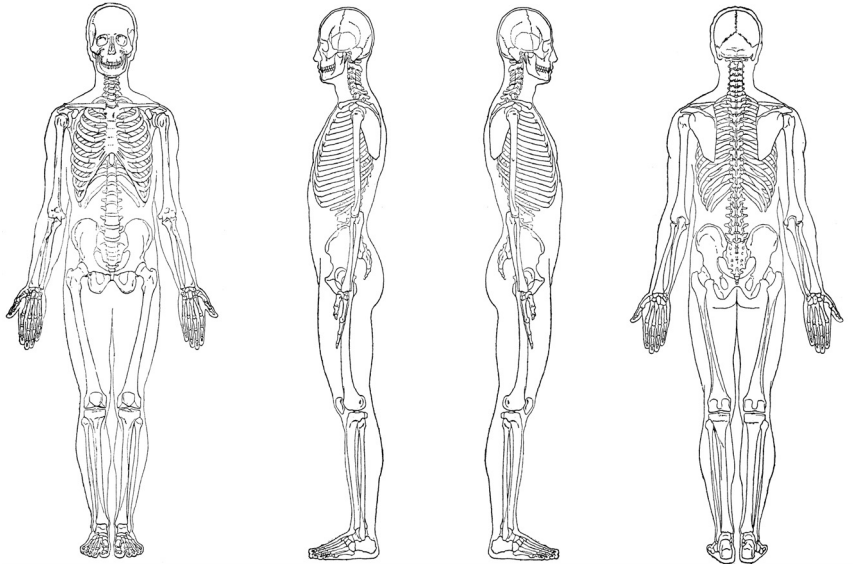


# SOAP Note

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ visit #: \_\_\_\_\_

**S** VAS: \_\_\_\_/10  improving,  no change,  worsening  
 Cl's: \_\_\_\_\_



**O**  
 Observation:

Palpation:

Functional Tests:

- See spinal joint exam
- See peripheral joint exam

Treatment Goals

**A**

Modality	Technique	Area/Tissue	Result	Re-assess

**P**  
 PTR: \_\_\_\_ days, \_\_\_\_ wks, \_\_\_\_ mth,  PRN,  recommend next visit

Home care (FID - frequency, intensity, duration):

- Stretch
- Strengthen
- Postural
- Heat
- Cold

Student: \_\_\_\_\_

Clinic Instructor: \_\_\_\_\_