

Client: _____

SOAP Chart

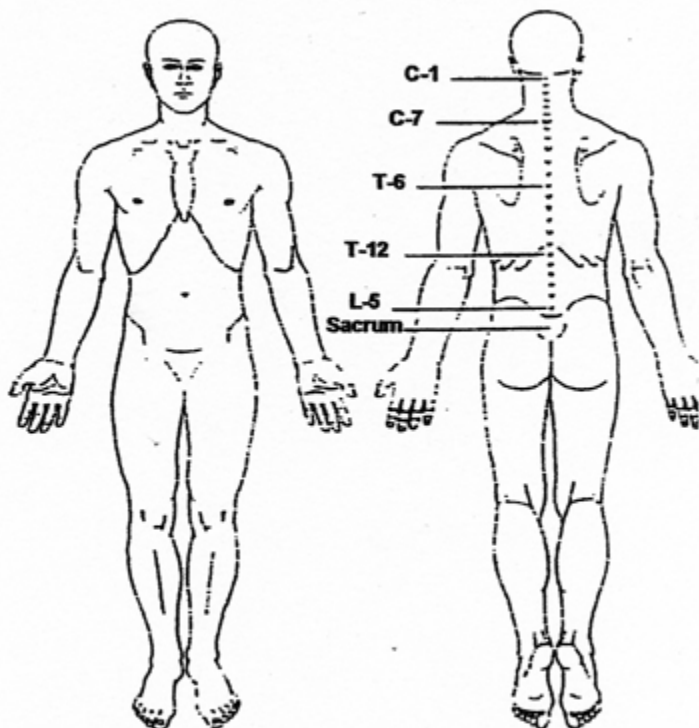
Region

- | | |
|--|---|
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Head |
| <input type="checkbox"/> Thoracic | <input type="checkbox"/> Occipital |
| <input type="checkbox"/> Erector Spinae | <input type="checkbox"/> Temporal/TMJ |
| <input type="checkbox"/> Scapular | <input type="checkbox"/> Anterior Neck |
| <input type="checkbox"/> Post. Arm | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Post. Forearm | <input type="checkbox"/> Anterior Arm |
| <input type="checkbox"/> Lumbar | <input type="checkbox"/> Anterior Forearm |
| <input type="checkbox"/> Gluteal | <input type="checkbox"/> Abdominal |
| <input type="checkbox"/> Hamstrings | <input type="checkbox"/> Quadriceps |
| <input type="checkbox"/> Post. Lower Leg | <input type="checkbox"/> Anterior Lower Leg |
| <input type="checkbox"/> Plantar | |

Treatments Applied

- | | |
|---|---|
| Units | Units |
| — 97140 | — 97110 |
| <input type="checkbox"/> Trigger Point | <input type="checkbox"/> Active ROM |
| <input type="checkbox"/> Myofascial Release | <input type="checkbox"/> PNF Stretching |
| <input type="checkbox"/> Lymphatic Drainage | <input type="checkbox"/> Cranial Work |
| — 97112 | <input type="checkbox"/> Passive Stretching |
| <input type="checkbox"/> Sacral Pumping | <input type="checkbox"/> Joint Stretching / Flexibility |
| <input type="checkbox"/> Posture Assessment | |

Notes:



Therapist Initials: _____

Date: _____

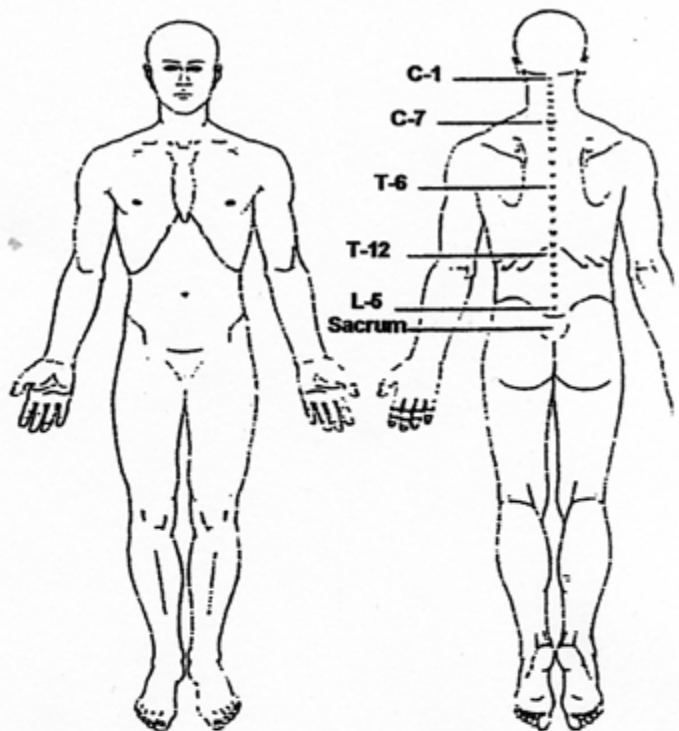
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Notes:



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- Legend:**
- | | | | | | |
|-----------------|----------------------|------------|----------------|-----------------|---------|
| ⊙ Trigger Point | ● Tender Point | ○ Pain | * Inflammation | ≡ Hypertonicity | ≈ Spasm |
| ✕ Adhesions | ≡ Numbness, Tingling | ○ Rotation | / Elevated | ↔ Short | ↔ Long |