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. EVALUATION OF PATIENT PRIOR TO TREATMENT:

FIRST VISIT:	The patient's first evaluation
RESOLVED:	On examination, the somatic dysfunctions are resolved.
IMPROVED:	On examination, the somatic dysfunctions are improved but not totally resolved.
UNCHANGED:	On examination, the somatic dysfunctions are completely unchanged.
WORSE:	On examination, the somatic dysfunctions are worse.

4. TREATMENT METHOD (Circle the modalities used in each region treated):

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

5. 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.

Outpatient Osteopathic SOAP Note Form

VITAL SIGNS: B/P PULSE RESPIR. TEMP. WT. HT. PAIN /10

CC:

S

O

Region Evaluated	Severity 0	1	2	3	Somatic Dysfunction and Other Systems	OMT Yes	No	Treatment Method (CIRCLE TREATMENT METHOD USED)	Response R	I	U	W
Head	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Cervical	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Thoracic T1-4	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
T5-9	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
T10-12	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Lumbar	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Sacrum/Pelvis	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Pelvis/Innom.	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity Lower R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity Lower L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity Upper R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Extremity Upper L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Ribs	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
Abd. / Other						☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐

A
1. ______ 4. ______
2. ______ 5. ______
3. ______ 6. ______

P
Rx: ______

Exercise: ______

Follow-up: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 11 ☐ 12 Units: ☐ Days ☐ Wk. ☐ Mo. ☐ Yr. ☐ PRN

Signature of the examiner: