

S: SUBJECTIVE DATA

CHIEF COMPLAINT/SYMPTOMS
(From the patient's point-of-view: "I feel sick." or
"I've had a headache/ST for 3 days", etc.)

O: OBJECTIVE DATA

SIGNS/RESPONSE TO TREATMENTS
(What is observed, measured or monitored by the MA or
MD i.e., vital signs, obvious swelling, bruising, etc.)

A: ASSESSMENT

DIAGNOSIS
(Provider will evaluate patient's condition, note any
changes and write the diagnosis or probable diagnosis
i.e., "Fx v. sprain - Lt. wrist" or "URI, likely viral")

P: PLAN

IMMEDIATE/FUTURE ACTIONS
(Diagnostic tests i.e. labs, x-rays, UA;
Therapeutic orders i.e. medications, physical therapy,
ace wrap/cast; Follow-up instructions and Patient education)

HOPS Note Scenario

#1

Michelle is a varsity basketball player who comes to you complaining of an aching in her knee. Her pain started about 5 days ago and has gotten worse every day. Typically her pain occurs right after practice, especially a practice that involves lots of jumping. She is tender to touch along her patellar tendon. Her quadriceps tendon is only tender to touch while she is in knee flexion. You do not feel any obvious deformity or gaps. Michelle also complains of a cracking feeling when she flexes and extends her knee. There is no swelling or bruising around her knee. You do notice a scar on the anterior knee. You feel some crepitus along her patellar tendon. Michelle tells you that she tore her ACL in the same knee two years ago. Her pain is a 7/10 at worst and 5/10 at best. Her muscle strength is: knee flexion: 5/5 with some pain knee extension: 5/5. Active range of motion is: knee flexion: normal with some pain at end range and knee extension: normal. Her varus and valgus stress tests are normal.

#2

In the middle of a football game the wide receiver, Nick goes down. When you run out onto the field he tells you that his right calf is hurting a lot. His pain is a 8/10. Nick says that he has gotten this same pain before during practice. When you look at the area that is hurting you can see a lump in the muscle. You can also feel a tense lump in his muscle, but no obvious deformity. There is no bruising or swelling. Nick tells you that he only had one bottle of water to drink today before the game and he did not complete the team warmup stretching. His Active range of motion is: dorsiflexion: normal, plantarflexion: -5degrees with pain. His Passive Range of Motion is : dorsiflexion: normal, plantarflexion: normal with pain. His Manual Muscle test is 3/5 in plantar flexion with extreme pain. Thomas Test is negative.

#3

Nicole is the girls varsity soccer goalie. She dives to block a ball when her arm gets stepped on by another player. When you run out to her she is in extreme pain and crying. Nicole states that her pain is a 9/10. There is already some swelling and bruising along the ulna. Nicole tells you that she felt a snap in her arm as she was stepped on. She also reports some numbness and tingling going down her arm into her hand. Her ulna looks slightly bent. She has had no previous injuries to her arm or hand before. Nicole is extremely tender to touch along both the ulna and radius. You feel a deformity along the lateral side of her ulna. Her active wrist range of motion is: flexion -10 degrees with pain and extension -20 degrees with pain. You are unable to test the muscles. Nicole tests positive to a percussion test.

#4

Mark is a tennis player who comes to you after a tennis game with elbow pain. He says his pain is right over the tip (olecranon process) of his elbow. When you look at his elbow, there is excessive swelling over the olecranon process, but there is no bruising. He rates his pain as an 8/10 with movement and 5/10 without. He doesn't remember falling on it or hitting it against something. Mark does report that he practiced his serves a lot over the past 3 days. He is in severe pain to touch over the UCL and olecranon. You cannot feel any gapping or deformity. His muscle testing is: elbow flexion 5/5 with pain elbow extension 4/5 with pain. Over the olecranon you can feel a large marble like structure. His active ROM is: elbow flexion: -20 degrees with pain elbow extension -20 degrees with extreme pain. Mark's valgus stress test is - and his milking maneuver is - as well.

S:

O:

A:

P:

Write a SOAP note given the following scenario.