MARVIX AI

PHYSICAL MEDICINE & REHABILITATION SOAP NOTE

Questions? Visit us at www.marvix.ai

1 Patient Information

1 PATIENT DETAILS

Name: _____ Date of Service: _____

DOB: _____ Provider: _____

Age / Sex: _____ MRN: _____

Visit Type: _____ Primary Rehabilitation Diagnosis: _____

CC Chief Complaint

2 PRIMARY REHABILITATION CONCERN

Document the primary functional, musculoskeletal, neurologic, or rehabilitation concern — location, duration, and functional limitation...

S Subjective

3 PATIENT-REPORTED SYMPTOMS, RECOVERY STATUS & FUNCTIONAL HISTORY

3a CONDITION / INJURY HISTORY

Underlying condition — stroke, SCI, TBI, amputation, MSK injury, chronic pain, weakness, deconditioning, or post-operative recovery...

3b SYMPTOM STATUS

Pain, weakness, numbness, spasticity, fatigue, balance difficulty, gait impairment, bowel/bladder concerns, or cognitive/communication concerns...

3c FUNCTIONAL LIMITATIONS

Impact on mobility, transfers, ambulation, stairs, ADLs, self-care, work, driving, sleep, and community participation...

3d ASSISTIVE DEVICES / EQUIPMENT

Current Devices (cane / walker / WC / brace / prosthesis): _____ Other Adaptive Equipment: _____

3e THERAPY PROGRESS

Response to PT, OT, speech therapy, home exercise program, or prior rehabilitation interventions...

3f MEDICATION / TREATMENT RESPONSE

Response to analgesics, muscle relaxants, antispasticity medications, injections, orthotics, or other treatments...

3g PERTINENT NEGATIVES

Denial of new neurologic deficit, bowel/bladder changes, falls with injury, worsening weakness, fever, or uncontrolled pain...

O Objective

4 MEASURABLE & OBSERVED REHABILITATION FINDINGS

V VITAL SIGNS

Temperature: _____ Blood Pressure: _____

Heart Rate: _____ Respiratory Rate: _____

Oxygen Saturation: _____ Weight / BMI: _____

Pain Score: _____

4a GENERAL APPEARANCE

Alertness, distress level, participation, endurance...

4b MUSCULOSKELETAL

Range of motion, joint alignment, tenderness, contractures, deformities...

4c NEUROLOGICAL

Strength: _____ Sensation: _____

Reflexes: _____ Tone / Spasticity: _____

Coordination: _____ Cranial Nerve Findings (if relevant): _____

4d GAIT & MOBILITY

Gait Pattern: _____ Balance: _____

Assistive Device Use: _____ Transfers: _____

Fall Risk: _____

4e FUNCTIONAL ASSESSMENT

ADL Status: _____ Mobility Level: _____

Endurance: _____ Level of Assistance Required: _____

4f SKIN

Pressure areas, wounds, prosthetic/orthotic skin tolerance...

4g COGNITION / COMMUNICATION

Orientation / Attention / Memory: _____ Speech / Language (if relevant): _____

FM Functional Measures / Outcome Tools

5 STANDARDIZED MEASURES

Functional Independence Measure (FIM): _____ Modified Rankin Scale: _____

Oswestry Disability Index: _____ Neck Disability Index: _____

Timed Up and Go (TUG): _____ 6-Minute Walk Test: _____

Berg Balance Scale: _____ Other Scale / Score: _____

L Lab & Imaging Results

6 REVIEWED DATA

6a IMAGING STUDIES

X-ray, MRI, CT, ultrasound, spine/joint or post-operative imaging...

6b LABORATORY STUDIES

Inflammatory markers, metabolic labs, renal/hepatic function, nutritional markers, or medication monitoring...

6c ELECTRODIAGNOSTICS & THERAPY REPORTS

EMG/NCS findings. PT/OT/ST progress notes, functional evaluations, prosthetic/orthotic assessments...

A Assessment

7 PM&R CLINICAL INTERPRETATION

Primary rehabilitation diagnosis and contributing impairments. Functional deficits and activity limitations. Rehabilitation potential and prognosis. Barriers to recovery or participation. Safety concerns, fall risk, or equipment needs. Medical necessity for continued rehabilitation services...

P Plan

8 REHABILITATION MANAGEMENT

8a THERAPY PLAN

Continue, initiate, or modify PT/OT/ST plan. Home exercise program or activity progression...

8b ASSISTIVE DEVICES & EQUIPMENT

Device, brace, prosthetic, orthotic, or DME recommendations...

8c MEDICATIONS & INJECTIONS

Adjustments for pain, spasticity, neuropathic symptoms, or function. Interventional procedures if indicated...

8d SAFETY & EDUCATION

Fall prevention, skin protection, energy conservation, and safety education...

8e REFERRALS & COORDINATION

PT/OT/ST, orthotics/prosthetics, pain management, neurology, orthopedics, or social work referrals...

F Follow-Up

9 REASSESSMENT GOALS

Follow-up timeframe and purpose: _____

Function, pain, therapy progress, equipment needs, and safety reassessment...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN / PROVIDER NAME	SPECIALTY: PM&R	DATE	TIME