

Osteopathic Musculoskeletal Examination of the Hospitalized Patient

Examiner: (Print)

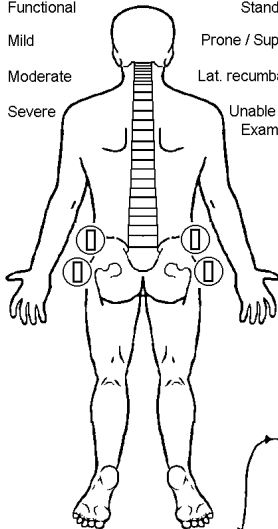
Chief Complaint: _____

Required			
Ant./ Post. Spinal Curves:	I	N	D
Cervical Lordosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Kyphosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Lordosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I = Increased N = Normal D = Decreased

Scoliosis (Lateral Spinal Curves):

<input type="checkbox"/> None	Sitting <input type="checkbox"/>
<input type="checkbox"/> Functional	Standing <input type="checkbox"/>
<input type="checkbox"/> Mild	Prone / Supine <input type="checkbox"/>
<input type="checkbox"/> Moderate	Lat. recumbant <input type="checkbox"/>
<input type="checkbox"/> Severe	Unable to Examine <input type="checkbox"/>



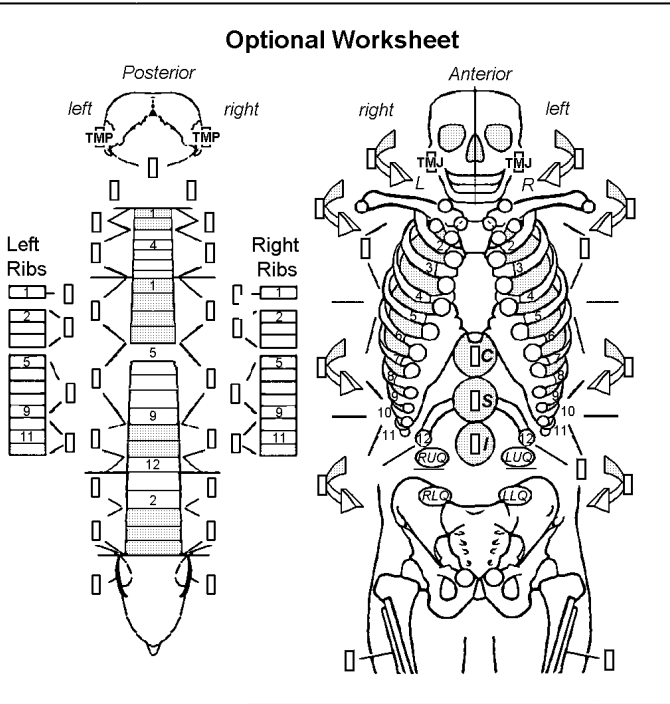
For Coding Purposes Only

Assessment Tools:

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

Severity Key:

- = No SD 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



Abbreviations Key:

OA Occipitoatlantal Joint	TMJ Temporomandibular Jnt.
Sympathetic ganglia	TMP Temporal bone
C Celiac	SBS Sphenobasilar Symphysis
S Superior Mesenteric	
I Inferior Mesenteric	

Region Evaluated	Severity				Specific of Major Somatic Dysfunctions	Major Correlations with:
	0	1	2	3		
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Traumatic <input type="checkbox"/> Rheumatological
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Orthopedic <input type="checkbox"/> EENT
Thoracic T1-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular
T5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Viscerosomatic <input type="checkbox"/> Pulmonary
T10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Primary <input type="checkbox"/> Gastrointestinal
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> MS-Skeletal <input type="checkbox"/> Activities of Daily Living
Pelvis / Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other _____ <input type="checkbox"/> Genitourinary
Pelvis / Innominate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other _____ <input type="checkbox"/> Congenital
Extremity (lower) R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other: _____
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Extremity (upper) R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other / Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Signature of the examiner: _____ Date of Examination: _____

Signature of the examiner(s): _____ Date of Examination: _____