movement
  - ▶ Assessment
    - Inspection
    - Palpation
    - Percussion
    - Joint ROM
    - Strength Testing
- 

# Musculoskeletal Assessment

- ▶ Musculoskeletal system
  - Contains–
- ▶ Functions?

# Anatomy Review

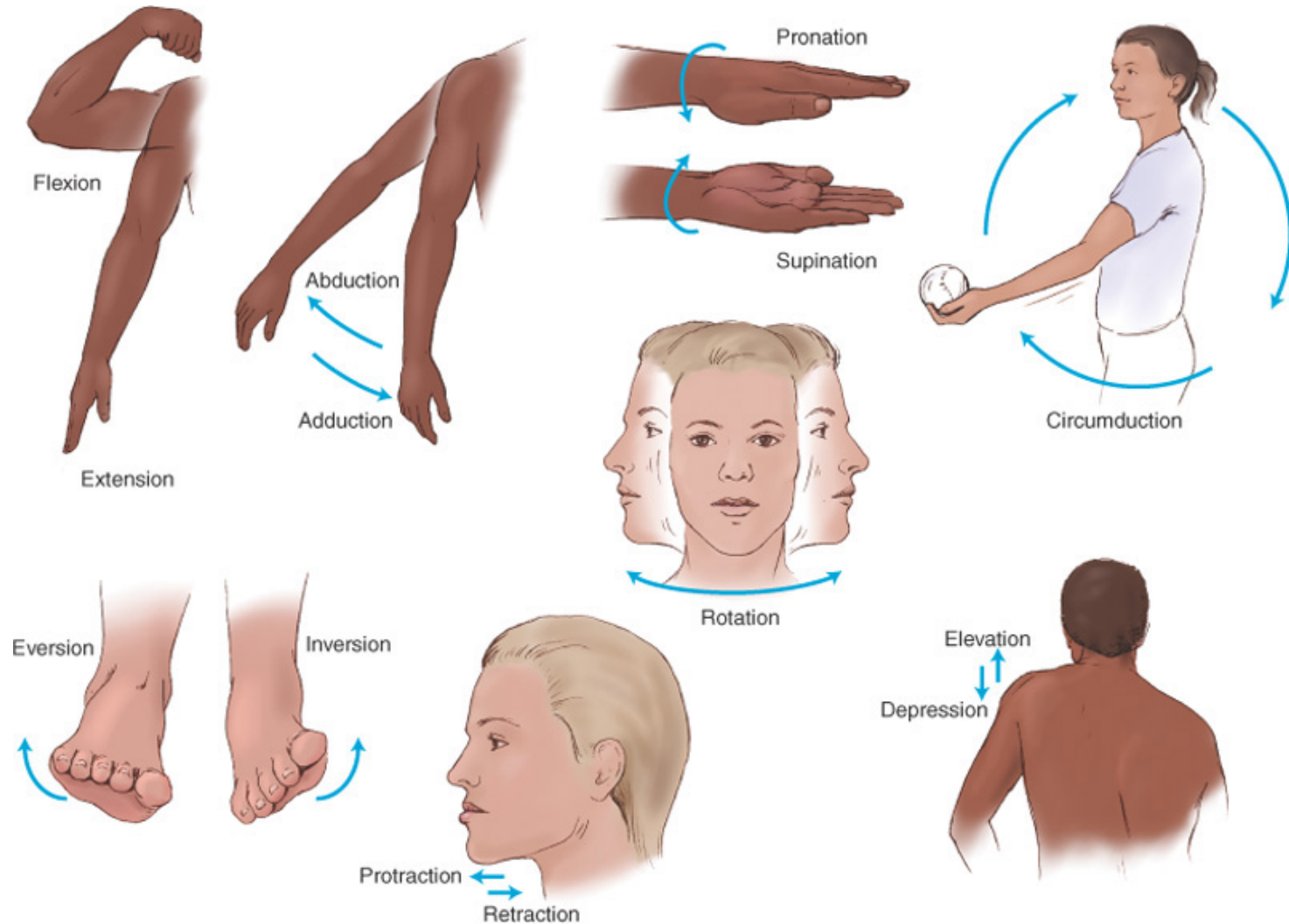
# bones in skeleton?



Define:  
Cartilage  
Ligament  
Bursa

Name the types of joints in the body-  
Movement of those joints?

# Joint movements



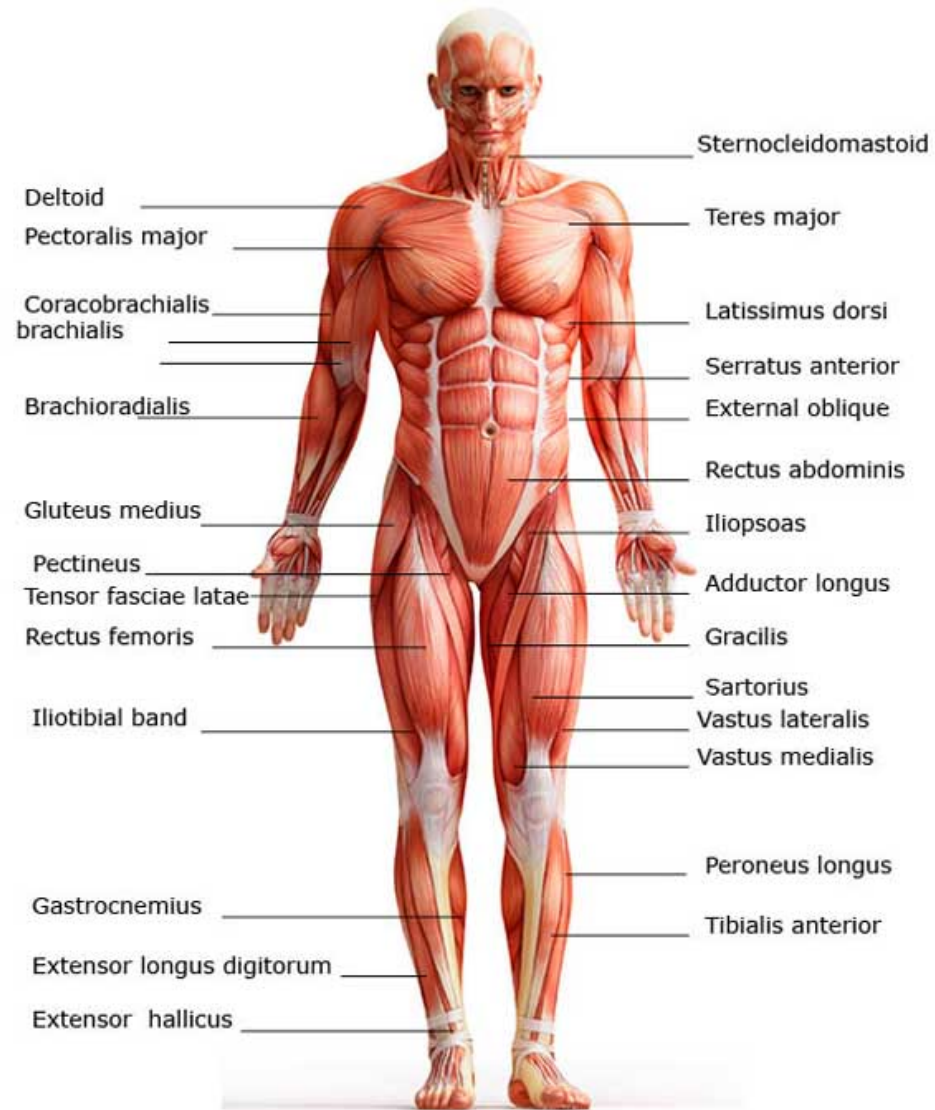
SKELETAL MUSCLE MOVEMENTS

(© Pat Thomas, 2006.)

<http://www.med.umich.edu/lrc/Hypermuscle/Hyper.html#flex>

# Muscles

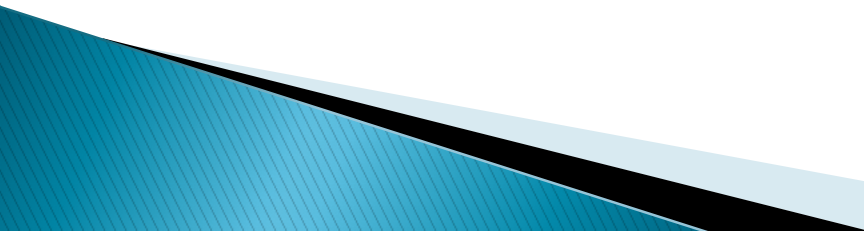
## Major Anterior Muscles



# Musculoskeletal System

- ▶ History:
  - Joint pain, stiffness, swelling, movement limitation
  - Muscle pain, weakness
  - History of trauma/fractures, deformity
  - Exercise pattern
  - Elderly– functionality ability to do ADL's

# Assessment of Musculoskeletal System

- ▶ Inspection
  - ▶ Palpation
  - ▶ Percussion– usually only of vertebrae to illicit tenderness
  - ▶ Range of Motion
  - ▶ Strength testing
- 
- ▶ Move systematically from head to feet, medial to lateral
- 



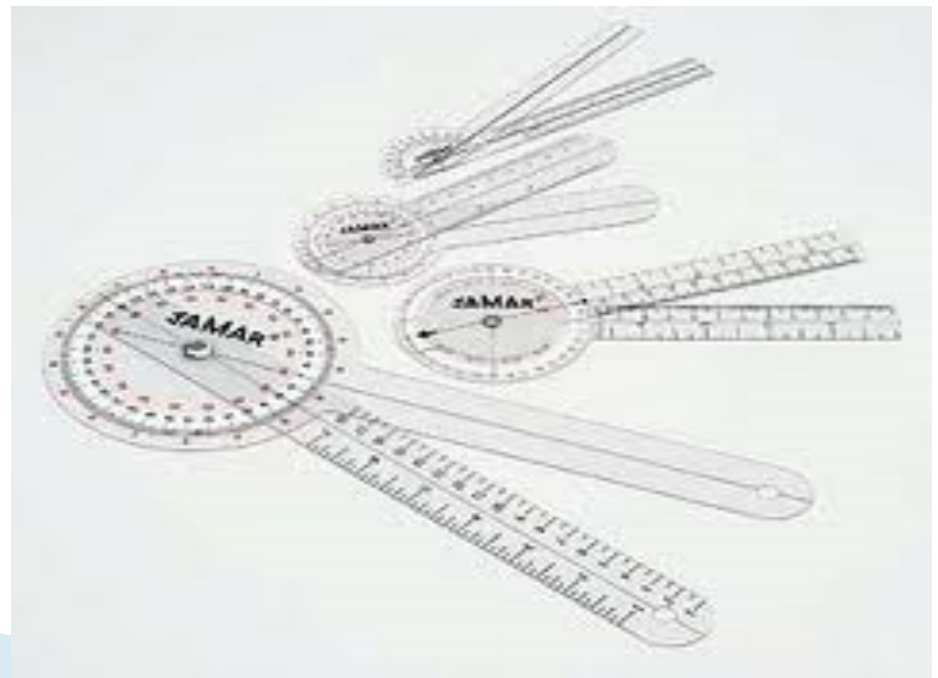
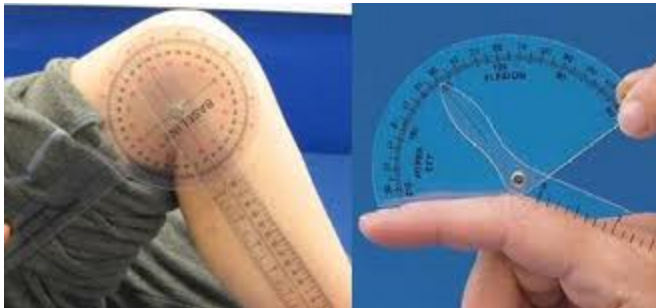
# Musculoskeletal System

- ▶ Assessment:
  - Inspection (joint symmetry/deformity, size, contour)
  - Palpation
    - Free movement
    - Crepitus, heat, tenderness, swelling, masses, “bogginess”)

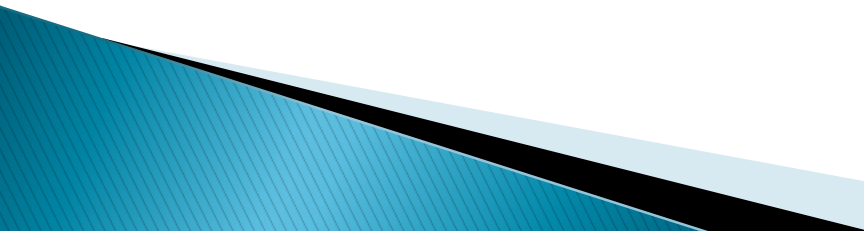


# Musculoskeletal System

- ▶ Range of Motion (ROM)
  - Different joints will have different ranges of motion.
  - Can measure it using a goniometer
  - Measured as the number of degrees of an angle
  - For screening: usually note full ROM or limited and describe.



# Strength Testing

- ▶ Strength 0–5 scale
  - ▶ 5+ = Full ROM against gravity and full resistance
  - ▶ 4+ = Full ROM against gravity and some resistance
  - ▶ 3+ = Full ROM with gravity
  - ▶ 2+ = Full ROM without gravity (passive ROM)
  - ▶ 1+ = Slight contraction of muscle
  - ▶ 0 = No contraction of muscle
- 

# Specific Joint Assessment



# Temporal–mandibular Joint

- ▶ Temporal–mandibular Joint: (TMJ): articulation of mandible and temporal bone

3 types of movement:

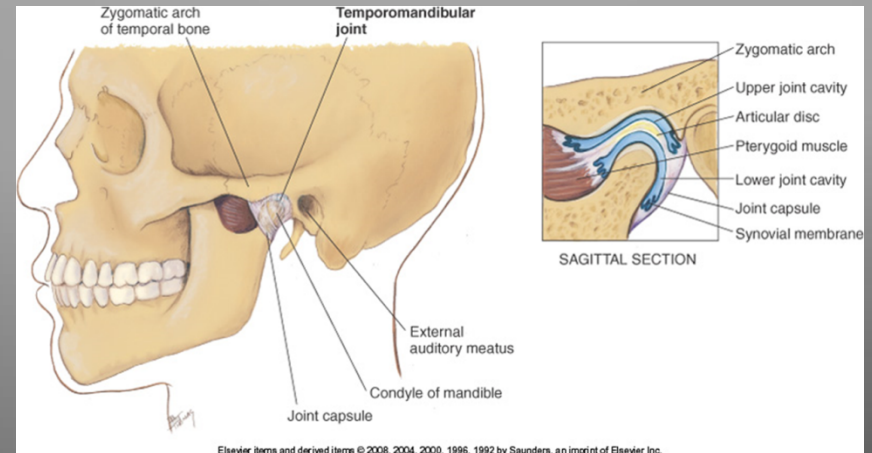
Hinge action:

open/close mouth

Gliding action:

protrusion and retraction

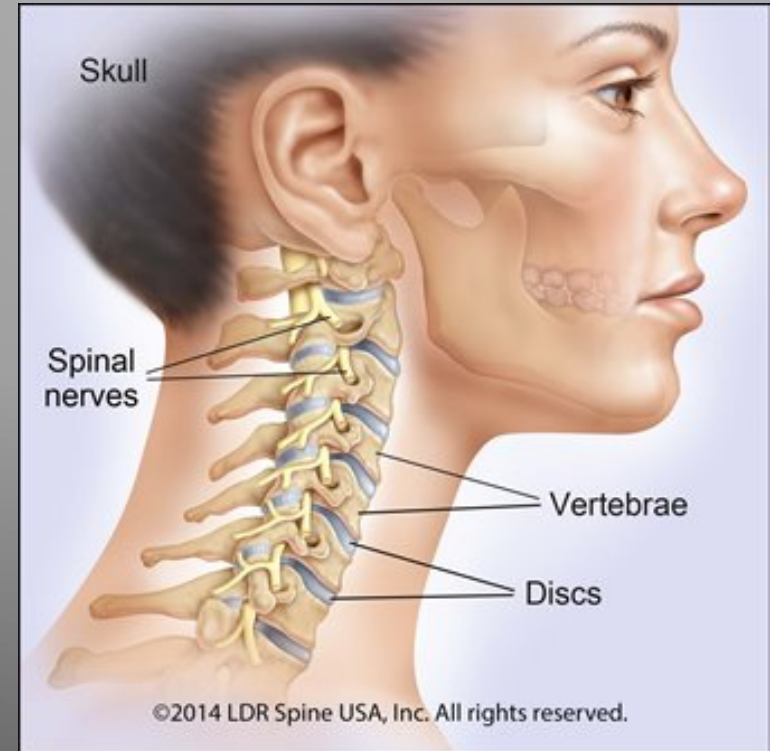
Gliding action: side to side movement of jaw



# Cervical Spine

- ▶ 7 Cervical vertebrae
  - Atlas/axis joint C1 & C2 – most moveable
- ▶ Major Muscles
  - Trapezius
  - Sternocleidomastoid
- ▶ Inspect – Symmetry, muscles
- ▶ Palpate muscles, vertebrae
- ▶ ROM –
  - Flexion 45°, extension 55°, lateral bending 40°, rotation 70°

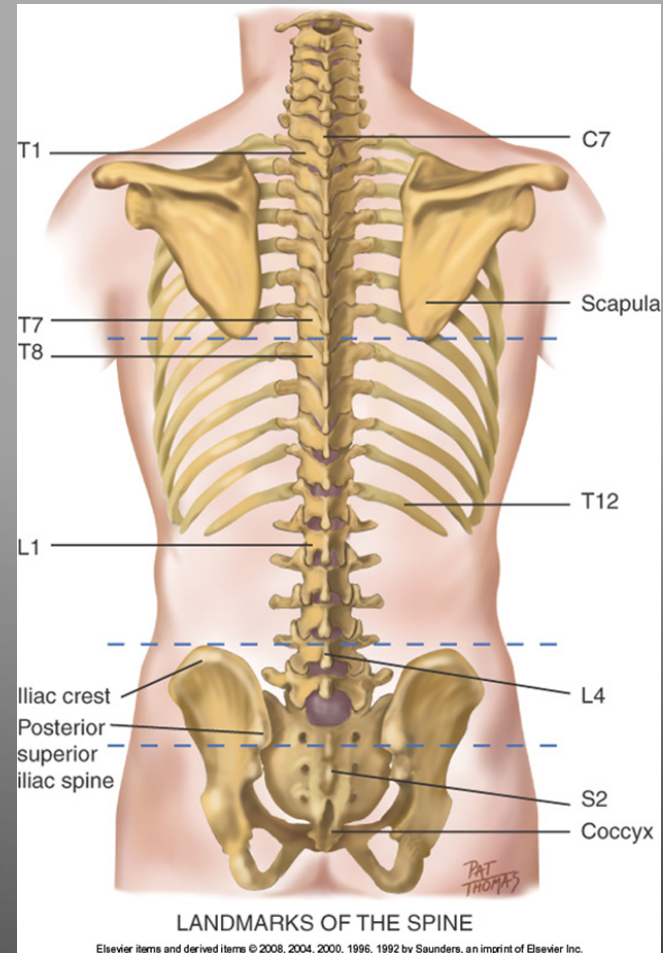
Strength – Trapezius, sternocleidomastoid



# Spine

- ▶ Inspect– curvature, landmarks
- ▶ Palpate: Spinous processes can be felt in furrow down back
- ▶ Furrow also has paraspinal vertebral muscles on either side of the vertebral processes

Note landmarks – orientation for documentation of findings



## Normal S curve

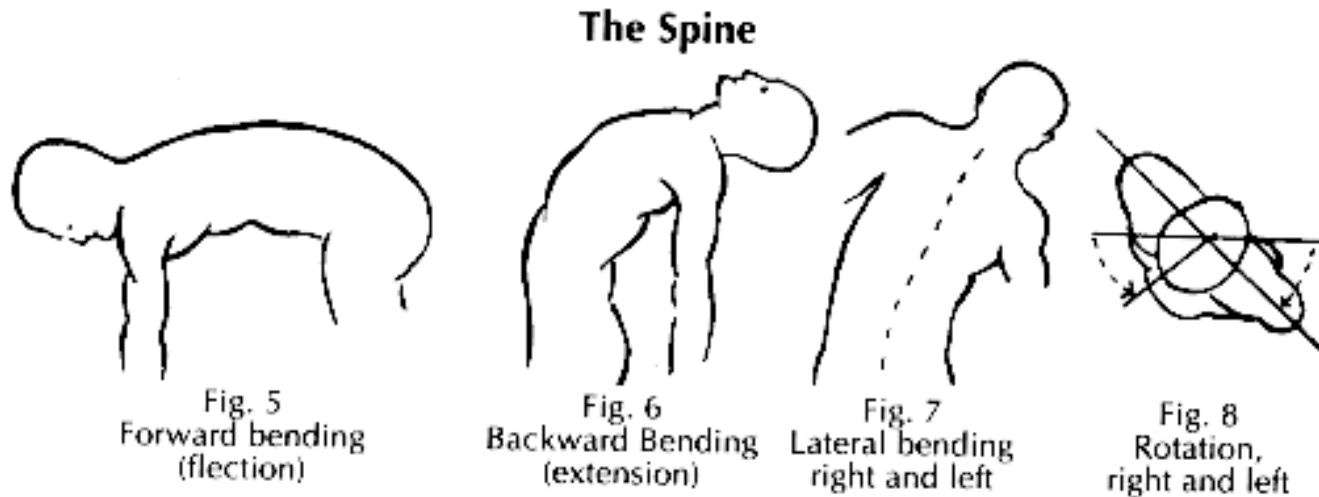


Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

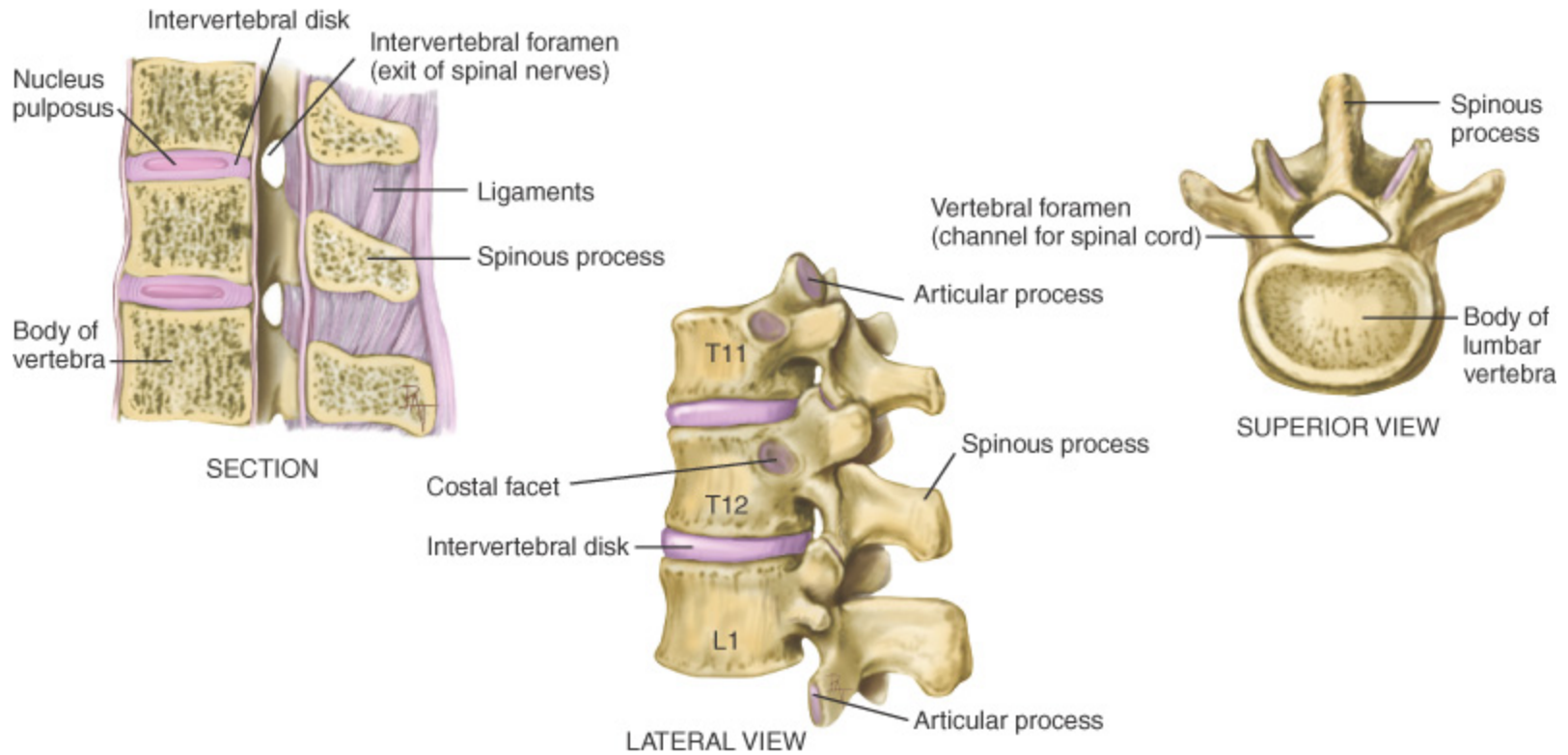


# Spine Movement

- Flexion – forward bending 90°
- Extension– bending backward 30°
- Lateral bending– bending either side 35°
- Rotation–at waist line most prominent 30°

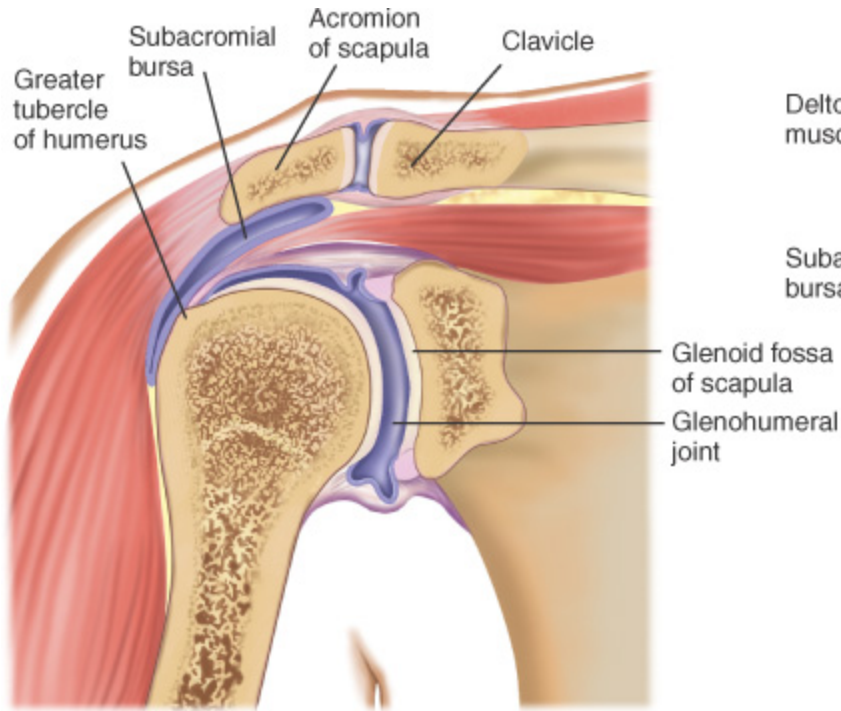


# Intervertebral discs are shock absorbers for compression

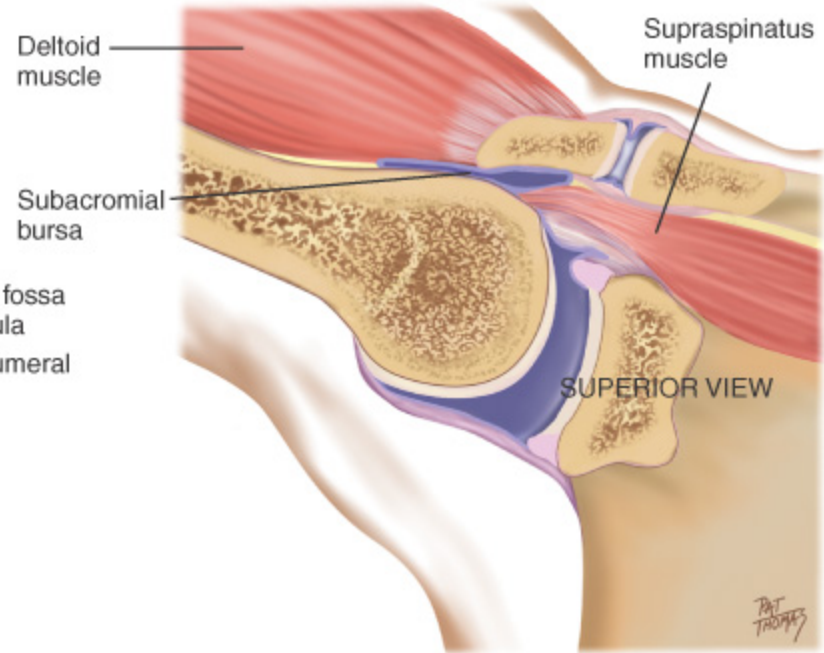


Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

# Shoulder



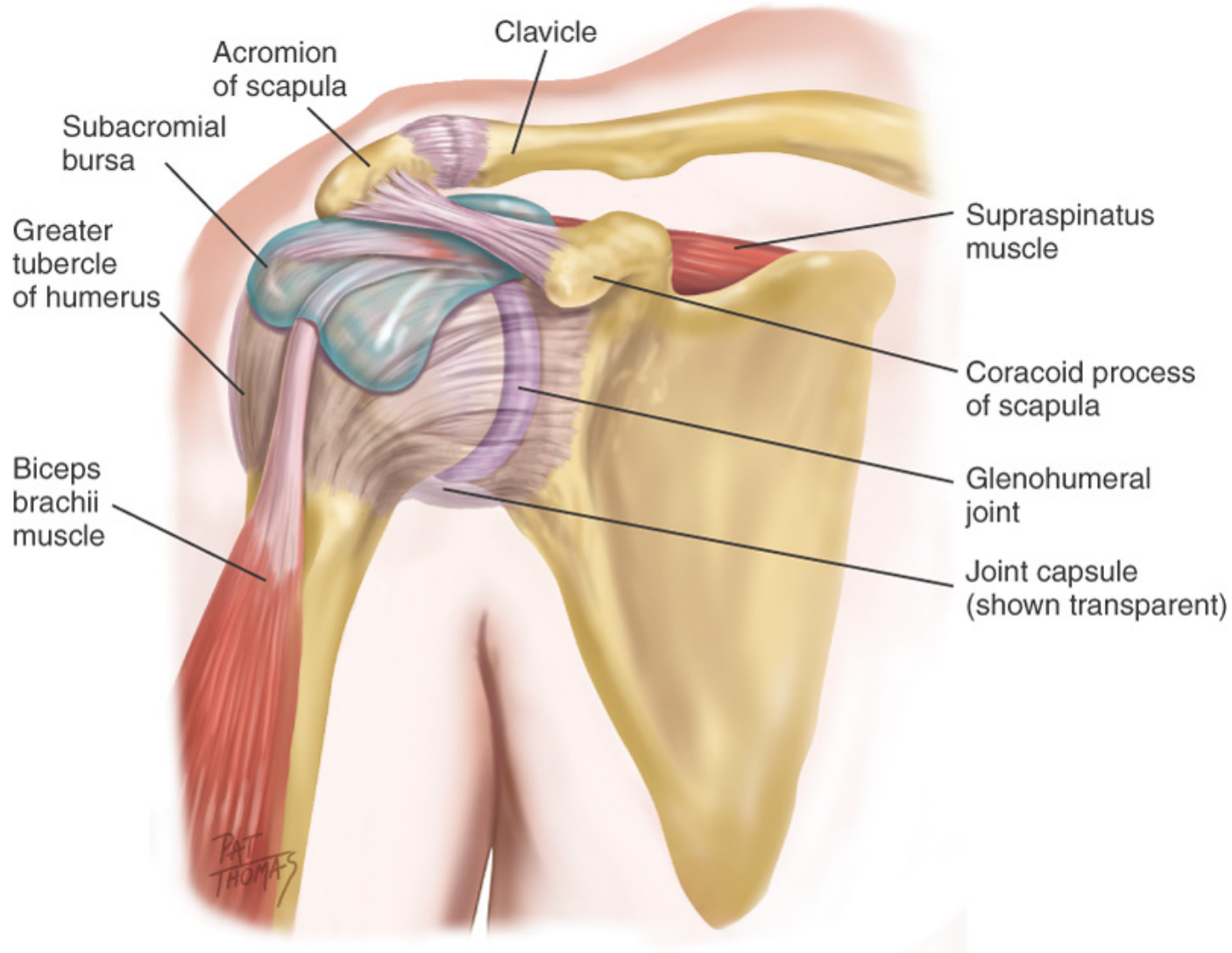
SHOULDER JOINT



SHOULDER WITH ARM ELEVATED

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

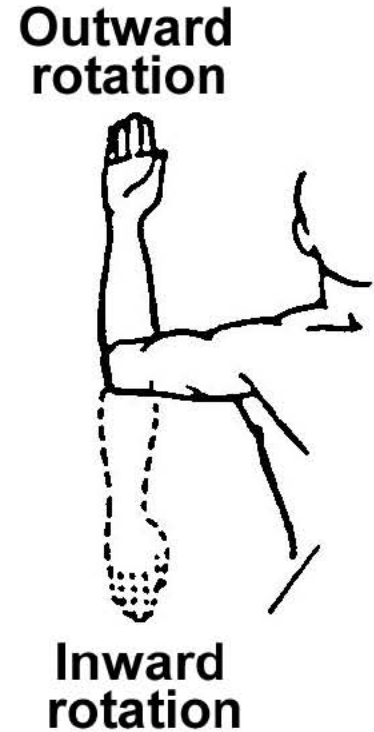
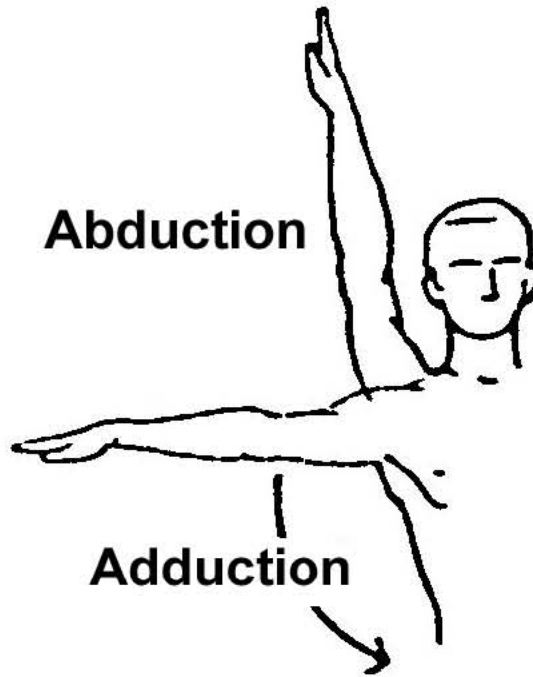
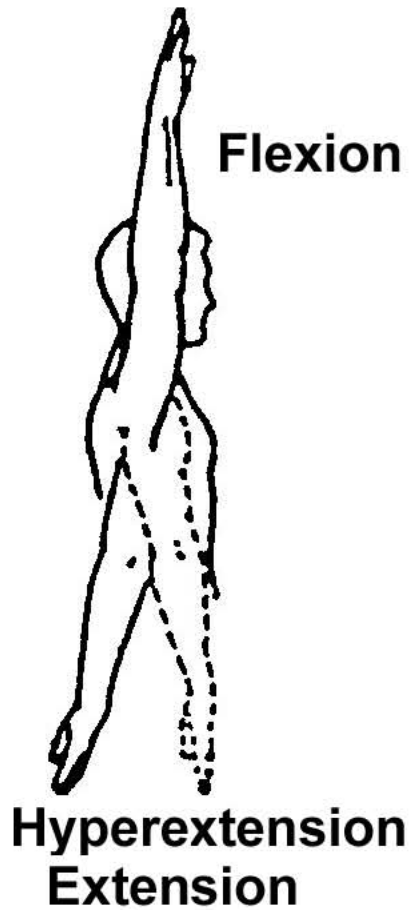
## Anterior view



## BONY LANDMARKS OF THE SHOULDER - POSTERIOR VIEW

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

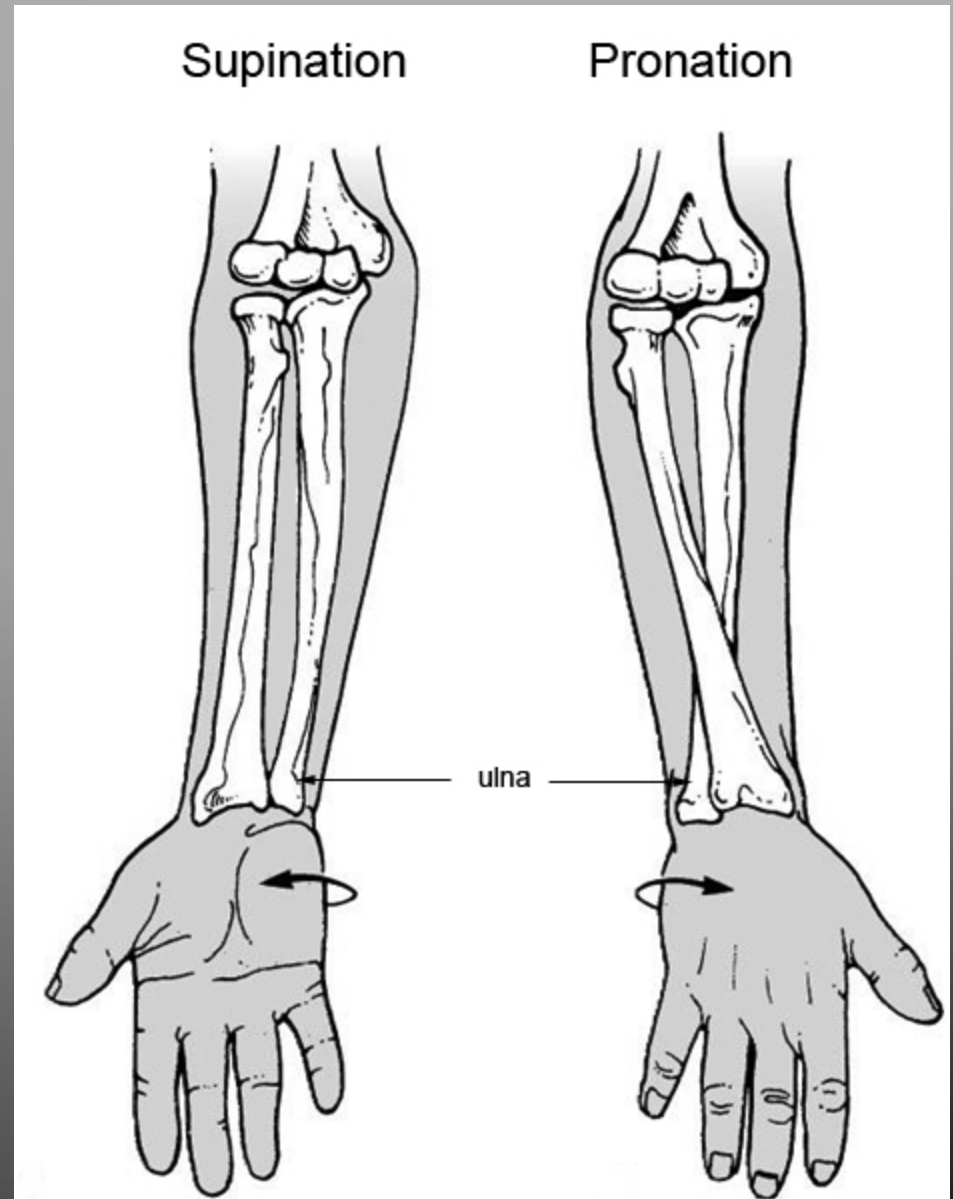
# Shoulder ROM

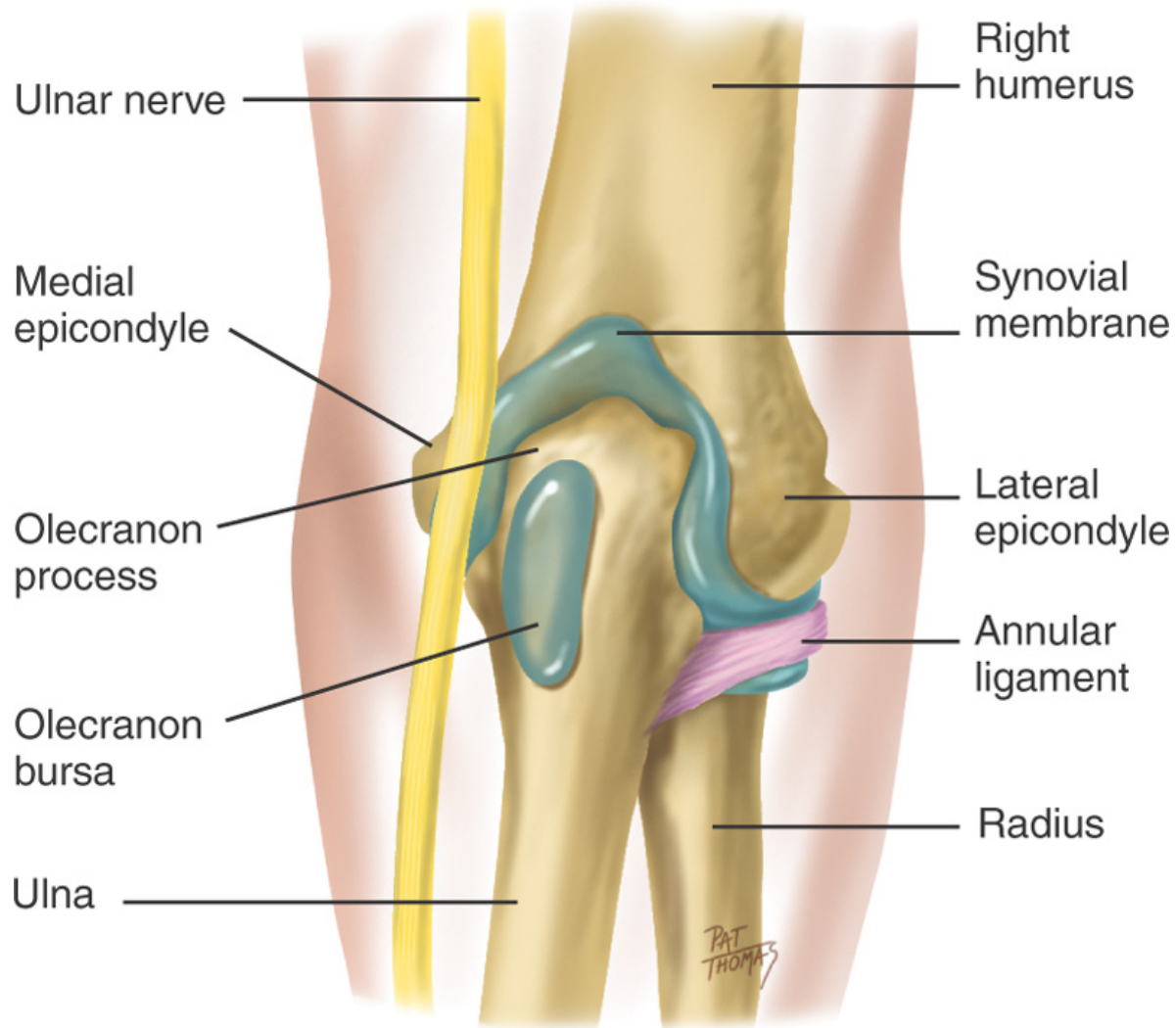


Strength: Deltoid (pectoralis, scapular muscles)

# Elbow

- ▶ Articulations of humerus, radius, and ulna of forearm
- ▶ ROM: Flexion ( $160^\circ$ ) and extension ( $0^\circ$ ) through hinge action
- ▶ Landmarks (Inspect/palpate):
- ▶ medial and lateral epicondyles of humerus
- ▶  $90^\circ$  and pronation  $90^\circ$  of the forearm
- ▶ Strength: biceps/triceps

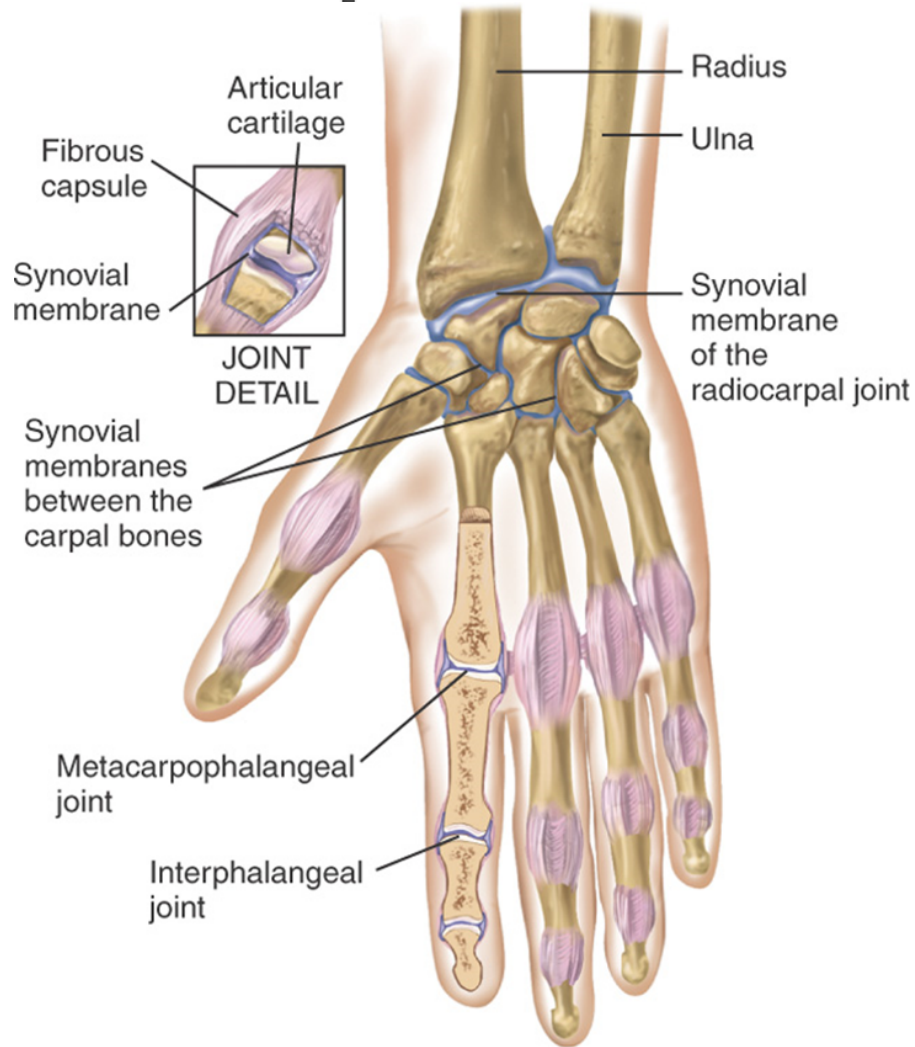




## RIGHT ELBOW - POSTERIOR VIEW

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

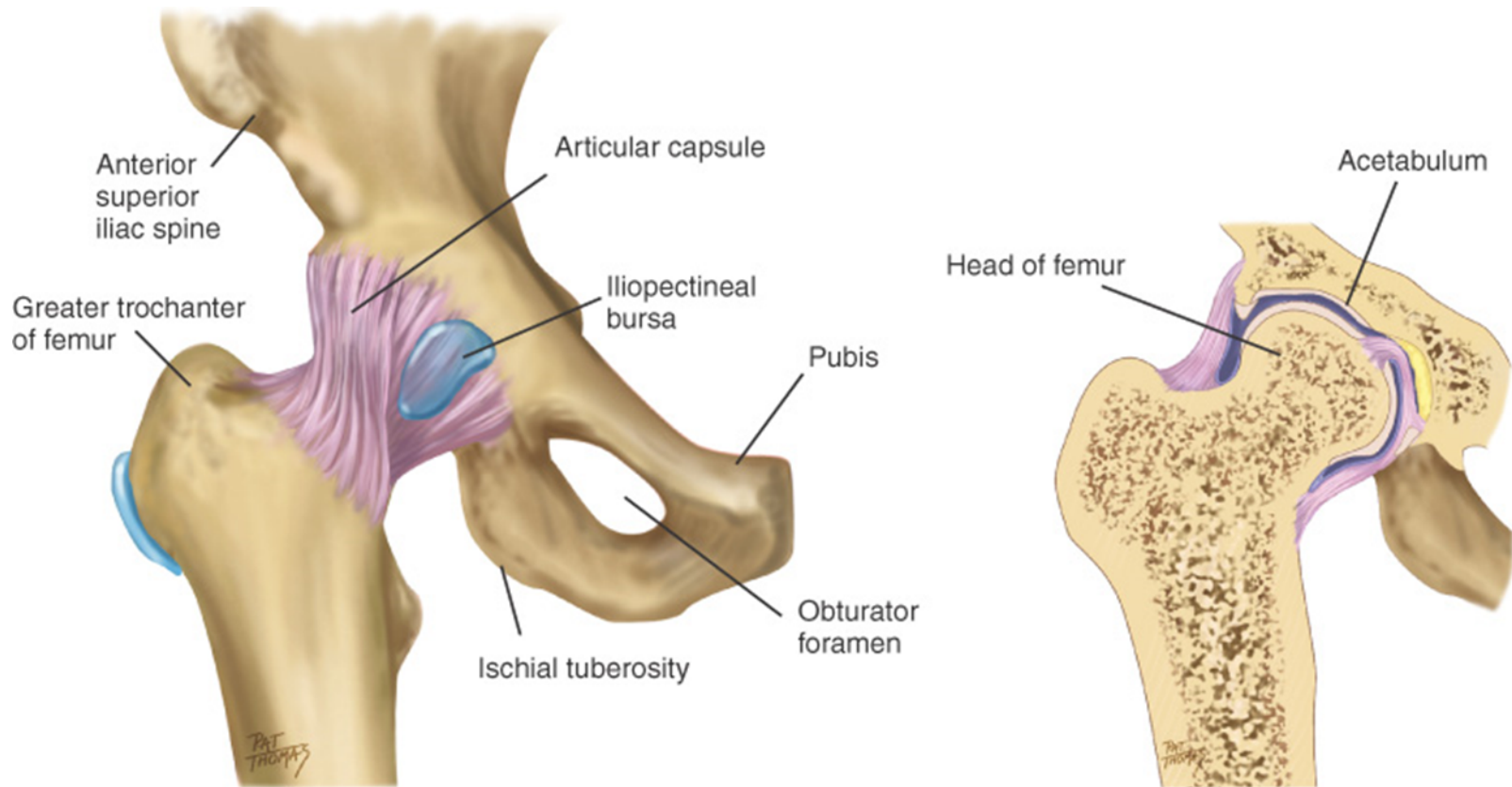
# Wrist and Carpals



BONES OF THE HAND - PALMAR VIEW



# Hip

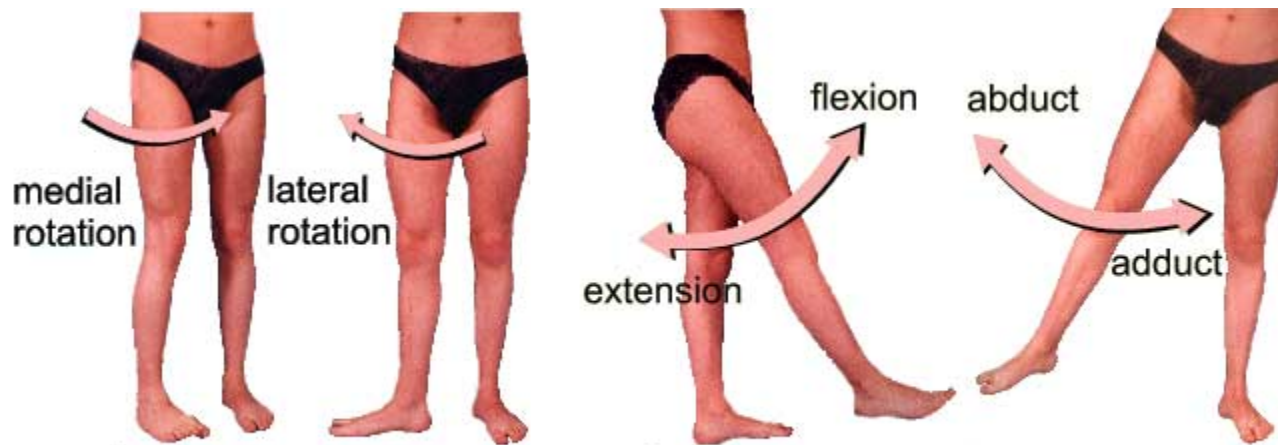


HIP JOINT

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

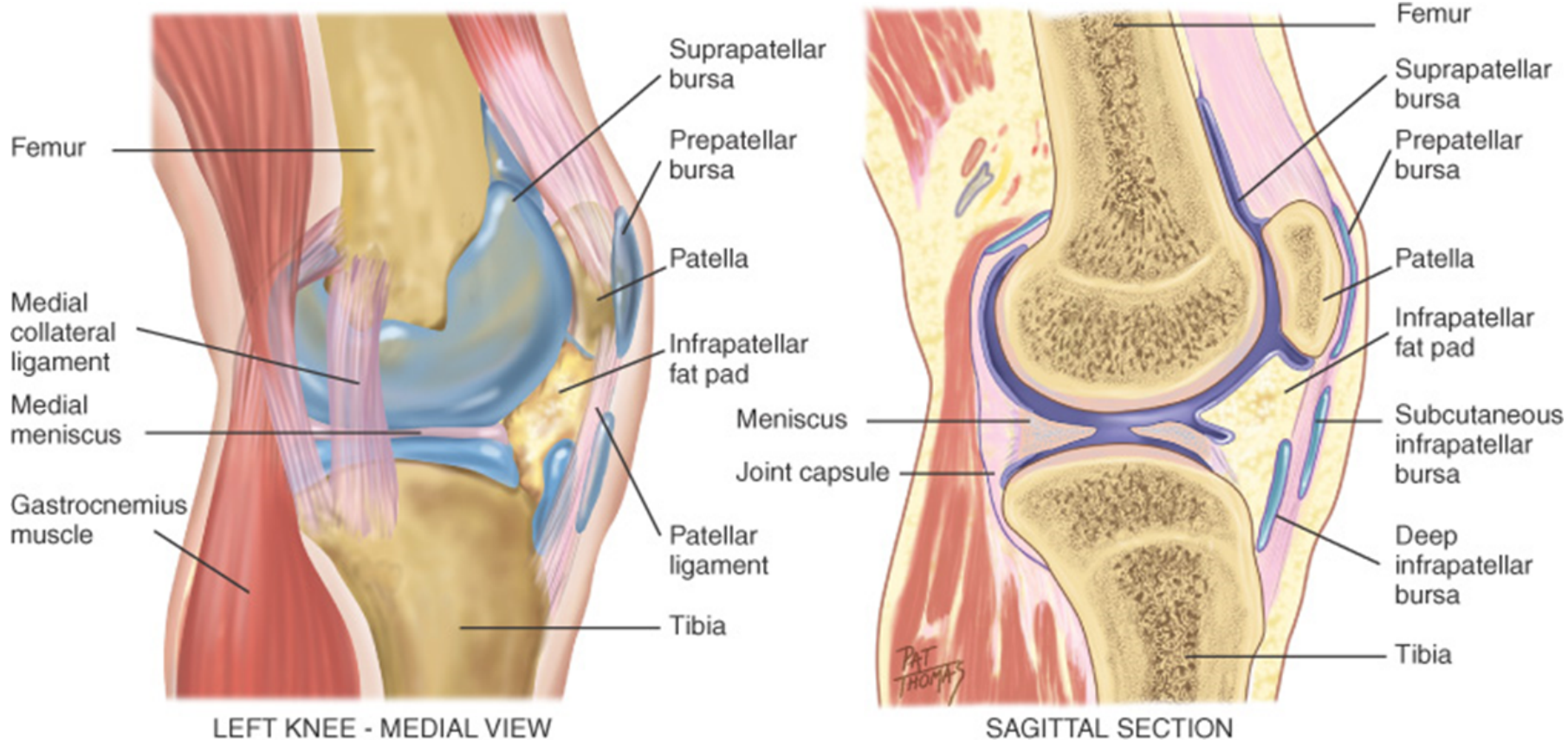
# Hip

- ▶ Movement – flexion (90 °) extension (30 °)
- ▶ abduction (45 °), adduction (30 °)
- ▶ internal (40 °) rotation, external (45 °) rotation
- ▶ circumduction
- ▶ Strength: gluteals, Quadriceps / Biceps Femoris



# Knee

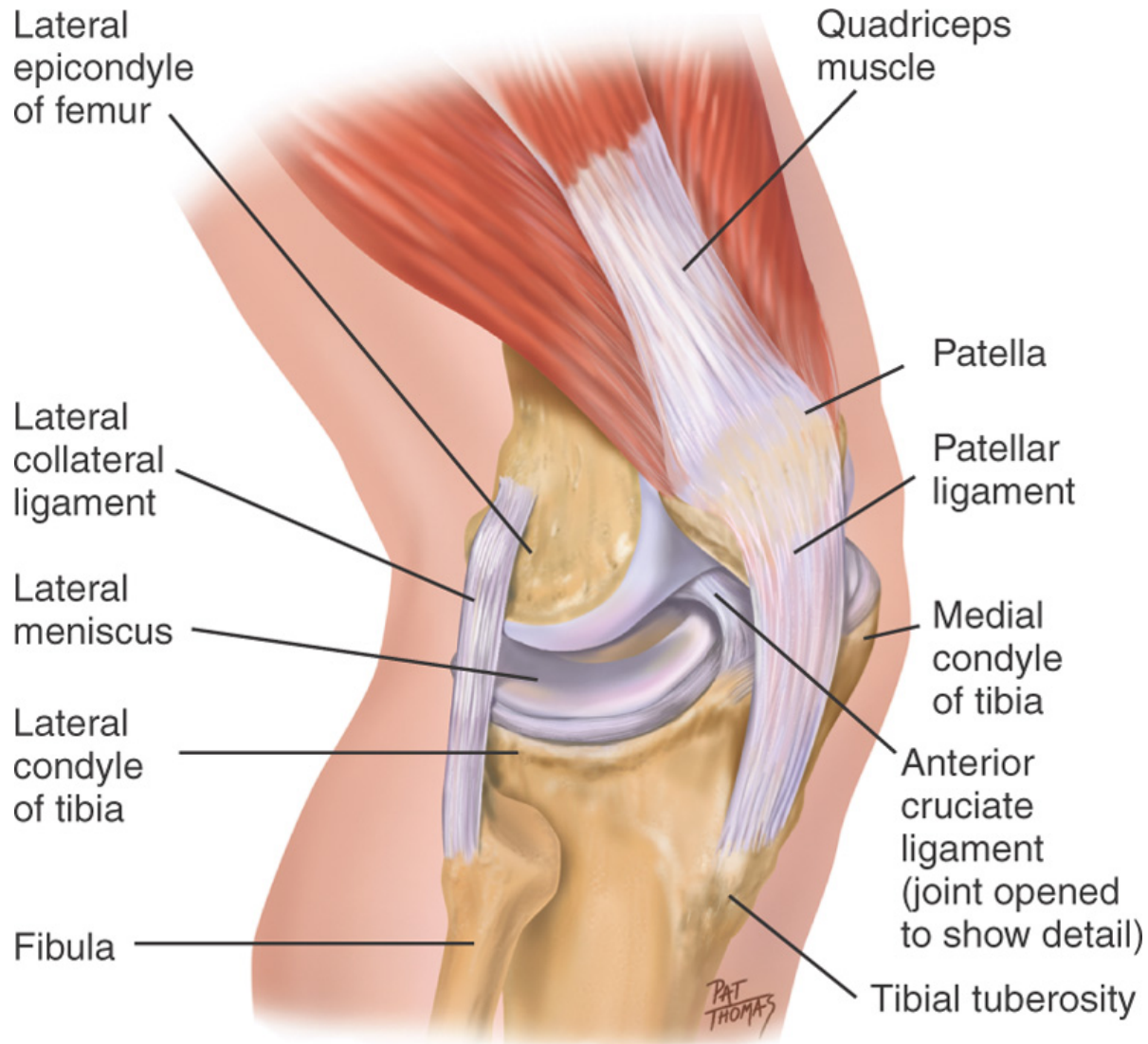
Inspect, Palpate, ROM- flexion/extension  
Strength- Quadriceps and Biceps femoris



LEFT KNEE - MEDIAL VIEW

SAGITTAL SECTION

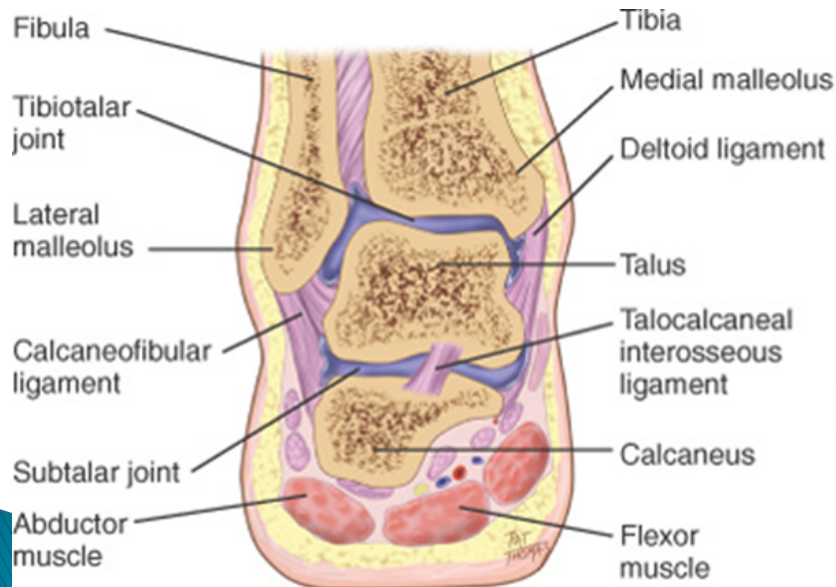
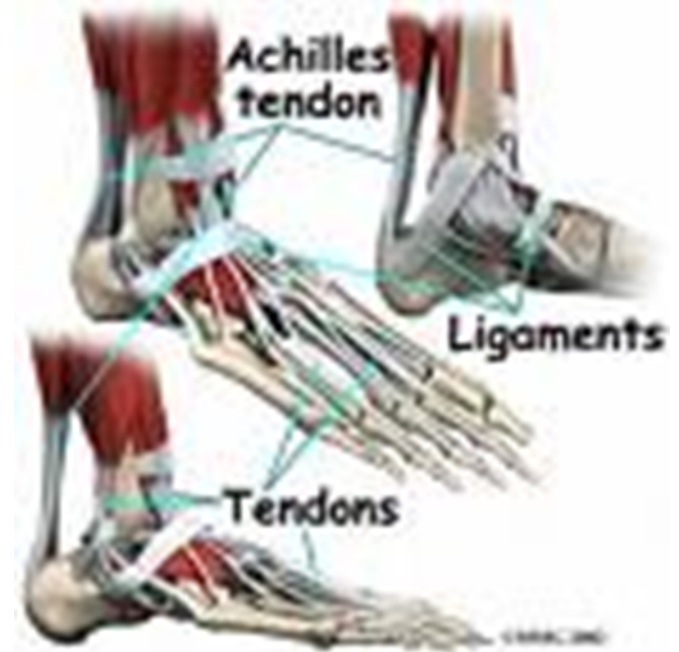
Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.



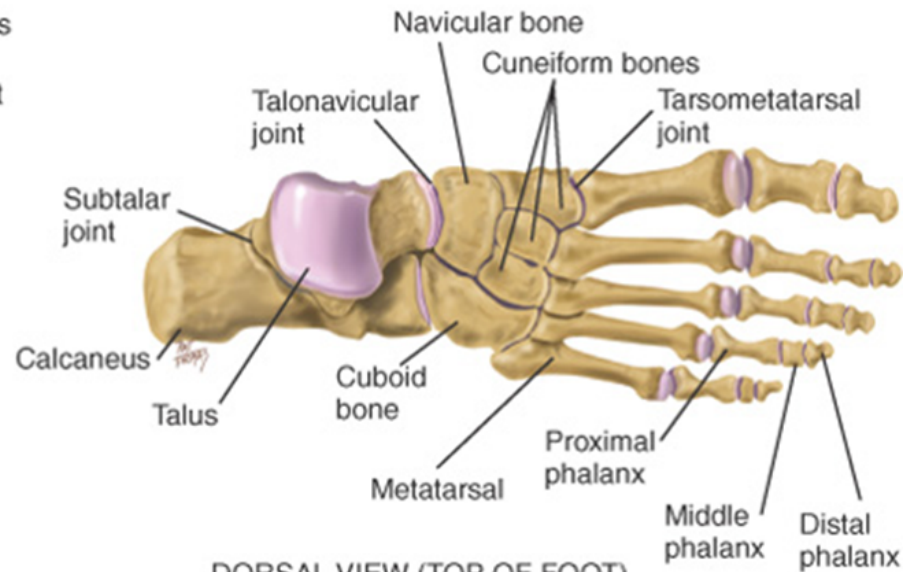
## LANDMARKS OF THE RIGHT KNEE JOINT

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

# Ankle and Foot



ANKLE JOINT IN SECTION



DORSAL VIEW (TOP OF FOOT)

# Ankle/Foot

- ▶ Inspect/Palpate:
- ▶ ROM :
  - Dorsiflexion/Plantar flexion
  - Eversion/Inversion
  - Toes: flexion/extension
- ▶ Strength: Gastrocnemius/Tibialis Anterior

# Developmental Considerations

## ▶ Infants:

- Spine is C-shaped
- Ortolani's maneuver to check for congenital hip dislocation
- Joints more moveable

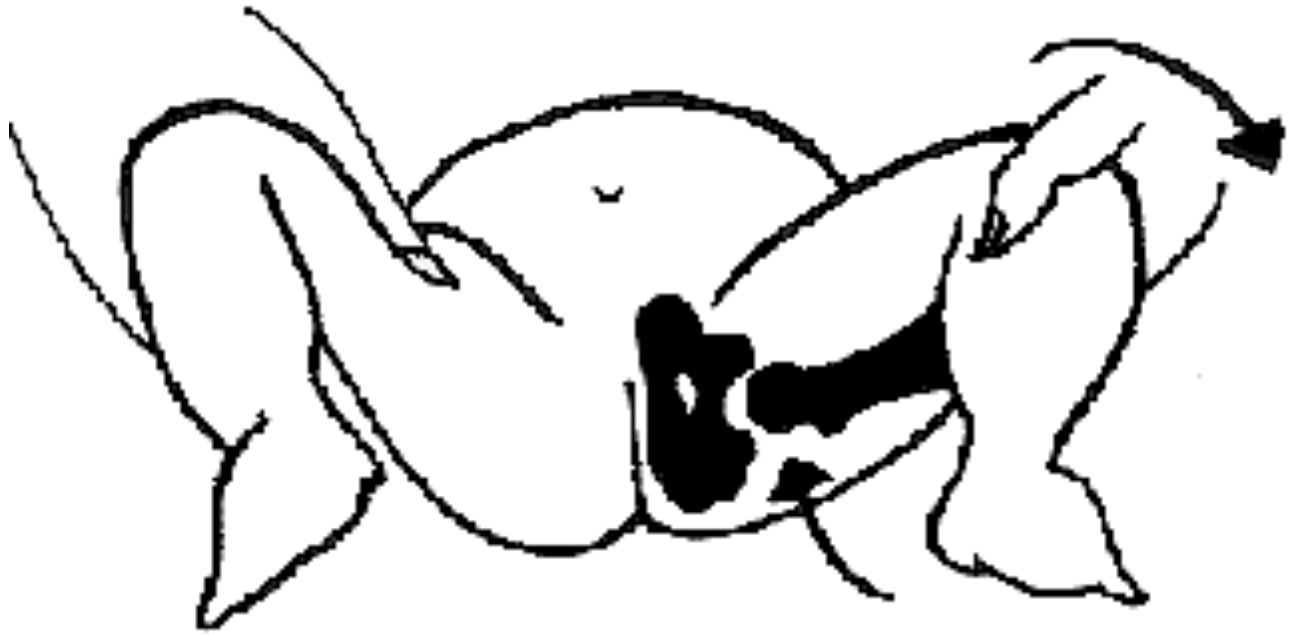
## ▶ Children:

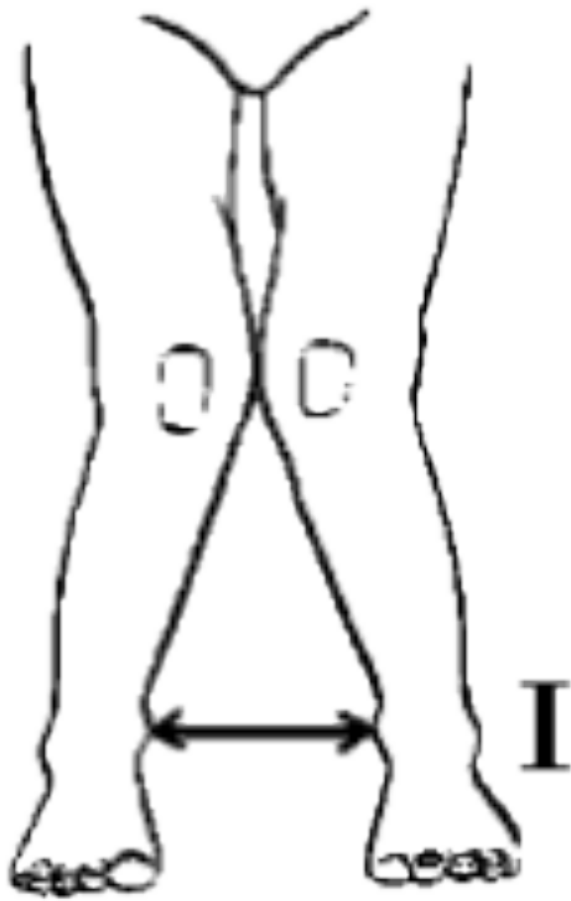
- Epiphyses: growth plates where length growth occur in children – any fracture or infection in this area = risk for bone deformity
- Genu Varum – bowlegged, normal for one year after a child starts walking
- Genu Valgum – knock-knee, normal 2 ½ to 3 yoa (may indicate rickets)
- Scoliosis (Abnormal curvature of spine, pre-pubescent girls)



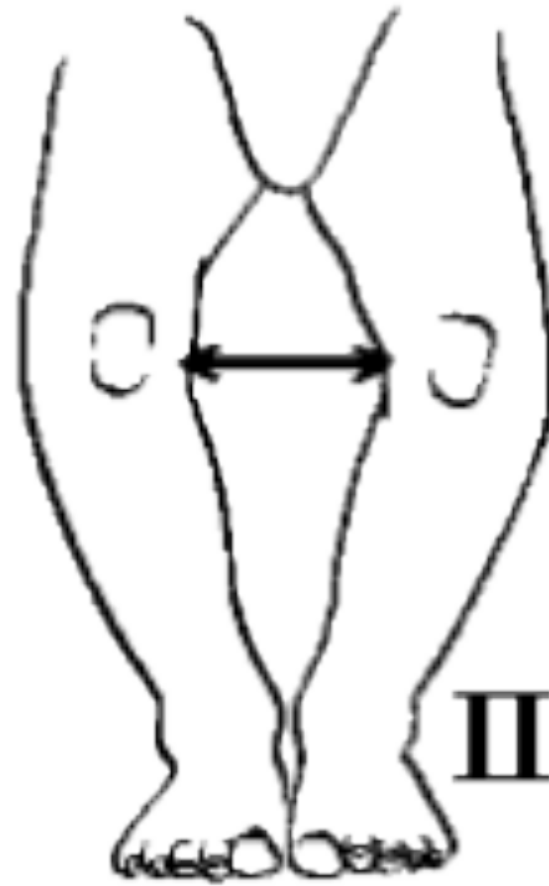
Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.







Genu Valgum

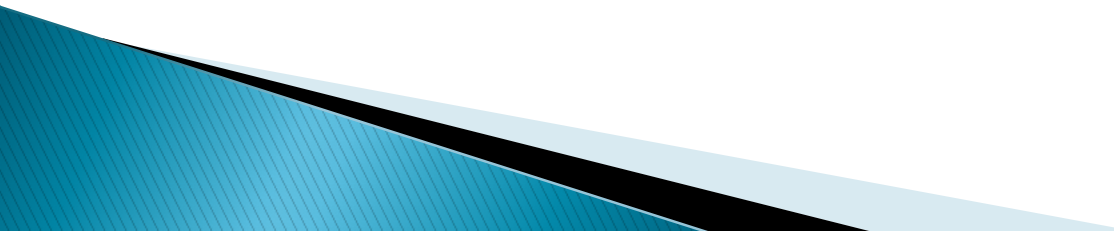


Genu Varum



An adolescent female has a right thoracic idiopathic scoliosis. Her rib prominence is most obvious upon her bending forward. The radiograph demonstrates a right thoracic scoliosis

# Developmental changes: Elderly

- ▶ Osteoporosis in the elderly
  - ▶ Postural changes and loss of height occur in elderly due to loss of bone, fluid, and thinning of the vertebral disks
  - ▶ Kyphosis
  - ▶ Muscle atrophy as age increases
  - ▶ Functional assessment important –walk, walk up stairs, rise from chair, rise from bed, bend to pick up object.
- 



# Developmental considerations: Pregnancy

- ▶ Lordosis to compensate for enlarging fetus
- ▶ Can experience kyphosis and cervical flexion in 3<sup>rd</sup> trimester
- ▶ Waddling gait due to softening of pelvic ligaments late in pregnancy



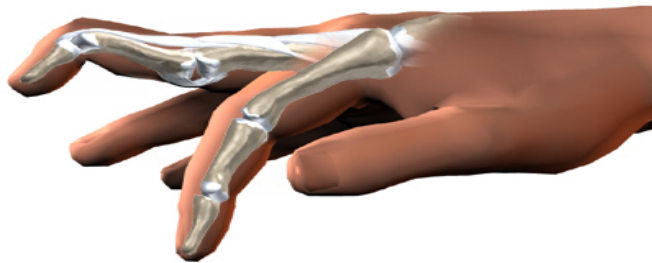
A

Elsevier items and derived items © 2008, 2004, 2000, 1996, 1992 by Saunders, an imprint of Elsevier Inc.

# Pathology of MSK

- ▶ Rheumatoid Arthritis:
  - Immune disease where joints are attacked
  - Painful, swelling, deformity, loss of function, progressive

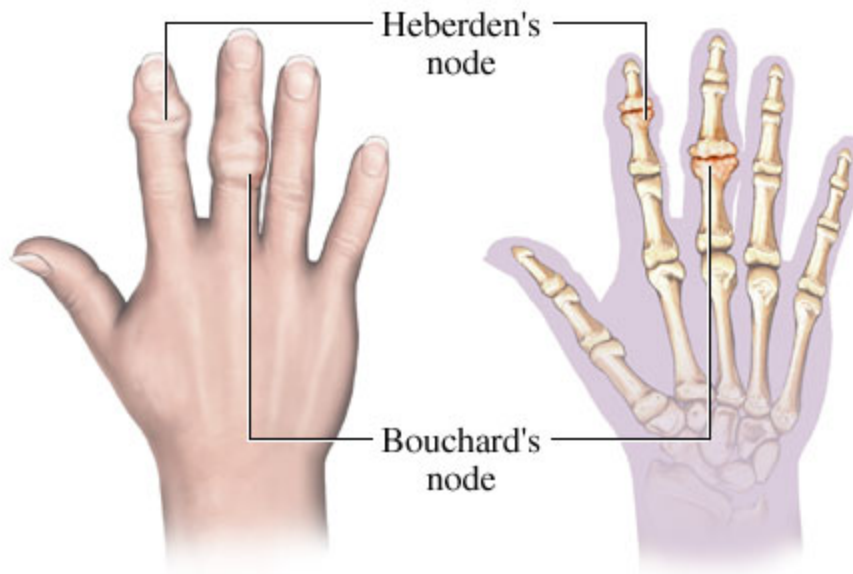
**Swan Neck Deformity**





# Osteoarthritis / Degenerative Joint disease

- ▶ Overuse, “wearing out” of joints
- ▶ Often affects hips/shoulders/ fingers

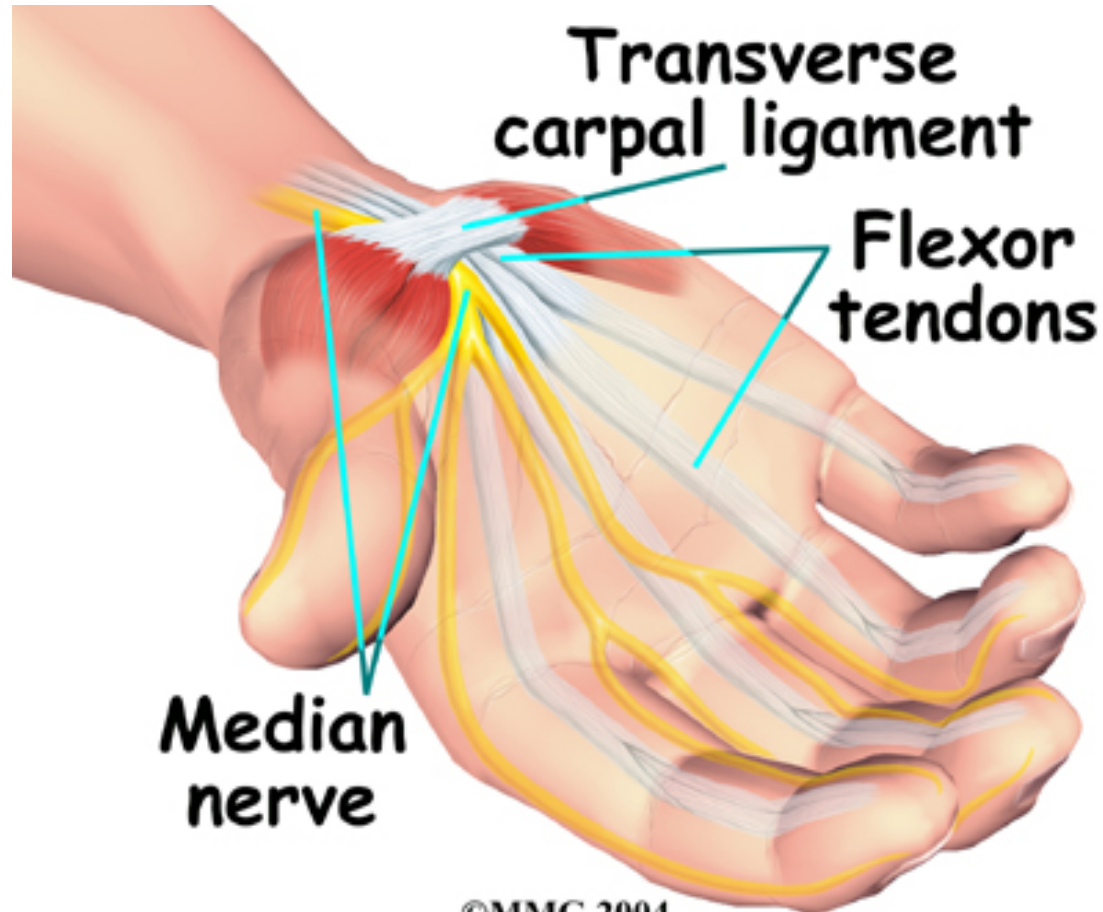


# Special Tests

- ▶ Phalen's test – +test = carpal tunnel
- ▶ Hold position 60 sec
- ▶ Numbness
- ▶ Tingling
- ▶ Burning



# Carpel Tunnel Syndrome



# Special Tests

- ▶ Tinel's sign –  
percussion of  
median nerve  
produces burning  
or tingling =  
carpel tunnel



# Bulge Sign

- ▶ Fluid in the knee joint



A

(From Dieppe PA, Cooper C, McGill N: *Arthritis and rheumatism in practice*, London, 1991, Gower Medical Publishing.)



B

(From Dieppe PA, Cooper C, McGill N: *Arthritis and rheumatism in practice*, London, 1991, Gower Medical Publishing.)

# Ballottement of patella

- ▶ Detects larger amounts of fluid in knee joint



(From Dieppe PA, Cooper C, McGill N: *Arthritis and rheumatism in practice*, London, 1991, Gower Medical Publishing.)



(From Dieppe PA, Cooper C, McGill N: *Arthritis and rheumatism in practice*, London, 1991, Gower Medical Publishing.)

