Physical therapy SOAP note form

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PHYSICAL THERAPY SOAP NOTE

Patient _____

Date and time _____

Therapist _____

Visit number _____

Referral and medical diagnosis _____

Treatment diagnosis or area _____

Precautions and contraindications _____

S: SUBJECTIVE

Pain now and at worst (0 to 10), location and behavior:

Changes since the last visit:

Response to the last treatment and to the home exercise program:

Function (what the patient can and cannot do: stairs, walking, lifting, work, sport, sleep):

Patient's goals in their words:

New symptoms or concerns (numbness, swelling, falls):

O: OBJECTIVE

Observation and posture:

Range of motion (joint, active or passive, degrees, side compared):

Strength (muscle group, grade 0 to 5, side compared):

Special tests (name and result):

Palpation and swelling:

Gait and balance:

Outcome measure (name, score, date, change since last):

Treatment given today (technique or exercise, sets and repetitions or time, resistance or level):

Patient response during treatment:

Education given:

Total treatment time and timed minutes

A: ASSESSMENT

Progress toward each goal (met, improving, no change, worse), with the measure:

Remaining impairments and functional limits:

Response to today's treatment:

Reason skilled therapy is still needed:

Rehabilitation potential:

Barriers (pain, adherence, work, other):

P: PLAN

Frequency and duration of visits:

Focus for next visit:

Home exercise program

Goal changes:

Referral, communication with the referring provider, or discharge planning:

Signature and credentials:

Educational template, not medical or legal advice. Follow your employer and regulator rules.