**SOAP NOTE**

**Subjective:**

* Response to last treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Changes in symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* New symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pain scale? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Changes in ADL performance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* System review, if relevant. Anything else the patient may say pertaining to his/her condition – other therapies tried, other practitioners seen.

**Objective:**

Findings from physical exam procedures,

* Neurological tests,
* Orthopedic tests,
* Inspection
* To include posture, gait, etc. And palpation.
* Imaging studies. Scores from retest on
* Outcomes assessment or results of parameters specified in the original plan.

**Assessment:**

* The current diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* the conclusion as to what the patient’s condition is, gleaned from reviewing both subjective and objective data.
* Can also state patient’s response to treatment (current and past).
* Impediments to recovery to include compliance, prognosis limitations/changes.
* Changes in short- and long-term patient/clinical goals.

**Procedures/management plan:**

* What was done for/to the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Modalities - time, settings, and body part applied to If new complaint with an established patient, report of findings given, and Informed Consent performed as needed (new dx, modality)
* Soft tissue massage – where? Specific type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type of Chiropractic manipulative therapy – flexion/distraction, diversified,
* drop, Activator, etc.
* Home instructions – Use of ice or heat and when? How long? Where? Stretches/
* strengthening exercises – sets, repetitions, times per day, perform before or after
* activities of daily living? Perform when in pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Alteration of activities of daily living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_