

"X" region being evaluated

Head Region	Cervical Region	Thoracic Region	Lumbar Region	Sacral Region	Iliac/Innominate/Pelvis	Lower Extremity	Upper Extremity	Ribs	Abdominal & Other Regions
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OMM Competency Evaluation

RESIDENT: _____

DATE: _____

FACULTY EVALUATOR: _____

SETTING (CIRCLE ONE): PATIENT CARE / WORKSHOP

Diagnostic Skills

Rating

Inspection/Observation	1	2	3
Palpation/Identification of TART	1	2	3
Motion Testing (Segmental Diagnosis)	1	2	3

Performance of OMM

Able to perform 2 techniques: Soft tissue, Counterstrain, FPR, BLT, ME, HVLA, articular, other (circle techniques done)	1	2	3
Able to explain treatment to patient in appropriate terms	1	2	3

Documentation

Physical Exam Findings	1	2	3
Choose appropriate somatic dysfunction diagnosis	1	2	3

SIGNED OFF

RATING KEY:

- 1- Remedial: requires assistance more than half the time; inconsistent ability to transition between steps.
- 2- Developing competence: requires assistance less than half the time; some hesitation in transition from one step to next
- 3- Competent for unsupervised performance: requires no assistance; seamless transition one step to next