### Osteopathic Musculoskeletal Examination of the Hospitalized Patient

**Examiner:**

**Chief Complaint:**

### Required

<table>
<thead>
<tr>
<th>Ant./Post. Spinal Curves</th>
<th>I</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Lordosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic Kyphosis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lumbar Lordosis</td>
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</tr>
</tbody>
</table>

I = Increased  N = Normal  D = Decreased

### Optional Worksheet

#### Scoliosis (Lateral Spinal Curves):

- None
- Functional
- Mild
- Moderate
- Severe
- Sitting
- Standing
- Prone / Supine
- Lat. recumbent
- Unable to Examine

#### Severity Key:

- S = No SI or background (BG) levels
- 1 = Minor TART more than BG levels
- 2 = TART obvious (R & TT esp.) + / - symptoms
- 3 = Symptomatic, R and TT very easily found
- "Key lesion" present

#### Assessment Tools:

- T = Tenderness
- A = Asymmetry
- R = Restricted Motion
- P = Passive
- T = Tissue Texture Changes

### Region Evaluated

<table>
<thead>
<tr>
<th>Region Evaluated</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Neck</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Thoracic T1-4</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>T5-9</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>T10-12</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Lumbar</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Pelvis / Sacrum</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Pelvis / Innominate</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Extremity (lower)</td>
<td>R 0 0 0</td>
</tr>
<tr>
<td></td>
<td>L 0 0 0</td>
</tr>
<tr>
<td>Extremity (upper)</td>
<td>R 0 0 0</td>
</tr>
<tr>
<td></td>
<td>L 0 0 0</td>
</tr>
<tr>
<td>Ribs</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>Other / Abdomen</td>
<td>0 0 0 0</td>
</tr>
</tbody>
</table>

### Specific of Major Somatic Dysfunctions

#### Major Correlations with:

- Traumatic
- Rheumatological
- Orthopedic
- EENT
- Neurological
- Cardiovascular
- Viscerosomatic
- Pulmonary
- Primary
- MS-Skeletal
- Gastrointestinal
- Activities
- Daily Living
- Genitourinary
- Other
- Congenital

### Signatures

- Signature of the examiner: ___________________________  Date of Examination: ___________________________
- Signature of the examiner(s): ___________________________  Date of Examination: ___________________________

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