

SOAP Notes

Circle:

Hips/Low Back Lower Leg Knee Shoulder Cervical Elbow, Wrist, Forearm or Hand

Client # _____ Date _____ Therapist _____

(For confidentiality do not use client's name)

Subjective Findings (what the client tells you)

Onset, Location, Symptoms; when, where and how pain/injury began • Specific activities that make the pain better or worse?

Objective Findings (what the therapist finds)

Visual/palpable observations, (postural distortions?) • Assess active, passive and resisted range of motion

Assessment (an interpretation of the therapist's findings)

Note the changes due to massage, including range of motion

Plan (treatment plan for the client)

This includes goals and client home care stretching and/or strengthening exercises