

Shadow Health will undergo maintenance starting on Saturday, April 4th at 1:00 AM CST until Saturday, April 4th at 9:00 AM CST. During this time Shadow Health may be inaccessible.

## Musculoskeletal Results | Completed

Advanced Health Assessment - STU - August 2023, nur504ap4

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### Your Results

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### Experience Overview

Patient: Tina Jones



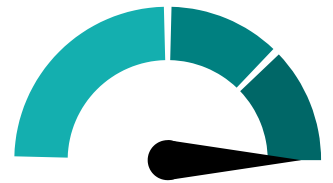
Digital Clinical Experience Score

# 100%

This score measures your performance on the Student Performance Index in relation to other students in comparable academic programs. Your instructor has chosen to scale your Student Performance Index score so that the average score on the index is a 86.0%. This score may not be your final grade if your instructor chooses to include additional components, such as documentation or time spent.

### Student Performance Index

50 out of 50



Proficiency Level: **Proficient**

Beginning

Developing

**Proficient**

Students rated as "proficient" demonstrate an expertise in advanced practice competencies and reasoning skills. In comparable programs, the top students perform at the level of a proficient practitioner.

Subjective Data Collection

18 out of 18

Objective Data Collection

28 out of 28

Education and Empathy

4 out of 4

Time

40 minutes total spent in assignment

Interaction with patient

40 minutes

### Comments

If your instructor provides individual feedback on this assignment, it will appear here.



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### Transcript













Started: Oct 08, 2023 | Total Time: 40 min

All Lines (56)

Interview Questions (47)

Statements (4)

Exam Actions (5)

-  Hello what brought you to the clinic today 10/08/23 12:00
-  Hey.
-  Hello my name is yndia I will be doing your interview today 10/08/23 12:00
-  Hello.
-  Can you verify your name and date of birth for me please 10/08/23 12:00
-  My name's Tina Jones, and my birthday's February 17th.
-  Miss Jones what brought you to the clinic today 10/08/23 12:00
-  Well, I have a lot of pain in my lower back. It really hurts, and it doesn't seem to be going away. It's making it kind of hard to get things done, so I decided to come in and have it looked at.
-  I'm sorry to hear that you're having pain today 10/08/23 12:00
-  I appreciate you saying that.
-  I would like to know more about what happened so I can know how to best treat you (No matching questions found.) 10/08/23 12:00
-  How did you hurt your back 10/08/23 12:00



I tweaked my back when I was lifting a box. [AUDIO COMING SOON]



It's important to use correct lifting technique to protect your back



Sure, I think I understand what you mean.



When did your pain start



It started three days ago, right when I first tweaked my back.



Do you have any history of muscular skeletal system (No matching questions found.)



Do you have any medical history of muscular skeletal system



Other than my back? I have diabetes and asthma.



What do you take for your diabetes



I don't take medicine for it anymore.



What do you take for your asthma



I have a Flovent daily inhaler and a Proventil rescue inhaler.



How often do you use your proventil



I haven't used my rescue inhaler in months -- not since I started the daily Flovent one.



Can you locate where you're having the pain (No matching questions found.)



Can you locate where you're having the pain (Clarified to Where is the pain?.)



It hurts in my lower back and even, like, the top of my butt. (Clarified to where it hurts.)



How long does the pain last



It's pretty constant.



What does it feel like



It's like. . . an ache.



Is there anything that makes the pain worse



The pain is definitely worst when I'm sitting up.



Is there anything that makes the pain better



Taking Advil has been helping a little. . . and it feels better when I lie flat on my back.



How often do you take advil



I've been taking them every five or six hours, like it says on the bottle.



Make sure you follow the instruction on the Advil closely there's a lot of side effects that could be harmful



Alright, thanks for letting me know.



Does your back affect your daily activities (Clarified to Has the pain affected your usual activities?.)



Well, I came in because the pain wasn't going away, and I can't really sit or move a lot. But I can do everything I need to, it's just much harder. (Clarified to if my pain has affected my activities.)



Does your pain affect your sleep



The pain has made it kind of hard to sleep, yeah.



I'm sorry to hear that sleep is so important for injury prevention



Thanks for saying that.



Does the pain radiate anywhere



No, it isn't spreading.



Are you able to walk



I can walk, but it does hurt a little.



Has the pain stop you from doing your normal activities like working (No matching questions found.)



Has the pain stop you from doing your normal activities (No matching questions found.)



Has the pain stop you from doing your normal activities like working



I can't do anything that involves a lot of sitting, and I can't move a ton.



Does the pain prevent you from going out with friends (Clarified to When has your pain interfered with your daily life?.)



I can't do anything that involves a lot of sitting, and I can't move a ton. (Clarified to when my pain has gotten in the way of my activities.)



Does the pain prevent you from working (Clarified to Have you had to miss work because of your injury?.)



I haven't missed any work. . . work isn't so bad, since I'm mostly standing up for it. (Clarified to if I missed work because of my injury.)



Can you rate your pain on a scale of 0 to 10



Right now, since the Advil's wearing off, it's around a 5 out of 10.



When you take your pain medication how would you rate your pain (Clarified to How would you rate your pain on a scale of 1 to 10 after you take medication?.)



When the Advil's just kicking in the pain goes down to a 2 or 3 out of 10, I'd say. (Clarified to how I would rate my pain on a scale with medication.)



Do you have family history of back pain



No, I don't think so.



Are you allergic to any medication



Yeah, I'm allergic to penicillin.



Do you have any medical family history



My mom has some issues, and I think some of my grandparents did, too.



What is your mother's medical history



Mom has high cholesterol and blood pressure, I think. She seems to be doing okay though.



What is your grandparents medical history (Clarified to How old are your grandparents?.)



Well, Granny's the only one who's still alive, and she's 82. My...my dad's dad must've been 65 when he died, and my Nana and Poppa were in their seventies. (Clarified to how old my grandparents are.)



Do you use any illicit drugs



No.



Do you have any muscle weakness



No, I wouldn't say I feel weak.



Do you exercise daily



I don't usually exercise much, and I definitely haven't since this happened.



Do you have arthritis



No, I don't, fortunately.



Do you have family history of osteoporosis



No.



Do you have any numbness to your hands



I haven't been numb anywhere.



Does your arm feel cold (Clarified to Do your hands or feet feel cold?.)



Not really. (Clarified to if my hands or feet get cold.)



Do you have any problem with your hands (No matching questions found.)



Do you have pain in your thighs (No matching questions found.)



Do you have pain in your thigh (Clarified to Do you have pain in your sides?.)



Nope. (Clarified to if I have pain in my sides.)



Are your ankle giving you problems



My ankles are fine. [AUDIO COMING SOON]



Any fever or chills (Clarified to Have you had any fever or chills?.)



No, neither. [AUDIO COMING SOON] (Clarified to if I have had fever or chills.)



Any nausea or vomiting



I haven't had thrown up, or even had an upset stomach, in a long time.



Inspected shoulders from the front



Inspected right arm



Inspected left arm



Inspected both wrists



Inspected front of thighs

## Comments

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## Your Results

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## Subjective Data Collection: 18 of 18 (100.0%)

Hover To Reveal...

Hover over the **Patient Data** items below to reveal important information, including **Pro Tips** and **Example Questions**.

○ Indicates an item that you found.

○ Indicates an item that is available to be found.

### Category

### Scored Items

### Patient Data

#### Not Scored

Experts selected these topics as essential components of a strong, thorough interview with this patient.

A combination of open and closed questions will yield better patient data. The following details are facts of the patient's case.

#### Chief Complaint

Established chief complaint

○ Reports low back pain

○ Describes injury as a "tweak" to her

#### History of Present Illness

Asked about onset of pain

○ Reports original injury occurred 3 days ago

○ Onset was sudden

○ Reports injury happened when lifting heavy box

Asked about location of pain

○ Reports pain located in low back and buttocks

○ Reports pain does not radiate or migrate

○ Denies neck pain

- Denies pain between the shoulder blades
- Reports pain is the same on both sides of her back

---

Asked about frequency and duration of pain

- Reports pain has lasted three
- Reports pain is constant

---

Asked about severity of pain

- Describes current pain as "pr
- Rates pain of original injury a
- Reports current pain rating o

---

Asked about character of pain

- Reports pain at the onset as
- Describes pain as aching
- Denies burning pain
- Reports back is sore to the tr
- Reports pain accompanied b

---

Asked about aggravating factors

- Reports feeling least comfort
- Reports some pain with mov  
walking

---

Asked about relieving factors

- Reports slight pain relief with
- Reports feeling most comfort  
back
- Denies use of heating pad or

---

Asked about impact of pain on activities of daily living

- Confirms pain is interfering w
- Reports slight sleep disturba
- Reports no exercise since ac
- Reports receiving help with c  
sister

---

## Medical History

Confirmed use of medications

- Confirms medications
- Reports increased ibuprofen

---

Followed up on ibuprofen use

- Has taken ibuprofen for the p
- Last dose of ibuprofen was a
- Reports taking two Ibuprofer
- Takes ibuprofen every 5-6 ho
- Unsure of dose, describes it
- Ibuprofen provides relief for s

---

Confirmed allergies

- Confirms allergies (no new al

---

Asked about possible contributing factors in health history

- Reports no history of previou
- Denies history of severe trau  
occupational injury
- Denies past surgery
- Denies increase in alcohol us
- Denies history of fractures

Denies heavy lifting at work

---

### Social Determinants of Health

Asked about impact of pain on income and education

Reports no missed work due  
 Reports no missed school due to sitting in class

---

### Review of Systems

Asked about general symptoms

Denies fever  
 Denies chills  
 Denies night sweats  
 Denies nausea or vomiting  
 Reports low energy level

---

Asked review of systems for musculoskeletal

Denies muscle weakness  
 Denies joint pain  
 Denies joint swelling or redness  
 Denies joint stiffness

---

Asked review of systems for neurological

Denies headache related to injury  
 Denies tingling or numbness  
 Denies changes to bowel or bladder  
 Denies dizziness, light-headedness

---

### Family History

Asked about relevant family history

Denies family history of genetic problems  
 Denies family history of osteoporosis  
 Denies family history of any fractures  
 Denies family history of bone disease  
 Denies family history of degenerative diseases

---

### Comments

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## Objective Data Collection: 28 of 28 (100%)

- Correct
- Partially correct
- Incorrect
- Missed

### Inspected neck

1 of

#### Symmetry (1/2 point)

- Symmetric
- Asymmetric

#### Appearance (1/2 point)

- No visible abnormal findings
- Edema
- Visible pulsation
- Visible mass
- Irregular alignment
- Discoloration

### Inspected shoulders

1 of

#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration

#### Symmetry (1/3 point)

- Symmetric bilaterally
- Asymmetric

### Inspected arms

1 of

#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass

- Irregular alignment
- Discoloration
- Atrophy
- Hypertrophy

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

- Irregular alignment
- Discoloration
- Atrophy
- Hypertrophy

---

### Inspected elbows

**Right: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Joint deformity

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

**Left: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Joint deformity

---

### Inspected wrists

**Right: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Atrophy
- Hypertrophy
- Joint deformity

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

**Left: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Atrophy
- Hypertrophy
- Joint deformity

---

### Inspected hands and fingers

**Right: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Joint deformity

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

**Left: Appearance (1/3 point)**

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration
- Joint deformity

---

### Inspected hips

**Appearance (1/1 point)**

- No visible abnormal findings
- Edema

- Visible mass
- Irregular alignment
- Discoloration
- Pelvic tilt

---

### Inspected thighs

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#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Discoloration
- Atrophy
- Hypertrophy

#### Symmetry (1/3 point)

- Symmetric bilaterally
- Asymmetric

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Discoloration
- Atrophy
- Hypertrophy

---

### Inspected knees

---

#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Genu recurvatum
- Discoloration
- Joint deformity

#### Symmetry (1/3 point)

- Symmetric bilaterally
- Asymmetric

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Genu recurvatum
- Discoloration
- Joint deformity

---

### Inspected lower legs

---

#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Discoloration
- Atrophy
- Hypertrophy
- Genu valgum
- Genu varum

#### Symmetry (1/3 point)

- Symmetric bilaterally
- Asymmetric

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Discoloration
- Atrophy
- Hypertrophy
- Genu valgum
- Genu varum

---

### Inspected ankles

---

#### Right: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration

#### Left: Appearance (1/3 point)

- No visible abnormal findings
- Edema
- Visible mass
- Irregular alignment
- Discoloration

Joint deformity

Joint deformity

**Symmetry (1/3 point)**

- Symmetric bilaterally
- Asymmetric

---

**Inspected feet**

**Right: Appearance (1/5 point)**

- No visible abnormal findings
- Edema
- Laceration, lesion, or wound
- Visible mass
- Irregular alignment
- Redness, jaundice, or bluish discoloration
- Joint deformity
- Hallux valgus
- Hammertoe(s)
- Mallet toe(s)
- Claw toe(s)

**Right: Arch Shape (1/5 point)**

- Expected curvature
- Pes planus
- Pes cavus

**Left: Appearance (1/5 point)**

- No visible abnormal findings
- Edema
- Laceration, lesion, or wound
- Visible mass
- Irregular alignment
- Redness, jaundice, or bluish discoloration
- Joint deformity
- Hallux valgus
- Hammertoe(s)
- Mallet toe(s)
- Claw toe(s)

**Left: Arch Shape (1/5 point)**

- Expected curvature
- Pes planus
- Pes cavus

**Symmetry (1/5 point)**

- Symmetric bilaterally
- Asymmetric

---

**Tested neck range of motion**

**Flexion (1/4 point)**

- Expected range of motion (approx. 45 degrees)
- Reduced range of motion

**Extension (1/4 point)**

- Expected range of motion (approx. 45 degrees)
- Reduced range of motion

**Lateral Bending (1/4 point)**

- Expected range of motion (approx. 40 degrees) on both sides
- Reduced range of motion on right
- Reduced range of motion on left

**Rotation (1/4 point)**

- Expected range of motion (approx. 70 degrees)
- Reduced range of motion on right
- Reduced range of motion on left

---

**Tested shoulder range of motion**

**Forward Flexion (1/3 point)**

- Expected range of motion (approx. 180 degrees)
- Reduced range of motion

**Extension (1/3 point)**

- Expected range of motion (approx. 50 degrees)
- Reduced range of motion

**Adduction (1/3 point)**

- Expected range of motion (approx. 50 degrees)
- Reduced range of motion

## Tested elbow range of motion

### Right: Flexion And Extension (1/4 point)

- Expected range of motion (approx. flexion of 160 degrees and 180 of full extension)
- Reduced flexion
- Reduced extension

### Right: Supination And Pronation (1/4 point)

- Expected range of motion (approx. pronation of 90 degrees and supination of 90 degrees)
- Reduced pronation
- Reduced supination

### Left: Flexion And Extension (1/4 point)

- Expected range of motion (approx. flexion of 160 degrees and 180 of full extension)
- Reduced flexion
- Reduced extension

### Left: Supination And Pronation (1/4 point)

- Expected range of motion (approx. pronation of 90 degrees and supination of 90 degrees)
- Reduced pronation
- Reduced supination

## Tested wrist range of motion

### Right: Flexion (1/8 point)

- Expected range of motion (approx. 90 degrees)
- Reduced flexion

### Right: Extension (1/8 point)

- Expected range of motion (approx. 70 degrees)
- Reduced extension

### Right: Ulnar Deviation (1/8 point)

- Expected range of motion (approx. 55 degrees)
- Reduced ulnar deviation

### Right: Radial Deviation (1/8 point)

- Expected range of motion (approx. 20 degrees)
- Reduced radial deviation

### Left: Flexion (1/8 point)

- Expected range of motion (approx. 90 degrees)
- Reduced flexion

### Left: Extension (1/8 point)

- Expected range of motion (approx. 70 degrees)
- Reduced extension

### Left: Ulnar Deviation (1/8 point)

- Expected range of motion (approx. 55 degrees)
- Reduced ulnar deviation

### Left: Radial Deviation (1/8 point)

- Expected range of motion (approx. 20 degrees)
- Reduced radial deviation

## Tested spine range of motion

### Extension (1/4 point)

- Expected range of motion (approx. 30 degrees)
- Reduced extension

### Lateral Bending (1/4 point)

- Expected range of motion bilaterally (approx. 35 degrees)
- Reduced lateral bending to the right
- Reduced lateral bending to the left

### Flexion (1/4 point)

- Expected range of motion (approx. 75 - 90 degrees)
- Reduced flexion

### Rotation (1/4 point)

- Expected range of motion bilaterally (approx. 35 degrees)
- Reduced rotation to the right
- Reduced rotation to the left

## Tested hip range of motion

### Flexion (1/4 point)

- Expected range of motion (approx. 90 degrees)
- Reduced hip flexion

### Abduction (1/4 point)

- Expected range of motion (approx. 45 degrees)
- Reduced hip abduction

### Extension (1/4 point)

- Expected range of motion (approx. 30 degrees)
- Reduced hip extension

### Adduction (1/4 point)

- Expected range of motion (approx. 30 degrees)
- Reduced hip adduction

## Tested knee range of motion

### Right: Flexion (1/4 point)

- Expected range of motion (approx. 130 degrees)
- Reduced flexion

### Right: Extension (1/4 point)

### Left: Flexion (1/4 point)

- Expected range of motion (approx. 130 degrees)
- Reduced flexion

### Left: Extension (1/4 point)

- Expected range of motion (approx. 0 to 15 degrees)
- Reduced extension

- Expected range of motion (approx. 0 to 15 degrees)
- Reduced extension

### Tested ankle range of motion

#### Right: Eversion And Inversion (1/4 point)

- Expected range of motion (approx. inversion of 30 degrees and eversion of 20 degrees)
- Reduced inversion
- Reduced eversion

#### Left: Eversion And Inversion (1/4 point)

- Expected range of motion (approx. inversion of 30 degrees and eversion of 20 degrees)
- Reduced inversion
- Reduced eversion

#### Right: Dorsiflexion And Plantar Flexion (1/4 point)

- Expected range of motion (approx. flexion of 160 degrees and 180 of full extension)
- Reduced dorsiflexion
- Reduced plantar flexion

#### Left: Dorsiflexion And Plantar Flexion (1/4 point)

- Expected range of motion (approx. flexion of 160 degrees and 180 of full extension)
- Reduced dorsiflexion
- Reduced plantar flexion

### Tested neck strength

#### Strength (1/1 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

### Tested shoulder strength

#### Strength (1/1 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

### Tested elbow strength

#### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

#### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

### Tested wrist strength

#### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance

#### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance

5 - Active movement against full resistance without fatigue (normal)

5 - Active movement against full resistance

### Tested hand strength

#### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

#### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance

### Tested hip strength

#### Strength (1/1 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

### Tested knee strength

#### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

#### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance

### Tested ankle strength

#### Right (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance without fatigue (normal)

#### Left (1/2 point)

- 0 - No muscle contraction
- 1 - Barely detectable contraction
- 2 - Active movement with gravity eliminated
- 3 - Active movement against gravity
- 4 - Active movement against gravity and resistance
- 5 - Active movement against full resistance

## Comments

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# Musculoskeletal Results | Completed

Advanced Health Assessment - STU - August 2023, nur504ap4

[Return to Assignment \(/assignments/867642/\)](#)



## Your Results

Lab Pass (/assignment\_attempts/15347296/lab\_

[Overview](#)

[Transcript](#)

[Subjective Data Collection](#)

[Objective Data Collection](#)

**[Education & Empathy](#)**

[Documentation](#)

[Video Tutorial](#)

## Education & Empathy : 4 of 4 (100.0%)

During the patient interview, there are a number of opportunities to provide patient education and empathy. The opportunities listed below are those identified by nursing experts to be of particular importance to this patient. A **Statement** is provided as an example of an appropriate response to each opportunity.

- Opportunities marked as **Not Encountered** are opportunities that were not elicited in the interview
- Opportunities marked as **Not Followed Up** are missed opportunities that were present in the interview, but w/o statements were made
- Opportunities marked as **Followed Up** were followed up by students, and include the dialogue between student and patient

### 1 Symptoms Follo

**Description:** Tina describes the symptoms that have been bothering her.



Miss Jones what brought you to the clinic today

12:0



Well, I have a lot of pain in my lower back. It really hurts, and it doesn't seem to be going away. It's making it kind of hard to get things done, so I decided to come in and have it looked at.



I'm sorry to hear that you're having pain today

E  
12:0



I appreciate you saying that.

**Model Statement:** "I'm sorry to hear you're in pain. I would like to learn more about your pain and how it may have happened, and then we can talk about treating it so you feel better."

### 2 Cause of Injury Follo

**Description:** Tina discusses her lifting technique.



How did you hurt your back

12:0



I tweaked my back when I was lifting a box. [AUDIO COMING SOON]



It's important to use correct lifting technique to protect your back



Sure, I think I understand what you mean.

**Model Statement:** "You're right; proper lifting technique is important to prevent injuries. We can go over how to lift things safely, so that you don't further injure yourself when you go back to work."

---

### 3 Medications

**Description:** Tina describes her medication regimen, which includes taking 8 to 10 tablets of ibuprofen per day to treat her back pain.



How often do you take advil



I've been taking them every five or six hours, like it says on the bottle.



Make sure you follow the instruction on the Advil closely there's a lot of side effects that could be harmful



Alright, thanks for letting me know.

**Model Statement:** "Thank you for letting me know that you're taking ibuprofen in addition to the medications you usually take. I will ask you a few questions about how you're using each medication."

---

### 4 Activities of Daily Living

**Description:** Tina discusses her activity level and work tasks while on the job.



Does your back affect your daily activities (Clarified to: Has the pain affected your usual activities?)



Well, I came in because the pain wasn't going away, and I can't really sit or move a lot. But I can do everything I need to, it's just much harder. (Clarified to: if my pain has affected my activities)



Does your pain affect your sleep



The pain has made it kind of hard to sleep, yeah.



I'm sorry to hear that sleep is so important for injury prevention



Thanks for saying that.

**Model Statement:** "It sounds like you keep busy at work. Being on your feet all day can aggravate your back. We can talk about footwear and postural changes that will help you be more comfortable at work."

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## Musculoskeletal Results | Completed

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### Your Results

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## Documentation / Electronic Health Record

[Document: Provider Notes](#)

### Document: Provider Notes

#### Student Documentation

#### Model Documentation

#### Subjective

This is a 28-year-old Pleasant African-American female she is the primary source of History offer information freely. She speak clearly and Coherent and maintain contact throughout exam. She presents to the clinic with complaint of back pain for 3 Days pain is 5/10 take Advil and pain reduced to 2-3/10. Her pain is in her lower back and upper buttocks. Pain gets worse when she is laying down. She is able to perform her normal activities.

#### Objective

Mrs Jones is a pleasant obese 28 year old African-American woman and no acute distress. She is alert and oriented maintain eye contact throughout interview and examination. Bilateral upper extremities without muscle atrophies and joint deformities. Bowlero upper extremities have full range of motion of shoulder elbow and wrist. No evidence of swollen joints or signs of infection. Bilateral lower extremities without muscle atrophy or joint deformities. Full range of motion of bilateral hip knee and Ankles. No evidence of swollen joints or signs of infection.

#### Assessment

Lower back pain lower back muscle strain related to lifting.

HPI: Ms. Jones presents to the clinic complaining of back pain that began 3 days ago after she "tweaked it" while lifting a heavy box while helping a friend move. She states that lifted several boxes before this event without incident and does not know the weight of the box that caused her pain. The pain is in her low back and bilateral buttocks, is a constant aching with stiffness, and does not radiate. The pain is aggravated by sitting (rates a 7/10) and decreased by rest and lying flat on her back (pain of 3-4/10). The pain has not changed over the past three days and she has treated with 2 over the counter ibuprofen tablets every 5-6 hours. Her current pain is a 5/10, but she states that the ibuprofen can decrease her pain to 2-3/10. She denies numbness, tingling, muscle weakness, bowel or bladder incontinence. She presents today as the pain has continued and is interfering with her activities of daily living.

Social History: Ms. Jones' job is mostly supervisory, although she does report that she may have to sit or stand for extended periods of time. She denies lifting at work or school. She states that her pain has limited her activities of daily living. She denies use of tobacco, alcohol, and illicit drugs. She does not exercise.

Review of Systems: General: Denies changes in weight, fatigue, weakness, fever, chills, and night sweats. • Musculoskeletal: Denies muscle weakness, pain, joint instability, or swelling. She does state that she has difficulties with range of motion. She does state that the pain in her lower back has impacted her comfort while sleeping and sitting in class. She denies 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.

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 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. No evidence of swollen joints or signs of infection. Bilateral lower extremities without muscle atrophy or joint deformity, full range of motion of bilateral hips, knees, and ankles. No evidence of swollen joints or signs of infection. Flexion, extension, lateral bending, and rotation of the spine with reduced ROM - pain and difficulty. Bilateral 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.

Low back muscle strain related to lifting

**Student Documentation**

**Model Documentation**

**Plan**

Refer to Physical Therapy review body mechanism Advil PRN as needed discussed exercise and weight-bearing exercise return to Clinic if symptoms worsen.

Provide Ms. Jones with materials detailing st lower back. • Initiate treatment with ibuprofen to eight hours with food as needed for pain if may use acetaminophen 500-1000 mg by mouth breakthrough pain. • Ms. Jones can also use heat or ice per comfort TID-QID. • Educate on lifting techniques. • Educate on when to seek of bowel or bladder function, acute changes extremities, or limitations in movement of low clinic in two weeks for follow up and evaluation

**Comments**

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