



**Osteopathic Musculoskeletal Examination
of the Hospitalized Patient (Revised)**

Examiner (print) _____

Chief Complaint: _____

INSTRUCTIONS: Complete Boxes #1-3 (#4 Peds Only)

1

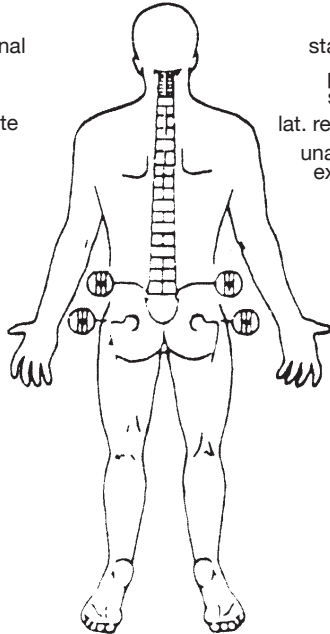
Ant./Post. Spinal Curves: I N D

Cervical Lordosis ☐ ☐ ☐
Thoracic Kyphosis ☐ ☐ ☐
Lumbar Lordosis ☐ ☐ ☐

I = Increased: N = normal: D = decreased.

Scoliosis (Lateral Spinal Curves)

☐ None ☐ sitting ☐
☐ Functional ☐ standing ☐
☐ Mild ☐ prone/supine ☐
☐ Moderate ☐ lat. recumb. ☐
☐ Severe ☐ unable to examine ☐



2

Severity Key:

- ① = No SD or background (BG) levels
- ② = Minor TART more than BG levels
- ③ = TART obvious (R & T esp) +/- symptoms
- ④ = Symptomatic, R and T very easily found, "key lesion"

Assessment Tools:

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

Region Evaluated	SEVERITY				Specifics of Major Somatic Dysfunctions
	0	1	2	3	
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
	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"/>	

3

Somatic Dysfunctions Correlate with:

- ☐ Traumatic ☐ Rheumatological
- ☐ Orthopedic ☐ EENT
- ☐ Neurological ☐ Cardiovascular
- ☐ Viscero-somatic ☐ Pulmonary
- ☐ Primary Ms-Skeletal ☐ Gastrointestinal
- ☐ Activities of daily living ☐ Genitourinary
- ☐ Other _____ ☐ Congenital

4

a. Cranium:

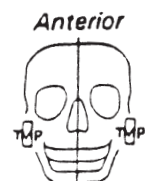
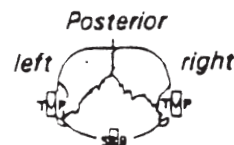
Fontanelles:

Patent/closed

Overriding Sutures:

Present/absent

PEDS ONLY



b. Ambulation

_____ walks
_____ crawls

_____ sits unassisted
_____ rolls over

Signature of the examiner: _____

Date of Examination: _____