

Musculoskeletal Spinal Examination Checklist Instructions: Italicized information indicates what the student should be verbalizing.

	Performed	Verbalized
Washes hands FIRST and dons appropriate personal protective equipment.	Y / N	
Introduces self to patient using first and last name, including role.	Y / N	
Notes general appearance and vital signs.		Y / N
General Appearance		
Note position of head and posture of neck and trunk <i>(assess for muscle spasm and abnormal positioning such as torticollis)</i>	Y / N	Y / N
Inspection		1
Assess cervical, thoracic, and lumbar curves for increased or decreased concavity or convexity <i>note presence and degree of cervical and lumbar lordosis and</i> <i>thoracic kyphosis</i>	Y / N	Y/N
Assess for straight line from C7 through gluteal cleft	Y / N	Y / N
both standing and flexed forward at the waist; assess for lateral curvatures such as scoliosis		
Assess alignment of shoulders and iliac crests with patient standing erect and then in flexion, noting asymmetry <i>palpate iliac crests to be able to assess them accurately</i> Note ease of gait	Y / N	Y / N
Palpation		1
Palpate spinous processes for tenderness or step-off patient may be standing or sitting up straight	Y / N	Y / N
Palpate cervical facets for tenderness palpation may require relaxation of the trapezius muscle for optimal feel of the facets	Y / N	Y / N
Palpate paravertebral muscles for tenderness or spasm throughout the spine	Y / N	Y / N
Palpate sacroiliac joints for tenderness	Y / N	Y / N
Palpate for tenderness in any other areas suggested by patient's symptoms	Y / N	Y / N



Percussion		
Fist percussion over spinous processes for tenderness		
use caution with the amount of force applied	Y/N	Y / N
Range of Motion (be sure to have individual movements rather than single various joints and muscle groups, but also watch the patient for smooth a		
Neck: flexion, extension, rotation, lateral bending Note location of localized or radiating pain or any limited range of motion	Y / N	Y / N
Spine: flexion, extension, rotation, lateral bending Note location of localized or radiating pain or any limited range of motion	Y / N	Y / N
Adequate exposure was maintained for all inspection steps.	Y / N	

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