

Musculoskeletal Upper Extremities Examination Checklist

Instructions: *Italicized information indicates what the student should be verbalizing.*

	Verbalized	Performed
<i>Washes hands and dons appropriate personal protective equipment.</i>	Y / N	Y / N
<i>Introduces self to patient using first and last names, including role.</i>	Y / N	Y / N
Notes general appearance.	Y / N	Y / N
Inspection		
Inspect upper extremities (UEs) for symmetry, swelling, deformity, contours, and abnormal positioning, and observe entire UE for color change, skin alteration, or unusual bony contours.	Y / N	Y / N
Shoulder <i>Inspect shoulder and shoulder girdle anteriorly, scapulae and related muscles posteriorly; look for swelling, deformity, muscle atrophy or fasciculations, or abnormal positioning; look for swelling of joint capsule and observe entire UE for color change, skin alteration, or unusual bony contours.</i>	Y / N	Y / N
Elbow <i>Flex elbow to ~70°, inspect contours, note any nodules or swelling.</i>	Y / N	Y / N
Wrist and hand <i>Observe position of hands in motion and at rest, look for swelling over joints, note any bony deformities or abnormal contours, look for radial or ulnar deviation.</i>	Y / N	Y / N
Palpation (sensation and circulation are also assessed)		
Palpate bony landmarks, muscles, tendons, and ligaments for swelling, tenderness, bogginess, or bony enlargement		
Shoulder <i>Begin medially at sternoclavicular joint and trace along clavicle; from behind, trace scapula to acromion, move thumb medially to acromioclavicular [AC] joint, move thumb medially and down a short step to coracoid process, keep thumb on coracoid process and grasp lateral aspect of humerus to palpate greater tubercle, palpate biceps tendon in the intertubercular groove. Now, lift elbow posteriorly to palpate subacromial and subdeltoid bursae, then supraspinatus, infraspinatus and teres minor.</i>	Y / N	Y / N
Elbow <i>Palpate lateral and medial epicondyles and olecranon process for tenderness; palpate for ulnar nerve between olecranon process and medial epicondyle.</i>	Y / N	Y / N
Wrist and hand <i>Palpate groove of each wrist joint with thumbs on dorsum of medial and lateral surfaces [distal radius and ulna], palpate radial styloid bone and anatomical snuffbox just distal, palpate carpal bones and metacarpals, compress the metacarpophalangeal joints, palpate medial and lateral aspects of proximal [PIP] and distal interphalangeal joints [DIP].</i>	Y / N	Y / N
Assess Range of Motion (ROM)		
Note symmetry and rhythm of movement		

Shoulder		
<i>Elbows are straight except during external and internal rotation.</i>	Y / N	Y / N
Flexion <i>Raise hands forward from sides to above head.</i>	Y / N	Y / N
Extension <i>Bring hands backwards from sides.</i>	Y / N	Y / N
Abduction <i>Raise hands sideways from sides to shoulder level with palm down, then above head with palms turned up.</i>	Y / N	Y / N
Adduction <i>Cross arm in front of body--this is sometimes known as the crossover test, useful in assessing the AC joint.</i>	Y / N	Y / N
External rotation <i>With elbow bent 90°, raise arm to shoulder level, rotate forearm toward ceiling.</i>	Y / N	Y / N
Internal rotation <i>Place your hand behind back and touch shoulder blade.</i> <i>Note: Apley scratch test can be used to assess adduction and internal rotation, then abduction and external rotation.</i>	Y / N	Y / N

Special Techniques

Shoulder		
Evaluate for impingement and rotator cuff injury		
Neer impingement sign <i>Press on scapula with one hand, raise patient's arm with the other</i>	Y / N	Y / N
Hawkin impingement sign <i>Flex shoulder and elbow to 90° with palm facing down, rotate arm internally.</i>	Y / N	Y / N
Supraspinatus ["empty-can test"] <i>Elevate arms to 90°, internally rotate with thumbs pointing down; apply downward pressure.</i>	Y / N	Y / N
Infraspinatus strength <i>Arms at side, elbows flexed 90° with thumbs turned up; resist as patient pushes outward.</i>	Y / N	Y / N
Forearm supination <i>Arms at side, elbows flexed 90° wrists pronated; resist as patient supinates forearm.</i>	Y / N	Y / N
Drop-arm sign <i>Fully abduct the arm to shoulder level and then lower it slowly.</i>	Y / N	Y / N

Elbow		
Flexion <i>Bend elbow.</i>	Y / N	Y / N
Extension <i>Straighten elbow.</i>	Y / N	Y / N
Supination <i>Turn palms up.</i>	Y / N	Y / N
Pronation <i>Turn palms down.</i>	Y / N	Y / N

Wrist		
Flexion and extension <i>Point fingers toward floor or ceiling, palms down.</i>	Y / N	Y / N
Ulnar and radial deviation <i>Bring fingers away from midline, toward midline, palms down.</i>	Y / N	Y / N

Thumb		
Flexion <i>Move thumb across palm and touch base of fifth finger.</i>	Y / N	Y / N
Extension <i>Move thumb back.</i>	Y / N	Y / N
Abduction <i>Move thumb anteriorly away from palm.</i>	Y / N	Y / N
Adduction <i>Move thumb back.</i>	Y / N	Y / N
Opposition <i>Touch thumb to each of the other fingertips.</i>	Y / N	Y / N
Fingers		
Flexion <i>Make a tight fist. Flex DIP tips to distal palmar crease; flex PIP tips to heel of hand.</i>	Y / N	Y / N
Extension <i>Extend and spread the fingers.</i>	Y / N	Y / N
Abduction <i>Spread fingers apart.</i>	Y / N	Y / N
Adduction <i>Bring fingers back together. Look for smooth coordinated movements</i>	Y / N	Y / N
Special Techniques		
Wrist/Hand		
Tests for carpal tunnel syndrome		
Tinel sign <i>Tap lightly over median nerve.</i>	Y / N	
Phalen sign <i>Hold wrists in flexion for 60 seconds or press back of both hands together.</i>	Y / N	
All exams were performed with bilateral comparison.	Y / N	

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