

Patient Name \_\_\_\_\_ Examinee Label \_\_\_\_\_

## SOAP NOTE

Do Not write on opposite side of page

Comments

S cc: 35 yo Caucasian male presents with low back pain x 2 days.  
Hxcc: Patient was shoveling snow when pain started in the low back on the right side. Pain started at an 8/10 and now is a 6/10 pain described as tight and constant. Activity makes pain worse, nothing makes it better. Patient has taken Motrin and used a heating pad since onset. Patient denies any numbness, tingling, burning pain, or pain that radiates down either leg, also denies any previous low back trauma or pain.  
PMH: HTN – Controlled with Metoprolol.  
PSH: None  
Meds: Metoprolol for HTN.  
Allergies: NKDA  
FH: Mother arrhythmia and CAD, Father CAD.  
SH: Smoked 15 years ago, unknown pack years. 3 glasses of wine/week.  
Bank Teller.  
ROS: General: Denies change in weight, fatigue, insomnia  
CV: Denies chest pain, irregular heartbeat, rapid heart beat  
Resp: Denies shortness of breath, dyspnea on exertion, cough, orthopnea  
GI: Denies nausea, vomiting, constipation, diarrhea, heartburn  
Musculoskeletal: denies recent fractures, sprains, strains, limited use of any joint  
Neurological: Denies seizures, tremors, numbness or tingling

Score \_\_/ \_\_

O VS: T 98.5° F, BP 129/80, R 14, P 72  
Gen: Minimal distress. Alert and oriented to person, place, and time.  
Pleasant Affect.  
Heart: RRR, no murmurs, gallops, or rubs.  
Lungs: CTA in all 6 lung fields.  
Neuro: Lower Extremity Strength 5/5 and symmetric. Lower extremity reflexes +2/4, symmetric at patella and Achilles.  
Musculoskeletal: Gait with hip hike on left heel strike. Moderate tenderness at right L5 and sacroiliac junction. Negative straight leg test. R upper lumbar hypertonicity. Decreased ROM to trunk flexion. + R standing flexion test, – seated flexion test. L5FRSright. R anterior innominate.

Score \_\_/ \_\_

A. (Diagnosis and/or problem list)  
1. Low back strain  
2. Somatic Dysfunction  
- Lumbar, Pelvis  
3. HTN – Controlled with Meds

P.  
1. Ibuprofen, PRN  
2. OMT utilizing Muscle Energy to Pelvis - Pt tolerated Tx well with decreased pain and improved structural findings  
3. F/U in 2 days and call if worsening symptoms

Score \_\_/ \_\_