

## OSTEOPATHIC MANIPULATIVE TREATMENT RECORD

DATE		EXAMINER'S NAME				EXAMINER'S SIGNATURE						
Region Evaluated	Severity <sup>2</sup>				Somatic Dysfunction <sup>1</sup>	OMT		Treatment Method <sup>3</sup>	Response <sup>4</sup>			
	0	1	2	3		Y	N		R	I	U	W
Head												
Cervical												
Thoracic												
Lumbar												
Sacrum/Pelvis												
Extremity R												
lower L												
Extremity R												
upper L												
Ribs												
Abd./Other												

Physician's evaluation prior to treatment:  First visit  Resolved  Improved  Unchanged  Worse

Assessment: Somatic dysfunction of \_\_\_\_\_ region(s). Protocol: \_\_\_\_\_

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1, 2, 3, 4 See explanations reverse side.

## INSTRUCTIONS FOR THE OSTEOPATHIC MANIPULATIVE TREATMENT RECORD

### 1. METHODS USED TO DETERMINE SOMATIC DYSFUNCTION:

**T:** TISSUE TEXTURE CHANGE, stability, laxity, effusions, tone  
**A:** ASYMMETRY, misalignment, crepitation, defects, masses  
**R:** RANGE OF MOTION, contracture  
**T:** TENDERNESS, pain

### 2. SEVERITY OF SOMATIC DYSFUNCTION:

**0:** None      No somatic dysfunction present or background (BG) level  
**1:** Mild      More than background, minor TART elements  
**2:** Moderate      Obvious TART elements, may or may not be overly symptomatic but significant R and/or T.  
**3:** Severe      KEY LESIONS, significant symptomatic, stands out. R and/or T elements stand out with minimum search or provocation

### 3. TREATMENT METHOD (circle the modalities used in each region treated):

<b>ART:</b> articular treatment	<b>IND:</b> indirect treatment
<b>BLT:</b> balanced ligamentous tension	<b>INR:</b> integrated neuromuscular release
<b>CR:</b> cranial treatment/osteopathy in the cranial field/.cranial osteopathy	<b>LAS:</b> Ligamentous articular strain treatment/balanced ligamentous tension treatment
<b>CS:</b> counterstrain treatment	<b>ME:</b> muscle energy treatment
<b>DIR:</b> direct treatment	<b>MFR:</b> myofascial release treatment
<b>FPR:</b> facilitated positional release treatment	<b>ST:</b> soft tissue treatment
<b>HVLA:</b> high velocity/low amplitude treatment	<b>VIS:</b> visceral manipulative treatment

### 4. RESPONSE TO TREATMENT (fill in one box for each region of somatic dysfunction to record the treatment response to OMT):

**R:** The somatic dysfunction is completely RESOLVED without evidence of it having ever been present.  
**I:** The somatic dysfunction is IMPROVED but not completely resolved.  
**U:** The somatic dysfunction is UNCHANGED or the same after treatment as it was before treatment.  
**W:** The somatic dysfunction is WORSE or aggravated after treatment.