

MUSCULOSKELETAL EXAMINATION WORKSHEET

Patient History

<input type="checkbox"/> Chief Complaint		<input type="checkbox"/> New Patient		<input type="checkbox"/> Established Patient		
<i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>						
HPI		ROS		PFSH		
<input type="checkbox"/> Location <input type="checkbox"/> Timing <input type="checkbox"/> Quality <input type="checkbox"/> Context <input type="checkbox"/> Severity <input type="checkbox"/> Mod Factor <input type="checkbox"/> Duration <input type="checkbox"/> Assoc S&S		<input type="checkbox"/> Allergic/Imm <input type="checkbox"/> Eyes <input type="checkbox"/> Musc/Skel <input type="checkbox"/> Constitutional <input type="checkbox"/> GI <input type="checkbox"/> Neurological <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Psychiatric <input type="checkbox"/> ENMT <input type="checkbox"/> CV <input type="checkbox"/> Respiratory <input type="checkbox"/> Integument <input type="checkbox"/> Endocrine		<input type="checkbox"/> Past History <input type="checkbox"/> Family History <input type="checkbox"/> Social History		<i>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history.</i>
<input type="checkbox"/> Brief HPI = 1-3				<input type="checkbox"/> Problem Focused		
<input type="checkbox"/> Brief HPI = 1-3		<input type="checkbox"/> Problem Pertinent ROS = Related System		<input type="checkbox"/> Expanded Problem Focused		
<input type="checkbox"/> Extended HPI = 4 or >/3 Chr		<input type="checkbox"/> Extended ROS = 2-9 Systems		<input type="checkbox"/> Pertinent PFSH = 1		
<input type="checkbox"/> Extended HPI = 4 or >/3 Chr		<input type="checkbox"/> Complete ROS = 10 or > Systems		<input type="checkbox"/> Complete = 2-3		
				<input type="checkbox"/> Detailed		
				<input type="checkbox"/> Comprehensive		

Musculoskeletal Examination

<p style="text-align: center;">Constitutional</p> <input type="checkbox"/> Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration <input type="checkbox"/> General Appearance	<p style="text-align: center;">Musculoskeletal</p> <input type="checkbox"/> Gait & Station Exam Examine Joint(s), Bone(s), Muscle(s), & Tendon(s) of 4 of 6 areas: 1) Head & Neck 2) Spine, Ribs & Pelvis 3) RUE 4) LUE 5) RLE 6) LLE <input type="checkbox"/> Inspection, Percussion & Palpation <input type="checkbox"/> Assess ROM <input type="checkbox"/> Assess Stability <input type="checkbox"/> Assess Muscle Strength & Tone (Count each Area/Extremity Assessed)	<p style="text-align: center;">Skin</p> <input type="checkbox"/> Inspect & Palpate Skin & Sub-q Tissue	<p style="text-align: center;">Type of Examination</p> <p>Perform and Document:</p> <input type="checkbox"/> Problem Focused: 1-5 bulleted (•) elements <input type="checkbox"/> Expanded Problem Focused: 6 or > bulleted (•) elements <input type="checkbox"/> Detailed: 12 or > bulleted (•) elements <input type="checkbox"/> Comprehensive: Perform all elements identified by a bullet (•), document all elements in a box with a border and 1 element in each box with no border
<p style="text-align: center;">Cardiovascular</p> <input type="checkbox"/> Peripheral Vascular Exam	<p style="text-align: center;">Lymphatic</p> <input type="checkbox"/> Palpate Lymph Nodes • Neck • Groin • Axillae • Other	<p style="text-align: center;">Neuro/Psych</p> <input type="checkbox"/> Test Coordination <input type="checkbox"/> DTR Exam & Nerve Stretch Test <input type="checkbox"/> Sensation Exam Brief MSE: <input type="checkbox"/> Orientation Time, Place & Person <input type="checkbox"/> Mood & Affect	

Medical Decision Making

<i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>			
Number of Diagnoses ♦/Management Options ~	Amount/Complexity Data to be Reviewed	Risk of Complications/ Morbidity/Mortality	Type of Medical Decision Making
<input type="checkbox"/> Minimal ♦ One self-limited or minor problem ~ Rest, gargles, superficial dressings	<input type="checkbox"/> Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound	<input type="checkbox"/> Minimal	<input type="checkbox"/> Straightforward
<input type="checkbox"/> Limited ♦ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness ~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives	<input type="checkbox"/> Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging	<input type="checkbox"/> Low	<input type="checkbox"/> Low Complexity
<input type="checkbox"/> Multiple ♦ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury ~ Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine	<input type="checkbox"/> Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate Complexity
<input type="checkbox"/> Extensive ♦ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus ~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	<input type="checkbox"/> Extensive CV Imaging (risk), EPS, endoscopy (risk)	<input type="checkbox"/> High	<input type="checkbox"/> High Complexity

Represents boxes with shaded border in HCFA Guidelines.

E/M Code Assignment _____