

Appendix B

OSTEOARTHRITIS – PHYSICAL EXAMINATION

This Optional Decision Support Tool pertains to the Guideline:
Osteoarthritis in Peripheral Joints – Diagnosis and Treatment
www.BCGuidelines.ca

Gait <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Leg length discrepancy while standing (greater)? <input type="checkbox"/> Left <input type="checkbox"/> Right	Muscle wasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain progression: <input type="checkbox"/> Yes <input type="checkbox"/> No
Deformity while standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pelvis level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain with any motion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain range (1 = least pain; 10 = most pain): _____
Loss of ROM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ROM knee observations (examine standing)	Describe the range that the knee goes through		
	Fixed flexion deformity (FFD): <input type="checkbox"/> None <input type="checkbox"/> Mild 5° <input type="checkbox"/> Moderate 5°-15° <input type="checkbox"/> Severe > 15°		
	Flexion range of motion: <input type="checkbox"/> Mild > 115° <input type="checkbox"/> Moderate 90° - 115° <input type="checkbox"/> Severe < 90°		
Genu Valgum (knock-knee) Left: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe Right: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
ROM hip observations	Flexion deformity (FFD) test with maximum flex of opposite hip: <input type="checkbox"/> None <input type="checkbox"/> Mild 0°-5° <input type="checkbox"/> Moderate 5°-15° <input type="checkbox"/> Severe >15°		
	Flexion range of motion: <input type="checkbox"/> None <input type="checkbox"/> Mild > 115° <input type="checkbox"/> Moderate 90°-115° <input type="checkbox"/> Severe < 90°		
	Progression: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	External rotation with flexion (early sign of OA): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left <input type="checkbox"/> Right		
	Limited internal rotation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left <input type="checkbox"/> Right		
Limited abduction: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Left <input type="checkbox"/> Right			
Joint	<input type="checkbox"/> Effusion mild, moderate, severe <input type="checkbox"/> Localized swelling <input type="checkbox"/> Crepitus <input type="checkbox"/> Bony enlargement <input type="checkbox"/> Warmth Progression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Exam Summary (abnormal findings)	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		