

MUSCULAR SYSTEM ASSESSMENT

Ref: MSK-2024

Patient Name: _____

Date: _____

Assessor: _____

ID Number: _____

ASSESSMENT AREA	CLINICAL INDICATORS	L	R	N/A
1. Inspection & Symmetry				
Muscle Bulk	Atrophy, hypertrophy, or pseudohypertrophy			
Involuntary Movements	Fasciculations, tremors, or spasms			
2. Muscle Tone (Passive Movement)				
Upper Extremities	Flaccidity, spasticity, or rigidity (Lead-pipe/Cogwheel)			
Lower Extremities	Resistance to passive stretch			
3. Strength Testing (Manual Muscle Test)				
Proximal Groups	Shoulder abductors, hip flexors			Grade: ____ / 5
Distal Groups	Wrist extensors, ankle dorsiflexors			Grade: ____ / 5

MRC Muscle Strength Scale:

0: No contraction | 1: Flicker of contraction | 2: Active movement with gravity eliminated | 3: Active movement against gravity | 4: Active movement against gravity & resistance | 5: Normal power

Clinical Notes: