

## WRITING SOAP NOTES

### Initial Assessment

#### **Definitions:**

**Initial Assessment:** Usually done post-operatively, it is the first thorough assessment of the injury that involves taking of measurements and setting baselines; *it is not to be confused with the injury report itself.*

- I. **S (Subjective):** includes any of the following information given to the athletic trainer by the athlete or a designated family member:
  - A. The athlete's:
    1. History
    2. Lifestyle or home situation
    3. Emotions or attitudes
    4. Goals
    5. Complaints
    6. Response to treatment
  - B. Any other information that is relevant to the athlete's case or present condition, home situation, whether the athlete feels the goals set were achieved and whether the athlete feels ready to function at home.
  
- II. **O (Objective):** includes any of the following information (depending upon the individual clinical facility):
  - A. Part of the athlete's history taken from the medical record and relevant to the current problem [NOTE: Only certain facilities include information from the medical record under O].
  - B. Information that is a result of objective measurements or observations (must be measurable and reproducible data (like goniometer measurements, ft/lbs of torque, etc.): may use database, flow sheets, or charts and summarize data under O.
  - C. Part of the treatment already given to an athlete (particularly specific exercises taught to the athlete, the level of independence in performing the exercises, number of repetitions tolerated, positions used, modifications necessary, etc).
  
- III. **A (Assessment):** includes four sections that together provide the reader with the athletic trainer's reasoning for goals and treatment set.
  - A. The Problem List provides a summary of the athlete's major problems as written in the subjective and objective parts of the note. The steps to formulating the problem list are as follows:
    1. Write the S and O portions of the note. (*Prerequisite step*)
    2. Review the S and O portions of the note, jotting down or highlighting findings that are not WNL and that can be influenced or changed by rehabilitation in the athletic training room. (Medical or psychiatric problems do not belong in the rehabilitation problem list.)
    3. Set priorities as to which problem is the most important, the next important, and so forth.
    4. List the problems to be addressed during rehabilitation in order of priority.

**B. Short-term Goals:**

1. Are the steps along the way to achieving long-term goals.
2. Are based on the long-term goals.
3. Serve as the basis for treatment planning.
4. Components of short-term goals are the same as those of long-term goals.
  - a. Short term goals differ from long-term goals in that:
    - 1) The time span is not as long.
    - 2) Short-term goals are not as frequently expressed in functional terms.
    - 3) Short-term goals are frequently revised.

**C. Long Term Goals:**

1. State the long-term outcomes of rehabilitation.
2. Are based on the problem list.
3. Are the bases for setting short-term goals.
4. Components of long-term goals:
  - a. **Audience:** the athlete, family member, or the athlete with a family member (sometimes implied)
  - b. **Behavior:** a verb, often followed by the object of the behavior
  - c. **Condition:** the circumstances under which the behavior must be done or the conditions necessary for the behavior to occur (sometimes implied)
  - d. **Degree:** the minimal number, the percent or proportion, limitation or departure from a fixed standard, or distinguishing features of successful performance

**D. Impressions or Summary:**

1. Can include any of the following types of information:
  - a. Correlations between the subjective and objective information in the note.
  - b. Justification for the goals and/or treatment plan.
  - c. Clarification of the athlete's major problems.
  - d. Justification for further treatment.
  - e. A discussion of the athlete's progress (or lack of progress) in rehabilitation.
  - f. A discussion of the athlete's rehabilitation potential and why.
  - g. An explanation of any difficulties in obtaining information during the initial assessment and testing.
  - h. Suggestions for further testing/treatment needed.

**IV. P (PLAN):** must include the following information:

- A. Frequency per day or per week that the athlete will be seen.
- B. Treatment the athlete will receive.
- C. Location of the treatment.
- D. The treatment progression.
- E. Plans for further assessment or reassessment.
- F. Plans for discharge.
- G. Athlete and family education.
- H. Equipment needs and equipment ordered for/sold to the athlete.
- I. Referral to other services; if there are plans to consult with the athlete's physician regarding further treatment or referral.

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### Interim Notes

#### **Definition:**

**Interim notes:** Follow-up notes that are entered in the athlete's record *in between* the initial assessment and subsequent thorough re-assessments.

#### **I. S (Subjective):**

Includes updates or additional information regarding the athlete's status since the most recent note was written.

#### **II. O (Objective):**

Update or add to the information reported in the initial note or last interim note.

[**NOTE:** Long-term goals are not usually addressed in interim notes unless they have been achieved or need to be revised.]

#### **III. A (Assessment):**

Refers to the short-term goal(s) achieved and new short-term goal(s) set. If a short-term goal has not yet been achieved, the notes tell the reason why the goal has not been achieved. The goal is either reset to make it more reasonable or restated to include a new time span.

#### **IV. P (Plan):**

The treatment plan will need to be revised as the patient's condition is reassessed and new short-term goals are set.

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### Discharge Summary

#### **Definition:**

**Discharge summary:** Notes that recap the entire rehabilitation program and progress. It should include factors that have influenced the program throughout, i.e., injury, problems, progress, objective measurements and tests, disposition, and other items as listed below.

#### **I. S (Subjective):**

Includes updates or additional information regarding the athlete's status since the most recent note was written

**OR**

Completely summarizes the athlete's complaints, home situation, whether the athlete feels the goals set were achieved, and whether the athlete feels ready to return to play.

#### **II. O (Objective):**

Updates the athlete's status since the last note was written

**OR**

Completely summarizes the athlete's condition upon discharge from the facility (more similar to the initial note in format and length).

#### **III. A (Assessment):**

In some facilities, comments are made on the most recently set short-term goals and why they were or were not achieved. In other facilities, no comment is made on the short-term goals.

#### **IV. P (Plan):**

The following information should be included and briefly stated:

1. Overview of treatment.
2. Home program instructions given.
3. Other types of instructions given.
4. Any type of equipment sold to the patient
5. Referral to a home health agency or any other professional
6. The number of times the patient was seen in the ATR.
7. If and when the patient was not seen, on hold and why
8. Any instances of the patient skipping or canceling treatment sessions
9. To where the patient is discharged
10. The reason for discharge
11. Recommendations for follow up treatment or care given to the patient