

Craniosacral Therapy SOAP Notes

Practitioner: _____

Date: _____ Amount of Time: _____ Client: initials only for certification documentation) _____

Subjective _____

Objective _____

<u>Cranio 1</u> Diaphragms OA Hyoid Thoracic Respiratory Pelvic Head Sphenoid Frontal / Parietals Temporals Finger in ear Ear pull	Joint Unwinding Finger/Thumb Cervical Wrist Elbow / Shoulder Knee / Leg Ankle / Foot Sacral Base Release Dural Tube Stretch / Glide Stillpoint Grounding	<u>Cranio 2</u> Face Sphenoid Ethmoid Cheekbones Mandible TMJ finger melt Masseter stretch Mouth Vomer Maxillae Palantines Pterygoids Teeth Gums	<u>Cranio 3</u> Emotional Release Healing / relaxing place Energetic cleaning Healing visualizations Centering energy Remodeling/redecorating Call in helpers / support Explore new perspective <u>Cranio 4</u> Superficial Back line Superficial Front line Balancing SBL/SFL Lateral line Spiral line Whiplash/Accident Strategies
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Assessment _____

Plan _____

Notes _____
