

# Osteopathic Musculoskeletal Examination of the Hospitalized Patient

Examiner: *(print)* \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

## Required

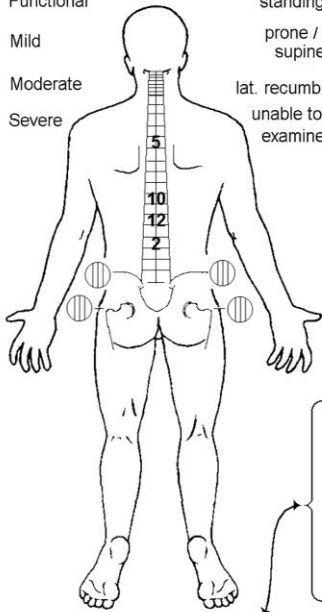
Ant. / Post. Spinal Curves:	I	N	D
Cervical Lordosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic Kyphosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Lordosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I = increased; N = normal; D = decreased

For Coding Purposes only

## 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. recumb.      | <input type="checkbox"/> |
| <input type="checkbox"/> Severe     | unable to examine | <input type="checkbox"/> |



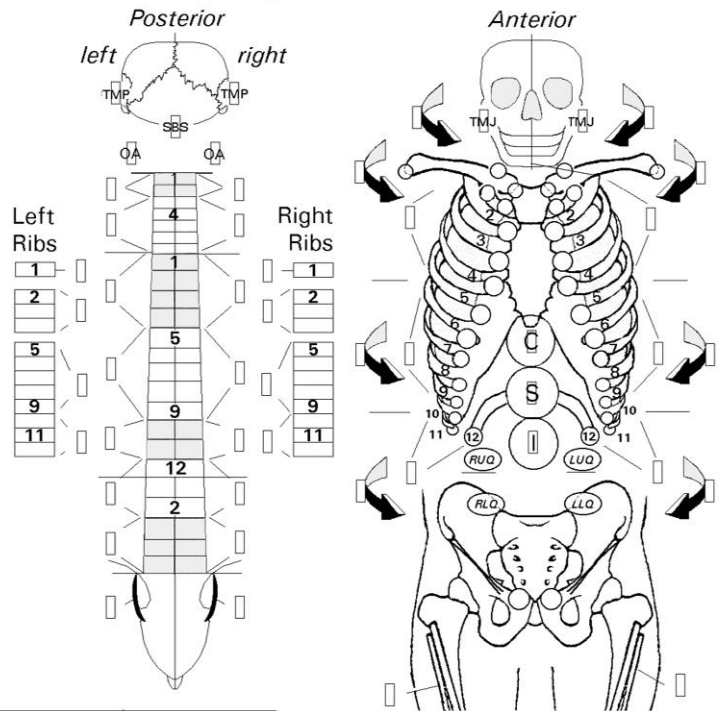
### Assessment Tools:

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

### Severity Key:

- 0 = No SD or background (BG) levels
- 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



Test	R	L	Neg
Standing flexion			
Seated flexion			
ASIS compression			
Pelvic side shift			

### Abbreviation Key:

- |                           |                             |
|---------------------------|-----------------------------|
| OA Occipitoatlantal joint | TMJ Temporomandibular joint |
| 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"/> Viscero-somatic <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"/> Activities of Ms-Skeletal <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
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: \_\_\_\_\_