

Osteopathic Musculoskeletal Examination of the Hospitalized Patient

Examiner: *(print)* _____

Chief Complaint: _____

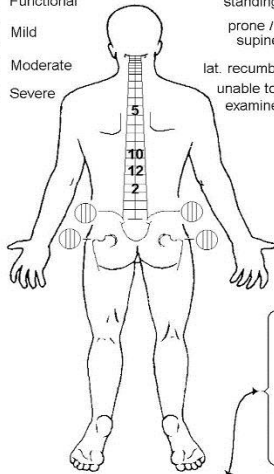
Required

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



For Coding Purposes only

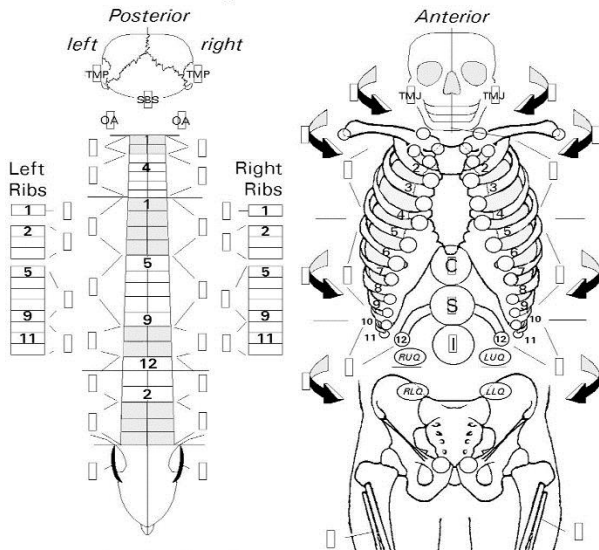
Assessment Tools:

- 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: | TMF 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 <input type="checkbox"/> Orthopedic <input type="checkbox"/> EENT <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Viscero-somatic <input type="checkbox"/> Pulmonary <input type="checkbox"/> Primary <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Ms-Skeletal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Activities of daily living <input type="checkbox"/> Congenital <input type="checkbox"/> Other _____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thoracic T1-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
T10-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pelvis / Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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 examiner (s): _____

Date of Examination: _____
 Date of Examination: _____

