

Osteopathic Musculoskeletal Examination

Examiner: _____

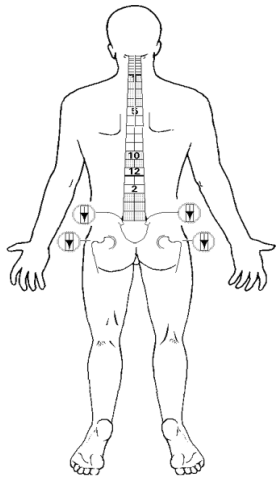
Chief Complaint: _____

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"/>

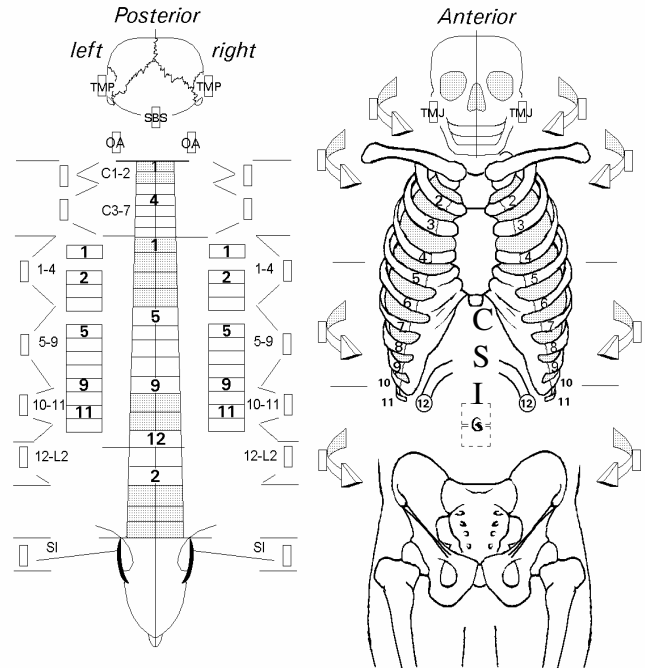
For Coding Purposes Only



- Assessment Tools:**
- T = tenderness
 - A = Asymmetry
 - R = restricted motion
 - No SD
 - No SD
 - T = Tissue texture change

- Severity Key:**
- 0 = No SD
 - 1 = Minor TART \\
more than BG levels
 - 2 = TART obvious (R & T esp.)
+/- symptoms
 - 3 = Symptomatic, R and T
very easily found,
"key lesion"

Optional Worksheet



Key to Abbreviations

- OA = Occipitoatlantal joint
- TMJ = Temporomandibular joint
- Sympathetic Ganglia : C = Celiac ganglion
- S = Superior mesenteric ganglion
- I = Inferior mesenteric ganglion
- TMP = Temporal Bone
- SBS = Sphenobasilar joint

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"/> Primarily MS	<input type="checkbox"/> Gastrointestinal
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Activities of DL	<input type="checkbox"/> Genitourinary
Pelvis / Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Other _____	<input type="checkbox"/> Congenital
Pelvis/ Innominate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	
Extremity (lower)	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	
Extremity (upper)	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____	
	L	<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: _____
 Signature of the examiners: _____

Date of Examination: _____
 Date of Examination: _____

