

Place patient demographic label here

ENCOUNTER # :

**OSTEOPATHIC MANIPULATIVE TREATMENT RECORD**

<b>Date:</b>					<b>Examiner's Name:</b>					<b>Examiner's Signature:</b>				
Region Evaluated	Severity				Somatic Dysfunction	OMT		Treatment Method	Response					
	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: <input type="checkbox"/> First Visit <input type="checkbox"/> Resolved <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worse Assessment: Somatic dysfunction of _____ region (s). Protocol: _____														

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**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):**

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