

Clinical Massage SOAP Charting Format for
initial intake and re-evaluation sessions

S Focus/Health Concerns: Prioritize

Symptoms: Location/Intensity/Frequency/Duration/Onset

Symptoms	Location	Intensity	Frequency	Duration	Onset
List all symptoms:	Where are they located?	How bad is it? 1-10 scale	How often does it hurt?	When it hurts... how long does it hurt for?	Original Onset
	Symptom by symptom	And/or Description of pain "throbbing, stabbing, burning, etc."			Recent Onset

Example:

Symptoms	Location	Intensity	Frequency	Duration	Onset
Headache	Lateral (r)	Dull roar to full on or Ranges from a 3 – an 8	3 x per week	1 – 4 hrs	Car accident 4 years ago

Activities of Daily Living: Aggravating/Relieving

List all symptoms: **Aggravate** **Relieve**

Example:

Headache	A: Equipment worn at work, Bright lights	R: Neck stretching
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!!! Jump down to plan and add this info in !!!

Homework: to connect the dots between symptoms and missing information **Self-care:** any work that the client or the practitioner believes will help symptoms above

Remember to prioritize!!! Make sure you know what is most important to your client. Number the symptoms "P1, P2, and P3."

Example:

P2 Headache	Lateral (r)	Dull roar to full on	3 x per week	1 – 4 hrs	Car accident 4 years ago
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O Findings: Visual/Palpable/Test Results

Visual: What you can see
Palpable: What you can feel
Test results: Muscle test, joint tests,

Example:

Visual: Posture, gait, bruising, etc.
Palpable: Knots, tight bands, etc.
Test results: Weakness, pain on compression, etc.

Techniques/Modalities: Locations/Duration

Location Region	Modality	Technique	Specific location	Duration
Region	Name brand	Specific technique	Specific location	How long

Example:

Region	Name brand	Specific technique	Specific location	How long
Low back	Deep tissue	Deep friction, direct pressure	Erector spinaea lumborum, quadratus lumborum (BL)	20 min

Response to Treatment (see Δ)

Put a triangle next to anything that changed during that treatment or within the next 48 hours suspected to be related to the treatment. After the triangle mark it with an up arrow or down arrow or describe the change.

Symptoms	Location	Intensity	Frequency	Duration	Onset
Headache	Lateral (r)	Dull roar to full on	3 x per week Δ ↓	Δ ↓ 1 – 4 hrs	Car accident 4 years ago

A Goals: Long-term/Short-term

These should be mutually agreed upon goals from practitioner and client. Attempt to commit to goals for each symptom prioritized above.

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OPTION A: Use “goals” to set specific goals related to what degree you would like to decrease pain and use “functional outcomes” to humanize the need. What is the specific task they are limited in or kept from doing as a result of the symptom.

OPTION B: Use goals to cover both degree you would like to decrease pain & to humanize the need. What specific task they are limited in or kept from doing as a result of the symptom. Then use, “functional outcomes” at the re-evaluation intake or the half way point to assess the overall response to long-term treatment plan.

Short Term Goals

Long Term goals

Within the next 2 weeks to a month

Within the duration of the treatment plan

Example:

Short Term Goals

Long Term goals

OPTION A: *headache frequency & duration*

headache frequency and duration by 75%

OPTION B: *headache frequency & duration, sit at computer without pain for 30m periods*

*headache frequency and duration by 75%
To sit at computer, without pain for entire shift*

Functional Outcomes

OPTION A: Client wishes to pick up grandchild one weekly visits without fear of pain or dropping the child.

OPTION B: Client feels stronger and safer when picking up granddaughter. Shoulder ROM now 90* and Strength gained by 20%

P Future Treatment/Frequency

Spell out the treatment plan for the next few months. Remember consistency is important. It is also important to set a re-evaluation date so you can check in with the client on how the treatment is going.

Example 1: “Repeat same Treatment, once a week for 4 months” Abbreviated like this: “RST 1xWx4M”

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Example 2: "Alternate Same Treatment with Full Body Swedish Massage for 4 months" Abbreviated like
this: "AST w/ FBSM 1xWx4M"

Homework/Self-care

Homework

Fact-finding missions for your clients:

What aggravates? What relieves?
When does it hurt? For how long?

Self-Care

Home Treatment:

Things the client knows help, we assign that as self-care.
Therapist may also give strength training, conditioning, stretching, etc.
Some practitioners assign meditations, breathing exercises, etc.
As a client finds out what helps, that becomes a part of their self-care regimen.
As a client finds out what hurts, avoiding activities that hurt also become a part of self-care routine.

Examples:

Homework

Headache:

Try eliminating common allergens, changing computer posture, and wearing sunglasses.

Low back pain:

Make conscious effort to see if it hurts in the morning, midday, and evening. Try to connect activities to pain. Low back stretch such as child's pose and down dog.

Self-Care

Headache:

*Posterior neck stretch.
Take breaks every half hour when doing computer work.*

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Adapted from (and designed to be used alongside) the book, "Hands Heal: Communication, Documentation, and Insurance Billing for Manual Therapists" - Diana L. Thompson LMP