SOAP note: physical therapy

Patient: [name or ID]

Date:

Visit: [number] of [planned visits]

Diagnosis or reason for referral:

S: Subjective

Pain: [0 to 10, location, at rest and with activity]

Change since last visit: [better, same or worse, and how]

Home exercise program: [days done, any problems]

Function: [what the patient reports they can and can't do]

Goal in the patient's words:

O: Objective

Observation: [swelling, gait, posture]

Range of motion: [joint, side, degrees, compared with the evaluation]

Strength: [muscle group, side, grade]

Special tests and functional measures: [test, side, result]

Interventions: [exercise, manual therapy, modalities, with minutes and parameters]

Response to treatment: [pain, tolerance, change after the session]

A: Assessment

Progress toward goals: [goal, status, what still limits function]

Why skilled care is still needed:

P: Plan

Next visit: [what to progress or add]

Home exercise program: [changes made today]

Frequency and duration: [visits per week, visits left]

Reassessment: [when goals will be formally reviewed]

Sign-off

Signed: [name, credentials, date and time]