

KEMENTERIAN KESIHATAN MALAYSIA  
PHYSIOTHERAPY DEPARTMENT  
MUSCULOSKELETAL ASSESSMENT FORM

Name :----- Age:----- Sex: M / F RN /IC : -----Date :-----

**DIAGNOSIS**

**DOCTOR'S MANAGEMENT**

**PROBLEM**

**PAIN SCORE :**

PRE	
POST	

Nature :

Agg. :

Ease :

24 hrs. :

Irritability: High / Medium/ Low

**SPECIAL QUESTION**

General Health :

PMHX / Surgery :

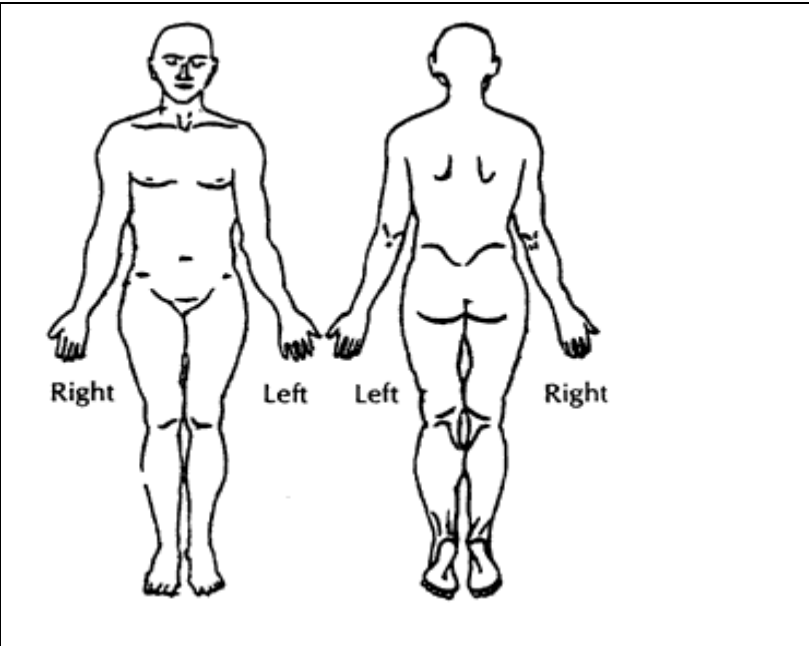
Investigation :

Medication

Occupation / Recreation:

Social History:

Pacemaker/ Hearing aid: Yes / No



**CURRENT HISTORY**

**PAST HISTORY**

**NEUROLOGICAL TEST:**

Sensation:

Reflex :

Motor

**OBSERVATION ( general & local )**

**PALPATION**

**MOVEMENT:  
JOINT**

**ACTIVE**

**PASSIVE**

**RESISTED MOVEMENT**

**MUSCLE STRENGTH**

**PHYSIOTHERAPIST'S IMPRESSION**

**ACCESSORY MOVEMENT**

**SHORT TERM GOALS**

**SPECIAL TESTS / MEASUREMENTS**

**LONG TERM GOALS**

**CLEARING TESTS / OTHER JOINT**

**PLAN OF TREATMENT**

**Attending Physiotherapist:** .....

**Date:**

**Sign & Stamp**

**KEMENTERIAN KESIHATAN MALAYSIA  
GUIDELINES FOR USE OF MUSCULOSKELETAL REFERRAL**

**DIAGNOSIS**

- As in referral

**MANAGEMENT**

- Brief conversation or operative management

**PROBLEMS**

- What is the presenting problem?

**PAIN SCORE**

0.....10. Indicate on pain scale, level of pain as indicated by patient

**Nature**

- What is the pain characteristic? Dull, sharp, tingling, pinching.....etc. Use patient's own words.

**Agg(Aggravate)**

- Activities which bring about the pain e.g. Movement, walking, any activities

**Ease**

- What reduces pain? Ask about ease position, what exercises help / medication helps?

**24 hours :**

AM : Better or worse?

PM : Better or worse? Effect of daily activities at EOD (end of day)

Night : Night pain, does it bother you at night?

**Irritability**

- The type and amount of activity required to cause or increase in symptoms.
- The severity of symptoms provoked.
- The length of time taken this increase in symptom to return to its usual level

**SPECIAL QUESTION**

**General health**

- General unwell, may indicate systemic problem

**Past history / surgery**

- Other medical illness e.g. Diabetes, HPT

**Investigation**

- X-ray, CT, Blood test with relevance to presenting problem.

**Medication**

- e.g. NSAIDS, corticosteroids. Side effects of long term – e.g. osteoporosis

**Social history**

- Family and social history that is relevant to the onset and progression of the patients problem.
- information such as home situation, previous capable activities or any dependents is recorded.
- to identify any clinical flags.

### **Occupation / Recreation**

- Nature of job and related stresses.
- Recreational activities, have they been affected?

### **Pacemaker/ Hearing aid**

- If relevant, especially for electrotherapy

### **BODY CHART**

- Marked on body chart with brief explanation – presenting complaint? Pain, stiffness, weakness – is it intermittent / constant, dull / sharp.

### **CURRENT HISTORY**

- How did the injury occur? (Present injury or problem) Details of onset, insidious or traumatic from BHT, patient or family member. When did it occur?

### **PAST HISTORY (RELATED TO CURRENT PROBLEM)**

- History of trauma or problem with symptom similar to current presentation. How long ago? Any treatment done? Or recovered spontaneous.

### **NEUROLOGICAL TEST**

- Test sensation – thermal, pain and light touch. (impaired/intact)
- Reflex- normal/sluggish/brisk

### **OBSERVATION**

- General posture, facial expression, movement quality, gait.
- Local observation of the part deformity, scars, swelling, and wasting/muscle bulk increased or any colour changes

### **PALPATION**

- Superficial and deep palpation
- Warmth, tone and swelling at the local area
- Pain provoked or reduced during palpation
- Tenderness of muscle, soft tissue trigger point, tendon and ligament

### **MOVEMENT**

#### **Active movement**

- What is the range and the quality of movement?
- What part of the range do the symptoms come on? Pain score.
- Visual estimate ROM, Objective measure.

#### **Passive movement**

- Passive ROM, end feel, pain

**Accessory movement**

- What grade available? Pain or resistance?

**Resisted Movement**

- Isometric contraction of muscle reproduce symptom indicates muscular problem.

**MUSCLE STRENGTH**

- Test relevant muscles involved using the Oxford Scale

**SPECIAL TESTS/ MEASUREMENTS****Special Test**

- Relevant special test .

**Balance**

- Assess balance in sitting/standing/walking etc

**Gait Analysis**

- Identify missing component of the gait pattern.

**Limb Girth**

- Measurement taken with landmark specified of both limbs for comparison of discrepancy.

**Limb Length**

- Measurement of both lower limbs in True Limb Length (TLL) and Apparent Limb Length (ALL).

**CLEARING TESTS / OTHER JOINTS**

- Joint above and below area involved
- To eliminate potential source of symptom.

**PHYSIOTHERAPIST'S IMPRESSION**

- Add the test and specific result and state the problem in order of priority.

**SHORT TERM GOAL**

- The goals which are set according to priority. Add direct and correlation with problem.
- Must include the expected outcomes and time frame.

**LONG TERM GOAL**

- The goals which are set for a longer time frame (specify time frame) based on patient goals and physiotherapist goals.

**PLAN OF TREATMENT**

- The physiotherapy treatment that will be given according to the goal set up.

**SIGN/ STAMP/DATE :**

- Need to be filled by attending physiotherapist