Outpatient Osteopathic SOS Musculoskeletal Exam Form

wak SOS version 5:091102b

O ☐ Not done

Patient's Name _____ **Date** _____ Sex: Male ☐ Female ☐

Age _____ * Vital Signs (3 of 7) Wt. _____ Ht. _____ Temp. _____

Reg. ☐ Pt. position for recording BP:

Resp. ____ Pulse ____ Irreg. ☐ Standing_____ Sitting_____ Lying_____

Office of:	
For office use only:	

* **Gait and Station:**

Body Type: Endo. ☐ Meso. ☐ Ecto. ☐

Posture: Excl. ☐ Fair ☐ Poor ☐

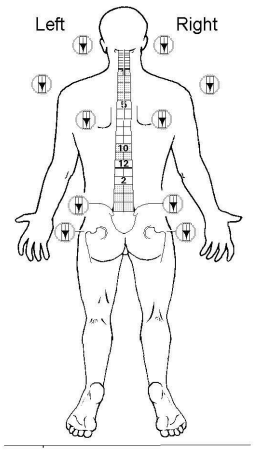
Gait: Symmetrical ☐ Asymmetrical ☐

Ant./Post. Spinal Curves:	I	N	D
Cervical Lordosis	☐	☐	☐
Thoracic Kyphosis	☐	☐	☐
Lumbar Lordosis	☐	☐	☐

I = increased; N = normal; D = decreased

Scoliosis (Lateral Spinal Curves):

None	☐	Sitting	☐
Functional	☐	Standing	☐
Mild	☐	Prone/Supine	☐
Moderate	☐	Unable to Examine	☐
Severe	☐		



Horizontal Planes

Notes

* Gen. Appearance:	Y	N
Normal	☐	☐
***Cardiovascular**		
Observation normal	☐	☐
Palpation normal	☐	☐
***Lymphatics**		
No palpable nodes	☐	☐
***Neurologic and Psychiatric:**		
Coordination intact	☐	☐
Sensory intact	☐	☐
Mental status		
Oriented:		
In time	☐	☐
In person	☐	☐
In place	☐	☐
Good mood/ affect	☐	☐

* **Short leg?** Right: 1/8 ☐ ¼ ☐ ½ ☐

Equal ☐ Left: 1/8 ☐ ¼ ☐ ½ ☐

Level of SOS		
☐	**II**	1-5 elements
☐	**III**	6+ elements
☐	**IV**	12+ elements for musculoskeletal Exam
☐	**V**	Perform all * elements

Skin:	N	Ab		N	Ab		N	Ab
Head / neck	☐	☐	L. upper extremity	☐	☐	L. lower extremity	☐	☐
Trunk	☐	☐	R. upper extremity	☐	☐	R. lower extremity	☐	☐

* **Reflexes:**

		0	1	2	3	4			0	1	2	3	4
Biceps	L	☐	☐	☐	☐	☐	Patella	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
Triceps	L	☐	☐	☐	☐	☐	Achilles	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
Brachio-	L	☐	☐	☐	☐	☐	Babinski	L	up ☐		down ☐		
Radialis	R	☐	☐	☐	☐	☐		R	up ☐		down ☐		

Motor:

		1	2	3	4	5			1	2	3	4	5
C5	L	☐	☐	☐	☐	☐	T1	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C6	L	☐	☐	☐	☐	☐	L4	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C7	L	☐	☐	☐	☐	☐	L5	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C8	L	☐	☐	☐	☐	☐	S1	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐

Key to the Severity Scale
0 = No SD or background (BG) levels
1 = More than BG levels, minor TART
2 = Obvious TART (esp. R and T), +/- symptoms
3 = Key lesions, symptomatic, R and T stand out

	Methods Used For Examination					**Region Evaluated**	**Severity**				**Somatic Dysfunction and Other Systems**
	All	**T**	**A**	**R**	**T**		**0**	**1**	**2**	**3**	MS / SNS / PNS / LYM. / CV / RESP. / GI / FAS. / etc.
*1	☐	☐	☐	☐	☐	Head and Face	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Neck	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Thoracic T1-4	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	T5-9	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	T10-12	☐	☐	☐	☐	
*2	☐	☐	☐	☐	☐	Ribs	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Lumbar	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Sacrum / Pelvis	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Pelvis / Innom.	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Abd ./ Other	☐	☐	☐	☐	
*3	☐	☐	☐	☐	☐	Upper R	☐	☐	☐	☐	
*4	☐	☐	☐	☐	☐	Extremity L	☐	☐	☐	☐	
*5	☐	☐	☐	☐	☐	Lower R	☐	☐	☐	☐	
*6	☐	☐	☐	☐	☐	Extremity L	☐	☐	☐	☐	

Signature of transcriber: _____ Signature of examiner: _____

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Designed to coordinate with the Established Outpatient Osteopathic SOAP Note Form. Recommended by American Association of Colleges of Osteopathic Medicine.