

# SOAP Notes

**Practitioner/Clinic:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**S: (Subjective)** Client reported status—goals for session, symptoms, functional limitations; Physician's diagnosis or description of condition

**O: (Objective)** Practitioner reported findings—posture, movement, palpation; and massage/bodywork application—what you did, where you did it, for how long

**A: (Assessment/Application)** Client's response to treatment—less pain, more movement, etc.; quantify results using either a numerical scale, 0-10, or a value scale, Mild (L) moderate (M) or Severe (S)

**P: (Plan)** Recommendations for self-care and plan for future care

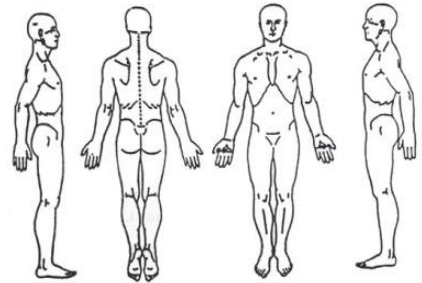
*S:* \_\_\_\_\_

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Date: \_\_\_\_\_ Duration: \_\_\_\_\_



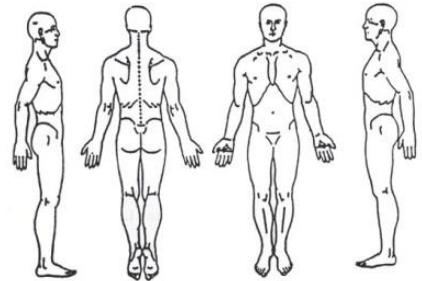
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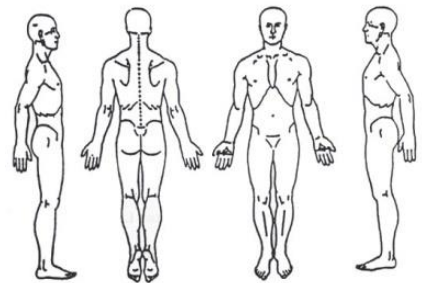
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Date: \_\_\_\_\_ Duration: \_\_\_\_\_



## Key: Abbreviations

R: right  
L: left  
BL: bilateral  
ROM: range of motion  
XFF: cross fiber friction

P: pain  
M: massage  
HA: headache  
<: less than  
>: greater than

## Key: Symbols for figures

Pain \*

Stiffness/tension =

Spasm ~

Adhesion/Scar tissue X

Inflammation O

Elevation or depression /

Rotated ↙ or ↘