1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Service: _____

DOB: _____ Provider: _____

Age: _____ MRN: _____

Sex: _____ Visit Type: _____

Affected Body Part / Laterality: _____ Parent / Guardian Present: _____

CC Chief Complaint

2 PRIMARY PEDIATRIC MUSCULOSKELETAL CONCERN

Document the concern in the patient's or caregiver's own words — location, laterality, duration, and functional concern...

S Subjective

3 PATIENT- & CAREGIVER-REPORTED SYMPTOMS & DEVELOPMENTAL CONTEXT

3a ONSET & MECHANISM

Fall, sports injury, overuse, congenital concern, developmental issue, gait abnormality, or gradual progression...

3b LOCATION & LATERALITY

Joint, bone, limb, spine, hip, foot, or growth plate region — specific anatomical site and side...

3c PAIN CHARACTERISTICS

Quality / Severity: _____ Timing / Progression: _____

Pain limiting activity / sleep / school: _____

3d FUNCTIONAL IMPACT

Walking, running, jumping, stairs, school, sports, self-care, and age-appropriate activities...

3e DEVELOPMENTAL / GROWTH HISTORY

Developmental milestones, growth concerns, limb length discrepancy, gait development, skeletal maturity, or pubertal status if relevant...

3f ASSOCIATED SYMPTOMS

Swelling, deformity, limp, weakness, numbness, tingling, fever, refusal to bear weight, instability, clicking, locking, or reduced ROM...

3g PRIOR TREATMENT

Casting, bracing, splinting, PT, medications, surgery, activity restriction, or prior imaging...

3h PERTINENT NEGATIVES

Denial of fever, night pain, unexplained weight loss, inability to bear weight, progressive deformity, neurovascular symptoms, or bowel/bladder dysfunction...

O Objective

4 MEASURABLE & OBSERVED PEDIATRIC ORTHOPEDIC FINDINGS

V VITALS

Temperature: _____ Blood Pressure: _____

Heart Rate: _____ Respiratory Rate: _____

Oxygen Saturation: _____ Height / Weight: _____

Pain Score (age-appropriate scale): _____

4a GENERAL APPEARANCE

Comfort level, distress, cooperation, and interaction with caregiver...

4b INSPECTION

Alignment, swelling, ecchymosis, deformity, asymmetry, scoliosis signs, limb length discrepancy, surgical scars, wounds, or casting/bracing status...

4c PALPATION

Tenderness, warmth, crepitus, masses, effusion, or growth plate tenderness...

4d RANGE OF MOTION

Active ROM (Affected): _____ Passive ROM (Affected): _____

Comparison — Contralateral: _____ Pain-Limited Motion: _____

4e STRENGTH / MOTOR FUNCTION

Age-appropriate strength, muscle tone, symmetry, and functional movement...

4f NEUROVASCULAR STATUS

Distal Sensation: _____ Motor Function: _____

Distal Pulses: _____ Capillary Refill / Perfusion: _____

4g GAIT / FUNCTIONAL TESTING

Limp, toe-walking, in-toeing/out-toeing, Trendelenburg gait, running, squat, hop, or balance as age-appropriate...

4h SPINE / POSTURE (IF APPLICABLE)

Shoulder/pelvic asymmetry, Adam's forward bend test, kyphosis, lordosis, scoliosis findings...

4i SKIN / CAST / BRACE CHECK

Skin integrity, pressure areas, fit and tolerance of immobilization or orthosis...

GD Growth / Development Considerations

5 PEDIATRIC-SPECIFIC FACTORS INFLUENCING CARE

Skeletal Maturity / Open Growth Plates: _____ Growth-Related Deformity Risk: _____

Developmental Milestones: _____ Caregiver Involvement in Treatment Adherence: _____

Impact on Growth, Alignment & Future Function: _____

L Lab & Imaging Results

6 REVIEWED DATA

6a IMAGING STUDIES

X-ray, MRI, CT, ultrasound, scoliosis films, bone age study, or post-operative imaging...

6b LABORATORY STUDIES

CBC, ESR, CRP, vitamin D, metabolic bone labs, infection markers, or rheumatologic labs if indicated...

6c OTHER DIAGNOSTICS

Gait analysis, bone scan, genetic testing, or prior operative reports if applicable...

A Assessment

7 PEDIATRIC ORTHOPEDIC CLINICAL INTERPRETATION

Primary diagnosis or working diagnosis. Laterality, severity, acuity, and functional impact. Growth plate involvement or skeletal maturity considerations. Fracture classification, deformity, gait disorder, scoliosis severity, or congenital condition if applicable. Neurovascular status and complication risk. Operative vs. non-operative management rationale...

P Plan

8 PEDIATRIC ORTHOPEDIC MANAGEMENT

8a IMMOBILIZATION & ACTIVITY RESTRICTION

Casting, splinting, bracing, orthotics, or activity restriction...

8b WEIGHT-BEARING STATUS & SCHOOL / SPORTS LIMITATIONS

Weight-Bearing Status: _____ School Restrictions: _____

Sports / PE Restrictions: _____

8c PHYSICAL THERAPY & PAIN CONTROL

PT or home exercise program if indicated. Medication or pain control plan...

8d SURGICAL PLAN

Procedure, laterality, timing, and rationale if indicated...

8e ADDITIONAL WORKUP & REFERRALS

Imaging, labs, or specialist referrals...

8f CAREGIVER EDUCATION

Cast/brace care, warning signs (neurovascular compromise, pressure sores, worsening pain), activity precautions, and follow-up requirements...

F Follow-Up

9 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Repeat imaging, cast check, growth monitoring, gait reassessment, scoliosis surveillance, post-op evaluation, or return-to-sports clearance...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: ___ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD	SPECIALTY: PEDIATRIC ORTHOPEDICS	DATE	TIME