OMT Procedure Form

Patient Name:

Date of Service:

Chief Complaint:_____

Consent Obtained: ☐Verbal ☐Signed Form

Pain Level Today: 1 2 3 4 5 6 7 8 9 10

Has patient ever received OMT before? **YES** **NO** If yes, was there improvement? **YES** **NO**

HPI:_____

Medications:_____

Relevant PMHx:_____

ROS: ☐General ☐Nutrition ☐Skin ☐Psych ☐Head ☐CV ☐Pulm ☐GI ☐MSK

PE: BP:_____ RR:_____ HR:_____ HT:_____ WT:_____ BMI:_____

GENERAL: ☐NL ☐ABNL **HEENT:** ☐NL ☐ABNL **CV:** ☐NL ☐ABNL

PULM: ☐NL ☐ABNL **ABD:** ☐NL ☐ABNL **EXT:** ☐NL ☐ABNL **SKIN:** ☐NL ☐ABNL

BIOMECHANICAL EXAMINATION

Postural Exam: (high on which side or neutral?)

Occiput	L	R	N
Shoulder	L	R	N
Scapula	L	R	N
Iliac Crest	L	R	N
Trochanter	L	R	N
Fibular Head	L	R	N
Malleolus	L	R	N

Sacral Flexion:

Standing	L	R	N
Seated	L	R	N

Spinal Range of Motion

I. Cervical			
Flexion/Extension	F	E	N
Side Bending	L	R	N
Rotation	L	R	N
II. Thoracic			
Flexion/Extension	F	E	N
Side Bending	L	R	N
Rotation	L	R	N
III. Lumbar			
Flexion/Extension	F	E	N
Side Bending	L	R	N
Rotation	L	R	N

Pelvis: (landmarks: high on which side?)

I. Innominate			
Anterior	L	R	
Posterior	L	R	
Upslip	L	R	
Downslip	L	R	
II. Landmarks			
ASIS	L	R	N
PSIS	L	R	N
Ischial Tuberosities	L	R	N
III. Sacrum			
Flexion	L	R	
Extension	L	R	
Forward Torsion	L	R	
Backward Torsion	L	R	

Upper Extremity:

Levator Scapulae	L	R
SCM	L	R
Trapezius	L	R
Shoulder	L	R
Radial Head	L	R
Wrist	L	R

Lower Extremity:

Psoas	L	R
Quadricep	L	R
Hamstring	L	R
Piriformis	L	R
Fibular Head	L	R
Ankle	L	R
Foot	L	R

Ribs/Other:

Ribs 1-5 Inhaled	L	R
Ribs 1-5 Exhaled	L	R
Ribs 6-10 Inhaled	L	R
Ribs 6-10 Exhaled	L	R
Ribs 11-12 Inhaled	L	R
Ribs 11-12 Exhaled	L	R
Diaphragm	L	R

Findings			Severity			Dysfunction				Treatment	Response		
	L	R	0	1	2	T	A	R	Te	(ART, BLT/LAS, CR, CS, FDR, FPR, HVLA, ME, MFR, ST, STILL, VIS)	B	S	W
Head/Cranial Strain													
Cervical 1-4													
Cervical 5-7													
Thoracic 1-4													
Thoracic 5-9													
Thoracic 10-12													
Lumbar 1-5													
Sacrum													
Pelvis													
Lower Extremity													
Upper Extremity													
Ribcage													
Abdomen/Other													

Key: B=Better, S=Same, W=Worse

Comments:_____

_____

_____

ICD-10	Description
M99.00	Segmental and somatic dysfunction of head region
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.06	Segmental and somatic dysfunction of lower extremity
M99.07	Segmental and somatic dysfunction of upper extremity
M99.08	Segmental and somatic dysfunction of ribcage
M99.09	Segmental and somatic dysfunction of abdomen and other region

Treatment	
ART	Articulatory Treatment
BLT/LAS	Balanced Ligamentous Tension/Articular Strain
CR	Cranial Treatment
CS	Counterstrain
FDR	Fascial Distortion Release
FPR	Facilitated Positional Release
HVLA	High Velocity, Low Amplitude Technique
ME	Muscle Energy
MFR	Myofascial Release
ST	Soft Tissue Method
STILL	Indirect/Direct Components
VIS	Visceral Manipulation

Post Care Instructions:_____

_____

_____

_____

Physician Signature:_____ Date:_____