s.o.a.p notes

client name

session type

duration

date

soap for relaxation massage

s: Goals for Session

o: Techniques Applied

a: Comments

p: Follow-up

soap for medical massage

insurance ID number

date of injury

modality type (code) duration

modality type (code) duration

current medications

s: Functional Goals

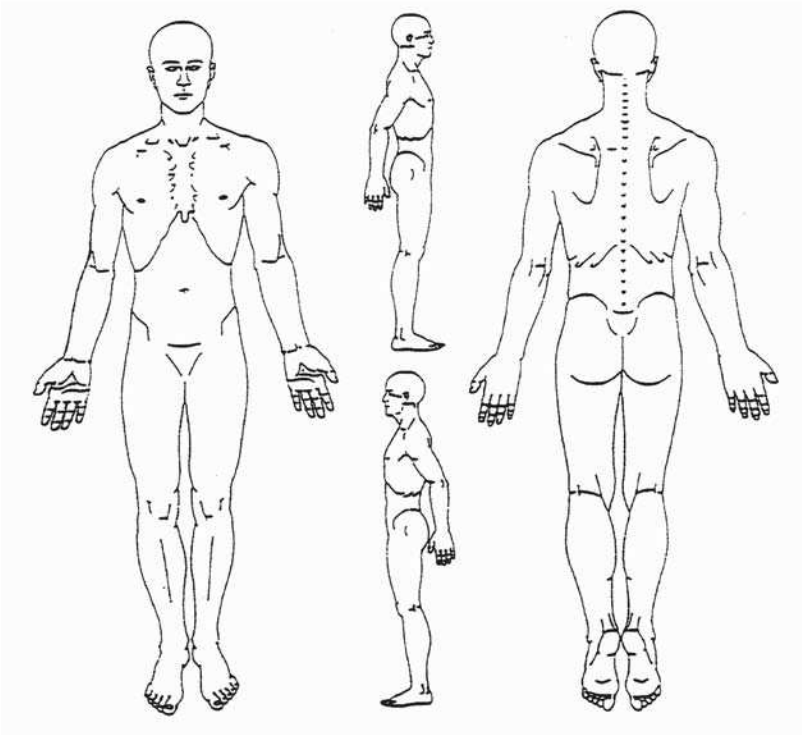
activities affected by condition

o: Visual/Palpable Findings, Modalities

a: Resulting Subjective and Objective Changes

p: Massage Plan/Self Care Homework

symptoms: location/intensity/duration/frequency/onset



✘ Adhesion	≈ Spasm
Rotation	Inflammation
Pain	Trigger point
• Tender Point	/ Elevation
≡ Hypertonicity	

This form was created as a resource by the american massage therapy association.® amta is not held liable for any services provided.