Assignment: Shadow Health Musculoskeletal Assessment Subjective

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HPI: Ms. Jones visits the clinics and presents with back pain, which she states started afflicting her three weeks before. She attributes the back pain to tweaking whilst lifting her friend's heavy box when the friend was moving. She posits that before the incident, she had lifted several boxes without injuring her back. Further, she states that the purpose of presenting concerns the increased and continued pain, which has impacted her daily living activities.

Social History: Ms. Jones' job is mostly supervisory, although she does report that she may have to sit or stand for extended periods……. use of tobacco, alcohol, and illicit drugs. She does not exercise

ROS:

General: Denies changes in weight, fatigue, weakness, fever, chills, and night sweats. •

Musculoskeletal: Denies muscle weakness, pain, joint instability, or swelling. She states that she has difficulty with range of motion…… lower back has impacted her comfort while sleeping and sitting in class…….. numbness, tingling, radiation, or bowel/bladder dysfunction. She denies previous musculoskeletal injuries or fractures. •

Neurologic: Denies loss of sensation, numbness, tingling, tremors, weakness, paralysis, fainting, blackouts, or seizures.

NR 509 Week 3 Shadow Health Musculoskeletal Assessment Objective:

ROS:

General: Ms. Jones is a pleasant, obese 28-year-old African American woman in no acute distress. She is alert and oriented. She maintains eye contact throughout the interview and examination.

Musculoskeletal: Bilateral upper extremities without muscle atrophy or joint deformity. Bilateral upper extremities with full range of motion of shoulder, elbow, and wrist…….. upper extremity strength equal and 5/5 in neck, shoulders, elbows, wrists, hands. Bilateral lower extremity strength equal and 5/5 in hip flexors, knees, and ankles.

HPI

According to Bickley (2013) a clear, well organized clinical record is one of the most important adjuncts to patient care and gathering information using open-ended questions, then closed ended questions to prompt specific responses. This paper provides an overview of clinical reasoning and the nurse's decision making after providing a complete advanced health history and physical assessment.

It will also give insight into the nursing process and how it may enhance clinical thinking, reasoning and judgment in the nursing practice. Ms. Jones is a pleasant, 28-year-old obese African American single woman who presents for complete physical examination and evaluation for right foot injury. She is the primary source of history. Ms. Jones offers information freely and without contradiction.

Speech is clear and coherent. She maintains eye contact throughout the interview. Ms. Jones is alert and oriented, is seated upright on the examination table, and is in no

apparent distress. She is well-nourished, well-developed, and dressed appropriately with good hygiene. Chief complaint is headache.

NR 509 Week 3 Shadow Health Musculoskeletal Assessment Rubric

Shadow Health Physical Assessment Rubric

Criteria	Ratings				Pts
This criterion is linked to a Learning Outcome Subjective Data, Organization, Communication, and Summary (DCE Score or transcript)	25.0 pts **Above Average** - DCE Score greater than or equal to 93; Comprehensive introduction with expectations of	21.0 pts **Average**– DCE Score greater than or equal to 86-92; Adequate introduction;	10.0 pts **Below Average** – DCE Score greater than or equal to 80-85; Incomplete introduction; many question	0.0 pts **Unsatisfactory-** DCE Score less than or equal to 79; Introduction missing; questions worded in a judgmental way; little profession	25.0 pts

	exam verbalized; questions worded in a non-judgmental way; professional language exercised; questions well-organized; appropri	some questions worded in a non-judgmental way; professional language mostly exercised; questions generally organi	s worded in a judgmental way; some professional language exercised; questions somewhat organized; incomplete closing.	al language; questions unorganized; closing missing.	

	ate closing with summary of findings verbalized to patient.	zed; somewhat complete closing.			

This criterion is linked to a Learning Outcome Objective Data, Physical Examination, Interpretation of Findings, Assessment, and Documentation		20.0 pts

20.0 pts **Above Average**– Physical assessment documentation includes all relevant body	16.0 pts **Average-** Physical assessment documentation lacks sufficient details pertaining to	8.0 pts **Below Average-** Physical assessment documentation lacks sufficient details perta	0.0 pts **Unsatisfactory -** No physical assessment documentation or no treatment plan.

	systems; all pertinent normal and abnormal findings identified; documentation reflects professional	one or two relevant body systems; or identifies ≥ 50% of the pertinent normal and abnormal	ining to three or more relevant body systems; or identifies < 49% of the pertinent normal and		

	al langu age; treat ment plan inclu des each of the follo wing com pone nts: diagn ostic s, medi catio	findin gs; or docu ment ation lacks profe ssion al langu age; or treat ment plan lacks one or two com pone	abno rmal findin gs; or docu ment ation inclu des unpr ofess ional langu age; or treat ment plan lacks three or			

	n, education, consultation/referral, and follow-up planning.	nts (diagnostics, medication, education, consultation/referral, or follow-up planning).	more components (diagnostics, medication, education, consultation/referral, or follow-up planning).		

This criterion is linked to a Learning Outcome Self-Reflection		5.0 pts

5.0 pts **Above Average** – Response to the reflection post	3.0 pts **Average** – Responds to two of the three reflection posts	2.0 pts **Below Average** – Responds to	0.0 pts **Unsatisfactory** - No reflection posts for the assignm

	d s to th re e of th e th re e re fl ec ti o n p o st	que stio ns; or pro vide s limi ted self -an alys is of perf orm anc e; or refl ecti	on e of th e th re e re fle cti on p os t qu es ti on s; or	ent .	

	q u es ti o n s; a n d pr ov id es a n al ys is of p	on pos ts are so me wha t uncl ear rela ted to the assi gn me nt and the stu	d oe s no t pr ov id e se lf- an al ys is of pe rf or m an		

	erformance; and reflection posts	dent’s experience; or reflection posts lack insight.	ce; or reflections are not related to the assign		

	written using professional language		ment and the student's experience; order does no			

	e; and reflection posts demonstra		t provide insight		

	te in si g ht .	
Total Points: 50.0		