Assessing Clients with Musculoskeletal Disorders

Exercise
- Use the following health history questions and leading statements, categorized by functional health patterns, with a family member, friend, or client. Identify areas for focused physical assessment based on findings from the health history.

Assessing the Musculoskeletal System

Health Perception–Health Management
Have you ever had any muscle or bone injuries?
Describe any surgery, physical therapy, or other treatments you have received for musculoskeletal problems.
List any medications (e.g., muscle relaxants, anti-inflammatory agents) you use for musculoskeletal problems.
What other medications are you taking?

Nutritional–Metabolic
Describe your dietary intake for a 24-hour period. How much meat, dairy products, fruits, and vegetables do you consume? Do you take vitamins?
Have you had any recent weight gain or loss? What do you see as your ideal body weight?
Do you have any redness or swelling in your joints?

Activity–Exercise
Describe your normal activities for a 24-hour period.
Describe any musculoskeletal problems (e.g., weakness, pain, stiffness) that limit your activities of daily living, such as driving, dressing, bathing, walking, climbing stairs, cooking, or cleaning.
Has there been a change in your level of mobility?
Do you engage in any strenuous exercise or lifting? Explain.

Elimination
Do you have difficulty getting to the bathroom in time to empty your bowel and bladder? Explain.

Sleep–Rest
Have your normal patterns of sleep or rest been disturbed by any musculoskeletal pain, stiffness, or cramping?

Cognitive–Perceptual
Describe any bone, joint, or muscle pain you are feeling. What relieves and/or aggravates the pain?
Describe any changes in the temperature, color, or sensations of your extremities.
Describe any muscular weakness you are experiencing.

Self-Perception–Self-Concept
Describe how you feel about your musculoskeletal problem.
Has your musculoskeletal problem affected how you feel about your appearance?
Has your musculoskeletal problem affected how you feel about your life?

Role–Relationship
Has anyone in your family had osteoporosis, arthritis, tuberculosis, or gout?
Have you experienced any musculoskeletal injuries from family conflict?
Have problems with your bones, joints, or muscles interfered with your work? Explain.

Sexuality–Reproductive
Has your musculoskeletal problem altered your usual sexual activities? If so, explain.
Describe how problems with your bones, joints, or muscles make you feel about yourself as a man or woman.

Coping–Stress
How have you managed to cope with your musculoskeletal problem?
What do you feel is the most stressful time you have had with your musculoskeletal problem?
Has the condition created much stress for you? Explain. Describe what you do to cope with stress.
Who or what will be able to help you cope with stress from this musculoskeletal problem?
Value–Belief
Are there significant others, practices, or activities that help you cope with a musculoskeletal problem?
Explain.
Describe how you feel about the future with this musculoskeletal problem.