

ADVANCED WESTERN TECHNIQUES and their CLINICAL APPLICATIONS

S.O.A.P. FORMAT SESSION REPORT

(Incorporating Assessment with Treatment)

Student: _____ **Instructor:** _____ **Date:** _____

SUBJECTIVE

Client's name: _____

Address: _____

Phone #: _____ **Age:** _____

Profession: _____

1. What are you hoping to have addressed during this massage session?

2. Was there an event or accident that led to the above complaint(s)? When did it happen?

3. What type of exercise or physical activity do you presently do on a regular basis?

4. Are there any areas you would like omitted from the massage?

SUBJECTIVE (cont.):

5. Are you currently experiencing any of the following? If so where?

Pain, tenderness, stiffness:

Numbness, tingling:

Swelling:

What makes the pain better or worse?

Is there a time of day that the pain is better or worse?

On a scale from 1 to 10, how intense is the pain?

1 2 3 4 5 6 7 8 9 10

6. Are you currently taking any medications? If so, which one(s) and for what condition(s)?

7. Do you have any of the following?

Varicose Veins Blood Clots Phlebitis
Disc Injuries Spinal Problems Scoliosis

8. What injuries or surgeries have you had in your life? When did they happen?

9. Was there any other pertinent health history or information that was revealed to you from the intake or during your follow-up questions?

OBJECTIVE

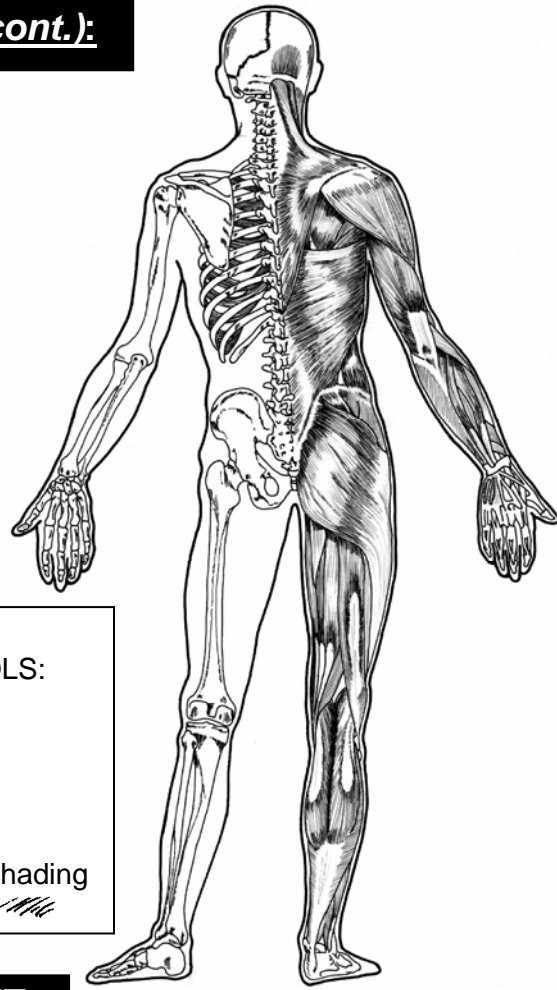
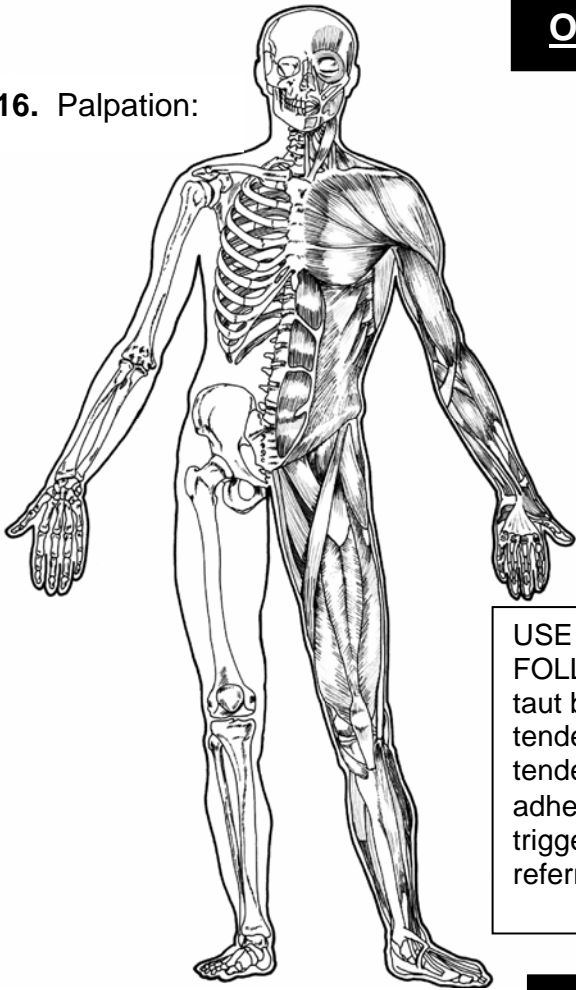
10. Postural Assessment:			11. Active Range of Motion:		
	frontal or posterior view	side view	movement tested	findings	
				left side	right side
Head					
Shoulder girdle					
Spine					
Hip/pelvis					
Upper extremities					
Lower extremities					



12. Passive Range of Motion:			13. Muscle Length Tests:		
movement tested	findings		test/muscle	findings	
	left side	right side		left side	right side

14. Resisted Isometric Tests:			15. Special Tests:		
resisted isometric test	findings		test/muscle	findings	
	left side	right side		left side	right side

OBJECTIVE (cont.):

16. Palpation:



USE THE FOLLOWING SYMBOLS:
taut band: ———
tender point: ●
tender area: 
adhesion: X
trigger points: ⊙
referral: an arrow or shading
→ 

ASSESSMENT

17. What may be present based on your subjective and objective findings. If there is an injury, explain the objective findings that are consistent with that kind of injury, what degree and what stage.

18. How may habits, exercises, posture, etc. be impacting the client's complaint(s)?

19. Functional Goals (where appropriate):

- a. _____
- b. _____
- c. _____

20. Treatment Goals:

- a. _____
- b. _____
- c. _____

PLAN

21. Overview of treatment plan:

22. Details of treatment plan:

Which muscles & structures will you address?	What will you try to accomplish in working on the muscle or structure?	What strokes, stretches, PNF or other techniques will you use to try to achieve the preceding goal?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

23. Contraindications/cautions/special positioning/bolstering used and areas omitted from treatment:

24. Notes after the Session:

25. Recommendations/Follow-up (if appropriate):

26. Self-reflection:
