

Orthopedic Assessment

Musculoskeletal examination, assessment, special tests & diagnosis

ARTHROXINEMATICS & JOINT MOBILITY

JOHN MOBILIT		
2	Femur on acetabulum	Anterior glide: Extension, extendel notation
		Posterior glide: Flexion, internal notation
		Inferior glide: Abduction & flexion
	Table on femur	Anterior glide: Extension
		Pasterior glide: Flexion
		External rotation: Extension
		Internal rotation: Flexion
	Patolia on formur	Interior glide: Flexion
		Superior glide: Extension
1		Medial glide: Early knee flexion
		Lateral glide: Terminal lonce extension
	Talus on tibia	Postorior glide: Dorsification
		Anterior glide: Plantarflexion
	Distal fibula on	Superior & posterior glide: Doruffexion
	titoria	Inferior & anterior glide: Plantarflexion
	Proximal Fibula	Superior & anterior glide: Dersification
	dom tribries	Interior & posterior glide: Plantarflexion
	Proximal phalans	Anterior/dorsal glide: Toe extension
	on metatarsal	Posterior/planter glide: Toe flexion
	Middle pholonic on	Anterior/dorsal glide: Toe extension
	proximal phalanx	Posterior/plantar glide: Toe flexion
8	Oristal photons	Anterior/dorsal glide: Toe extension
×	on middle	Posterior/plantar glide: Toe flexion
	ghalanx	
	Posterior calcaneus on talus	Leteral glide: Inversion & supination
		Medial glide: Eversion & pronation
	Humenus on glenoid	Anterior glide: External rotation,
		extension, horizontal abduction
		Posterior glide: Flexion, internal rotation,
		Interior glide: Abduction, flexion,
		scaption
HOUSE		Postorior glide: Scapular retraction &
	Medial clavicle on manufation	humorus horizontal abduction
IX.		Anterior glide: Scapular protraction &
		humorus horizontal adduction
		Inferior glide: Scepular elevation &
		upward rotation, humorus elevation
		Superior glide: Scapular depression &
		downward rotation
1	Proximal radius on humorus	Anterior glide: Flexion
		Posterior glide: Extension
	Proximal radius	Anterior glide: Supinistion Posterior glide: Pronotion
L		
	Proximal carpets on distal radius	Anterior glide: Extension Posterior glide: Flexion
		Anterior glide: Supination
	Distal ulna on	Posterior glide: Pronation
		Anterioripalmar glide: Thumb adduction
0	Base 1st metacarpai on troperium	Posterior/dorsal glide: Thumb abduction
3		Leterathadial glide: Thumb extension
3		Mediatrilinar glide: Thumb Revion
	Proximal	Anterioripalmar glide: Finger fexion
	phalans on	
	metacarpal head	Posterior/dorsel glide: Finger extension
	Middle phalanx on	Anterioripalmar glide: Finger flexion
	proximal phalane	Pasterior/dorsal glide: Finger extension
	Distal phalanx on	Anterior/palmar glide: Finger flexion
	middle phalanx	Posterior/dorsal glide: Finger extension

DECISION RULES FOR ORDERING RADIOGRAPHS

CECISION BUILDI COMMI

PHTTSBURGH KNIEE RULES: Blant traums or his plus without of the following:

- 1. Age > 50 or < 12:
- 2. Inability to walk 4 weight-bearing steps (2 per leg):

- Requires radioorach

OTTAMIA KNEE RULES: Acute knee injury plus one of the **Softwaren**

- 1. Age 55 or older
- 2. Isolated bone tenderness at petella-
- 3. Isolated bone tendemess at the fibular head
- 4. Inability to flex knee to 90"
- 5. Inability to walk 4 weight-bearing steps (2 per leg): Recommend traditions with:

OTTAMA ANKLE PLACE: Insume & pain distal melecter zone (post 6cm or distal tip) plus either of the following:

- Inability to walk 4 weight-bearing steps (2 per leg).
- 2. Tendesness at malleolar pone

a Microsophysics, ractions and and

BUFFALO ANKLE PULES: Some as Ottown rules with exception of additional zone for pain & tendemens blistal Gom midminteralism/orest, region):

Brendings saddomerands

AMERICAN COLLEGE OF RADIOLOGY APPROPRIATENESS.

CRITERIA: ARKLE OR FOOT: Chronic anale or foot pain - Characters radioorasph

OTTAMA FOOT BULES: Trauma & pain midfoot some (5th

mentatural base or mericulari plus either of the following:

- Insolutive to work 4 weekstabusering storm Q over book
- 2. Templement of midford trans-

a Manustries, cadimentach

CAMADIAN C-SPINE PULES: Acute cervicel spine-head injury plus either a high-risk factor or inability to rotate head 45" bilisterally. Carvical rotation should not be assessed & radiograph should be ordered if midline tende inability to sit up independently. High-risk factors include age > 65, dangenous mechanism of injury, extremity paresthesias.

- Rhoquires sudiographs

NEXUS BULES: Following traums to cervical spine or head a nadiograph is indicated unless the patient mosts the figligraving orberter

- 1. No midline correct spine tenderness.
- 2. No focal neurological deficits.
- 3. Normal alerthesis
- S. No pointul distracting injury

- Remainer reducements if mattered closes and setteds all extends

AMSTERDAM DISTAL RADIUS RULES: Male gender, advancing age, wrist swelling, visible deformation, tondorness at distal redius, pain with wrist flexion, supination & pain with rediculnar ballottement

- Nieed for radiograph determined by software app.

AMSTERDAM SCAPHOID RULE: Male gender, smulfbox swelling, unuffbox tenderness, painful ulner deviation, painful long auto thumb compression:

Need for radiograph determined by software app-

OSTEOPOROTIC VERTERRAL FRACTURE: Apr. >52, no. leg. pain. EMI c 22, no exercise, formale-

 275 increase thethood of a fracture & need for imaging AMERICAN COLLEGE OF RADIOLOGY APPROPRIATENESS.

CESTERIAL HAND OR WEST: Acute blant or penetrating terminates, to, then beyond our receipts

- Merculines, radiograph

AMERICAN COLLEGE OF BADIOLOGY APPROPRIATENESS CRITERIA: HIP OR PEDVIS: Acuse hip pain following a fall or minor trauma. Chronic hip or polyts pain

- Requires radiograph

AMERICAN COLLEGE OF RADIOLOGY APPROPRIATENESS CRITERIA: LOW BACK PARK Futures with uncommissioned low back pain who have had 6 weeks of treatment with no improvement or who present with red flags raising suspicion for caude equina syndrome, fracture, infection, or melignancy. - Requires radiograph. Higher ticket imaging indicated for

ELBOW TRAUMA STUDY: Acute loss of elbow extension Rollingating traumas

- Requires radiograph

PATIENT SELF-REPORT INSTRUMENTS FOR THE MUSCULOSKELETAL SYSTEM

INVESTIGATION TO BENEFIT . a Discourse Progress

OSWESTRY DISABILITY INDEX: Lower back.

- · 10-tom self-report questionnoire: Perceived disability resulting from low-back pain
- NECK DISABILITY INDEX: No. 8.
- 30-term self-report questionnoire. Perceived disability nesulting from neck pain.

ERIGHAM & WOMEN'S HOSPITAL HAND SYMPTOM SEVERITY SCALE: WHISTWARE

- 25-here self-report questionnoire: domains associated with causal tunnel sundrame pain, paresthesia, numbness, weakness, noctumal symptoms & general functional status

DISABILITIES OF THE ARM, SHOULDER & HAND ACMARAGE Library and committee

- · 30-tom self-report questionnoire with aptional work & sports/performing arts imadule: Measures physical function in people with musculeskeletal disorders of

When appropriate Streether,

- **CHICK-DASH:** Upper extremity · Modified Shitem version of DASH: Measures physical function in people with musculoskeletal disorders of
- SHOULDER PAIN & DISABILITY INDEX (SPADIO **Schoolston**
- Ditter self-report questionnoire: Measures disability & pain in people with musculoskyletal disorders of the Actor Services
- LOWER EXTREMETY FUNCTIONAL SCALE: Lower methodolic line
- 26 more self-connect resentancement blackflow functioned limitations attributed to the lower extremities
- WESTERN ONTARIO & MCMASTER UNIVERSITIES

ARTHROTIS IMPRIX (WOMAC): His or know

- · 24-tem self-report questionnoise: Messures the influence of his or knew extenserbrits on pain, stiffness. At independent functions
- PATIENT-SPECIFIC FUNCTIONAL SCALE: Involved manufactured by the property of
- 3-term self-report ourstionnoire with option for more. of Jess Joms: Identifies & quantifies activities that patient is unable to do or considers difficult as a result.
- GLOBAL RATING OF CHANGE Involved region of intercent.
- · 5-bem self-report questionnaire: Identifies patientpropositional editionation in appropriate to transforment

FEAR AVOIDANCE BELIEFS SCALE: Spine

- · 16-bern self-report questionnaire. Only If items are scored identifies the presence & influence of fear avoidance beliefs on both work & activity
- CHRONIC PAIN GRADE SCALE: Involved region(s) of
- Zitten self-report questionnaire: Characterizes poin. intensity & pain related disability to classify chronic puting preventing

KEY MOTOR NEURON: SIGNS & SYMPTOMS

OFFICE .

Sposticity, Hypertonicity, Hypersellexia (deep tendon reflexes). Positive pathological reflexes, Absent or reduced superficial reflexes.

COMMERCIAL PROPERTY.

Flaccidity of muscles innervated by involved peripheral nerve. Loss of reflexes. Muscle strophy. Hyporithesia or anesthesia

Madded from Ordenselv Physical Assessment Salament 4th et-Magne Dif. Chapter 1. Table 1-1-1. Signs & Symptoms of Upper Motor Mesons Lexicos, p. 33, copyright 2000, with permission from Discrete

Orthopedic Study Guide

Joacim Rocklöv



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