

The procedure(s) below were performed by Osteopathic Medicine.

Exam Part 1

Patient Position for Exam:	Supine <input type="checkbox"/>	Prone <input type="checkbox"/>	Seated <input type="checkbox"/>	Standing <input type="checkbox"/>
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Anterior/Posterior Spinal Curves	Increased	Normal	Decreased	
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"/>	

<input type="checkbox"/> Scoliosis:	
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Exam Part 2

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&T very easily found, "key lesion"

Region Evaluated	Severity				TART Assessment	Motion Assessment
	0	1	2	3		
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Thoracic T1-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Thoracic T5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes	<input type="checkbox"/> Passive

		<input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Thoracic T10-12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Lumbar	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Sacrum	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Pelvic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Extremity Lower Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Extremity Lower Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Extremity Upper Right	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Extremity Upper Left	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry	<input type="checkbox"/> Passive <input type="checkbox"/> Active

		<input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Ribs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Other/Abdomen	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Tissue Texture Changes <input type="checkbox"/> Asymmetry <input type="checkbox"/> Restricted Motion <input type="checkbox"/> Tenderness	<input type="checkbox"/> Passive <input type="checkbox"/> Active <input type="checkbox"/> Increased <input type="checkbox"/> Decreased

Exam Part 3

Somatic Dysfunctions Correlate With

<input type="checkbox"/> Traumatic	<input type="checkbox"/> Rheumatologic
<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 Musculoskeletal	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Activities of Daily Living	<input type="checkbox"/> Genitourinary
<input type="checkbox"/> Other:	<input type="checkbox"/> Congenital

Technique index:

MFR (myofascial release)

ST (soft tissue)

BLT (balanced ligamentous treatment)

FPR (facilitated positional release)

HVLA (high velocity low amplitude)

ME (muscle energy)

CT (Counterstrain)

CS (Cranial-Sacral)

LP (Lymphatic pump)

