

SOAP Note

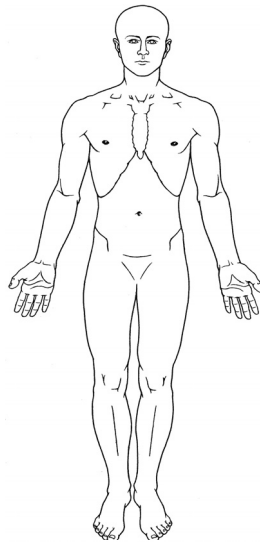
Patient Name: _____

Date: _____ visit #: _____

S VAS: ____/10 improving, no change, worsening

CI's: _____

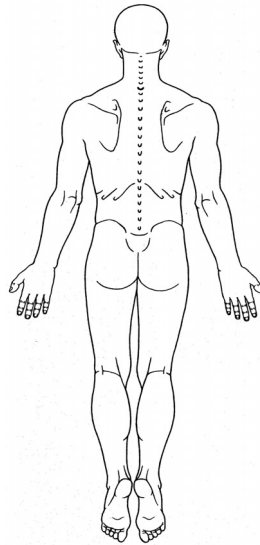
O



Functional Test: _____

A

- Swed
- MFR
- NMT
- MFTP
- MTAR
- Joint mobilization
- MET
- PROM, AROM
- P stretch, A stretch
- Heat, Cold
- Other: _____



P

PTR: ____ days, ____ wks, ____ mth, PRN

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

- Stretch
- Strengthen
- Postural
- Heat
- Cold

Outcome markers post Tx: _____

Treatment Goals: _____

Student: _____

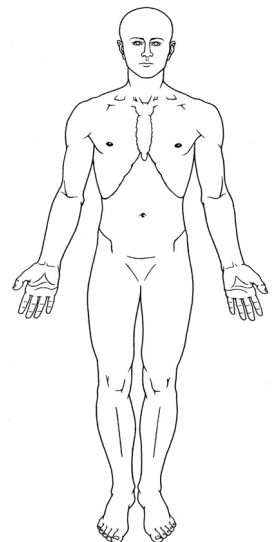
Clinic Instructor: _____

Date: _____ visit #: _____

S VAS: ____/10 improving, no change, worsening

CI's: _____

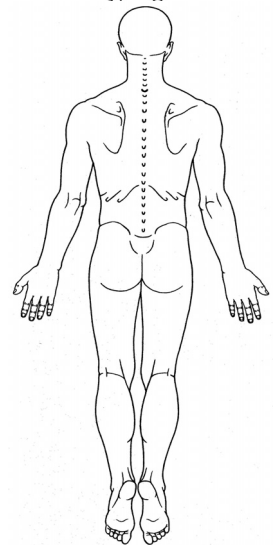
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