

Skills Check-Off Physical Exam (Focused Upper Extremities)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Time Started: _____

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precaution	1	
Respectfully introduces her/himself	1	
Properly identifies correct patient	1	
Obtains verbal/implied consent	1	
Explains exam to patient	1	
<i>Upper Extremities</i> Inspection Skin (1) Hair (1) Nails (1) Muscle mass bilaterally (1)	4	
Assess coordination (Thumb to each finger)	1	
Assess sensory (Sharp/Blunt)	1	
Assess pulses bilaterally Brachial (1) Radial (1)	2	
Palpates axillary nodes	1	
Palpates for equal bilateral temperature	1	
ROM (Left and Right) Performed without assistance Shoulders (1) Elbow (1) Wrist (1) Finger (1)	4	
Muscular Resistance (Left and Right) Shoulder (1) Elbow (1) Wrist (1) Finger (1)	4	
Palpates Joints Shoulder (1) Elbow (1)	2	
Assess grip strengths	1	
Time End: _____	Total	26

CRITICAL CRITERIA

_____ Did not immediately don or verbalize BSI