

10. Musculoskeletal Function	
PATIENT SECTION	GP/NURSE SECTION
<p>10.1. Have you noticed any significant change in your posture, increased curvature of the spine and/or difficulty in maintaining an upright seating position (e.g. Leaning to one side, hooking over backrest or slumping forward)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p>	<p>Examination</p>
<p>10.2 Do you suffer from pain in the upper limbs with activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how often? <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Always</p> <p>Is the pain present at rest (e.g. lying in bed)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Where do you get the most pain?</p> <p><input type="checkbox"/> Shoulders: left or right <input type="checkbox"/> Elbows: left or right</p> <p><input type="checkbox"/> Wrists: left or right <input type="checkbox"/> Hands: Left or Right</p> <p><input type="checkbox"/> Other: _____</p>	
<p>10.3 What activities aggravate the pain?</p> <p><input type="checkbox"/> Pushing wheelchair <input type="checkbox"/> Dressing/other ADL <input type="checkbox"/> Sports/Recreation</p> <p><input type="checkbox"/> Transfers <input type="checkbox"/> Computers/Work <input type="checkbox"/> Driving <input type="checkbox"/> Lifting for pressure relief</p> <p><input type="checkbox"/> Standing/walking with aids <input type="checkbox"/> Other _____</p> <p>Details _____</p>	
<p>10.4 Do you stop activity when the pain develops? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>10.5 Did you suffer any injury and/or have any pain in the upper limbs prior to the spinal cord injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, details _____</p>	
<p>10.6 Have you had any fractures (broken bones) from falling from standing height or from low impact accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, when and which bone was broken? _____</p>	<p>Does the person need:</p> <p><input type="checkbox"/> Osteoporosis work up</p> <p><input type="checkbox"/> DEXA scan/Calcaneal ultrasound</p> <p><input type="checkbox"/> Referral to endocrinologist</p> <p><input type="checkbox"/> Treatment for osteoporosis</p>