

## DAILY SOAP CHECKLIST

<b>S</b>	<ul style="list-style-type: none"> <li>• <b>Review of Patient's Complaint(s) SLPV</b></li> <li>• <b>Rating scale</b> - Current and any variations SLPV</li> <li>• <b>ADL/Home Care compliance comment</b> - As pertains to Patient Care Plan</li> <li>• <b>Changes to medical history</b> - (IF APPLICABLE) Rx, other treatments, organic diseases, trauma</li> </ul>
<b>O</b>	<p><b><u>PART requirements</u></b> - 2 of 4 PART must be met, one of which must be A <b>OR</b> R (segmental ROM)</p> <ul style="list-style-type: none"> <li>• <b>Pain/tenderness on palpation <u>OR</u> A/P/R ROM</b></li> <li>• <b>Asymmetry</b> - <u>Acute</u> postures only, segmental asymmetry found this visit.</li> <li>• <b>ROM-Segmental Restriction</b> – Done each visit.</li> <li>• <b>Global ROM</b> - <u>Only</u> if clinically indicated by complaint upon motion, with change in clinical presentation, or previous visit ROM findings</li> <li>• <b>Tissue, Tone, Temp changes</b> - Abnormal findings in complaint associated soft tissue</li> <li>• <b>Special Tests</b> – (AS NEEDED) Technique specific, Radiculopathy require daily MRS</li> </ul>
<b>A</b>	<p><b><u>General Assessment box required and should include:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Change in condition since LPV for each complaint area</b> - Improved, same or worse and supporting subjective/objective evidence (e.g. pain scale, ADL, ROM, palpatory findings, etc.)</li> <li>• <b>Evaluation of Treatment Effectiveness/Treatment Plan/Diagnosis Statement</b> - Examples: "Patient is progressing as expected. Continue with treatment plan, diagnosis current" macro or any appropriate changes being made with explanation. "Patient care plan updated today to include ____" including referrals.</li> <li>• <b>ADL Statement</b> - May be integrated into supporting evidence for change in condition.</li> </ul>
<b>P</b>	<p><b><u>Adjustment Screen:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adj. Specifics including segments and restrictions adjusted and technique used</b> - On Adjustment/Instrument Adj./Extremity Adj. Screens</li> <li>• <b>Response to Care</b> – Objective findings (palpatory, increased ROM etc). Subjective info <b>ONLY</b> if volunteered.</li> </ul> <p><b><u>Plan Speed Note Screen:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Therapies documented including Manual Therapy, Physical Therapy, and Active Rehab</b></li> <li>• <b>Response to Care</b> - Include "Start and Stop time" at every visit and treatment rendered when parameters are not specifically outlined in Patient Care Plan.</li> <li>• <b>Treatment Statement</b> – Example: Treatment administered/rendered without incident"</li> <li>• <b>NPV</b></li> <li>• <b>Changes in Home Care Recommendations</b> – (IF APPLICABLE)</li> <li>• <b>Appropriate Billing and linked Diagnosis</b></li> </ul>