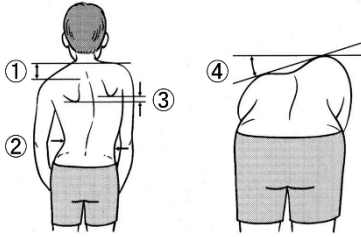

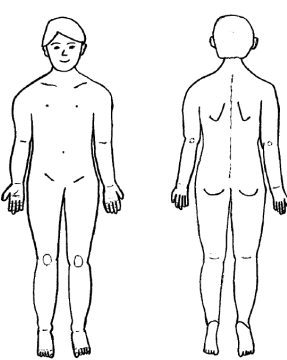




Health Survey of Musculoskeletal System (Spine/Rib, Extremities, Bone/Joint)

Name of School	Class, Student Number	Name	Gender	Date of Birth
School		()	<input type="checkbox"/> M <input type="checkbox"/> F	

Mark on which applies to he/she (↓ to be answered by parent)

Date of entry :

I. 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 3 rd grade, Ballet from 1 st grade)		<input type="checkbox"/> No <input type="checkbox"/> Yes ()
II. 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)		<input type="checkbox"/> No <input type="checkbox"/> Yes ()
III. Mark <input checked="" type="checkbox"/> 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? 	<input type="checkbox"/> ① Height of shoulders not equal <input type="checkbox"/> ② Waistlines not equal <input type="checkbox"/> ③ Height of shoulder bones not equal <input type="checkbox"/> ④ Height of the back not equal when bent forward and raised rib or raised lumbar is observed (※This item is most important) <input type="checkbox"/> ⑤ No problem for ①~④	(All students are to be examined) <input type="checkbox"/> ① No Problem <input type="checkbox"/> ② Follow-up · Brief advice * <input type="checkbox"/> ③ Orthopedic examination required
IV. Mark <input checked="" type="checkbox"/> 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? 	<input type="checkbox"/> ① Hurts when bent forward. (since when :) <input type="checkbox"/> ② Hurts when bent backward. (since when :) <input type="checkbox"/> ③ Does not hurt either bent forward or backward.	<input type="checkbox"/> ① Follow-up · Brief advice * <input type="checkbox"/> ② Orthopedic examination required
2. Feels pain when arm or leg is moved? (Mark ○ on the picture where pain is felt.)	<input type="checkbox"/> ① Feels pain. (Since when :) <input type="checkbox"/> ② No pain.	
3. Movement not smooth in some part of arm/leg? (Mark X on the picture for the applicable part.)	<input type="checkbox"/> ① Slow movement. (Since when :) <input type="checkbox"/> ② Movement is O.K.	
4. Cannot stand on One-leg for over 5 seconds? 	<input type="checkbox"/> ① Cannot stand over 5 seconds. <input type="checkbox"/> ② Can stand.	<input type="checkbox"/> ① Follow-up · Brief advice * <input type="checkbox"/> ② Orthopedic examination required
5. Cannot crouch down? (Keeping one's full feet flat on the floor)	 <input type="checkbox"/> ① Cannot crouch down. <input type="checkbox"/> ② Can crouch down.	<input type="checkbox"/> ① Follow-up · Brief advice * <input type="checkbox"/> ② Orthopedic examination

required

School Comments (Nurse,
teacher, etc.)

Comment about condition in school
or athletic activities, if any.

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Judgement

Name of School Physician

① Follow-up • Brief advice * (* Refer website of “Musculoskeletal
Counseling for parent-and-child”)

② Orthopedic examination

Note (By School Physician)

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