Bone and Joint Japan 　January, 2020 edition

**Health Survey of Musculoskeletal System (Spine/Rib, Extremities, Bone/Joint)**

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| --- | --- | --- | --- |
| Name of School | Class, Student Number | Name Gender | Date of Birth |
| School |  | （　　　　　　　　　　）□M  　　　　　　　　　　　　□F |  |

Mark ☑ on which applies to he/she （**↓to be answered by parent**）　　 　Date of entry：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Does he/she presently join a sports club/youth sports?  If so, what kind of sports is he/she doing?   （e.g.: Soccer school from 3rd grade, Ballet from 1st grade） | | | □No  □Yes  （　　　　　　　　　　　　　　　　　　　　　　　　　　） | | |
| 1. Has he/she got treatment at a hospital in the past or present? (including follow-up)   （e.g.：Right knee meniscus operation when 10 yrs. old） | | | □No  □Yes（　　　　　　　　　　　　　　　　　　　　　　　） | | |
| 1. Mark ☑ all that apply to his/her backbone**（↓to be answered by parent）** | | | | | **School physician entry zone (after exam.）** |
| 1. Spine appears not to be straight? | □①Height of shoulders not equal  □②Waistlines not equal  □③Height of shoulder bones not equal  □④Height of the back not equal when bent forward and raised rib or raised lumbar is observed  （※This item is most important）  □⑤ No problem for ①～④ | | | | (All students are to be examined)  □①No Problem  □②Follow-up・Brief advice＊  □③Orthopedic examination required |
| Ⅳ．Mark ☑ all that applies to his/her lumbar and extremities  **（↓to be answered by parent）** | | | | | (Examination required for students with problems) |
| 1. Feels pain of spine when bent forward or backward? | □①Hurts when bent forward. (since when：　　　　　)  □②Hurts when bent backward. (since w hen：　　　　)  □③Does not hurt either bent forward or  backward. | | | | □①Follow-up・Brief advice＊  □②Orthopedic examination required |
| 1. Feels pain when arm or leg is moved?   （Mark ○ on the picture where pain is felt.） | □①Feels pain.  (Since when：　　　　)□②No pain. | | |  | □①Follow-up・Brief advice＊  □②Orthopedic examination required |
| 1. Movement not smooth in some part of arm/leg?   　（Mark X on the picture for the applicable part.） | □①Slow movement.  (Since when：　　　　)  □②Movement is O.K. | | |
| 1. Cannot stand on   One-leg for over  5 seconds? | □①Cannot stand over 5 seconds.  □②Can stand. | | | | □①Follow-up・Brief advice＊  □②Orthopedic examination required |
| 1. Cannot crouch down?   （Keeping one’s full feet flat on the floor） | □①Cannot crouch down.  □②Can crouch down. | | | | □①Follow-up・Brief advice＊  □②Orthopedic examination required |
| **School Comments**(Nurse, teacher, etc.)  Comment about condition in school or athletic activities, if any. | | **Judgement　　　Name of School Physician**  □①Follow-up・Brief advice＊（＊Refer website of “Musculoskeletal Counseling for parent-and-child”）  □②Orthopedic examination  Note（By School Physician）   |  |  |  | | --- | --- | --- | |  | | | |  | | | |  | | |  | | |  | | | | |