

## Sample Daily Treatment Note (SOAP) for LSVT LOUD®

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Patient:

DOB:

Referring Physician:

Diagnosis:

Treating Diagnoses:

Billing Code:

G Codes:

KX Modifier: (apply as needed with comment "due to medical necessity KX modifier is indicated for continued SLP intervention").

Date of Onset:

Date of Initial Evaluation:

Start of Care (SOC):

Session:

Date:

Clinician:

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**Subjective:** XX was alert and relaxed, in a good mood, and motivated to work. He has completed all homework assignments as prescribed. XX has commented on the impact of using his loud voice in his daily activities. His wife has commented that his voice makes him sound "stronger and younger". He feels that he does not sound as "nasal" and that he is able to stay in a conversation without "getting drowned out".

### **Objective:**

Mouth-to-Microphone Distance for all exercises: \_\_\_\_\_

#### Daily Exercise #1: Maximum Sustained Phonation

- Volume:
  - o Average: 87.6 dB SPL
  - o Range: 85.4-90.4 dB SPL
- Duration:
  - o Average: 6.3 seconds
  - o Range: 4.25-7.5 seconds
- Level of Effort: 5

#### Daily Exercise #2: Maximum Pitch Range

- Fundamental Frequency Range:
  - o Average high: 240 Hz
  - o Average low: 132.4 Hz
  - o Range: 112-260 Hz
- Volume:
  - o Average for highs: 85.9 dB SPL
  - o Average for lows: 83.2 dB SPL
- Level of Effort:

- Highs: 5
- Lows: 4.5

### Daily Exercise #3: Functional Phrases

- Volume:
  - Average: 79.9 dB SPL
  - Range: 78.8-81.6 dB SPL
- Level of Effort: 4

### Hierarchy: (Phrase Length of Utterance Reading Material)

- Volume for Structured Reading:
  - Average: 76.9 dB SPL
  - Range: 76.1-77.6 dB SPL
- Volume for Spontaneous Conversation:
  - Average: 74.5 dB SPL
  - Range: 74.2-75 dB SPL

### **Assessment:**

- XX maintained adequate vocal loudness and quality during the Daily Exercises. To reduce/prevent glottal attack, resonant “mmah” has been the model for daily exercises as opposed to “aah”. XX responds well to the cue “easy loud” if he begins to demonstrate hard glottal attacks, by demonstrating improved resonant voice.
- XX’s pitch range was also adequate and has increased since last week. He is somewhat inconsistent with beginning highs/lows in his modal pitch. Modeling a modal “mmah” as in Daily Exercise #1 eliminated this tendency; however he is unable to do this independently consistently. Moderate clinician cues for “Easy Loud” also improves vocal quality by eliminating hyperfunction as he increases his pitch
- XX consistently demonstrates adequate vocal loudness and quality during functional phrases. The cue “loud each word” serves to increase his loudness. Patient requires this cue \_\_\_\_% of the time.
- XX’s vocal loudness achieved during functional phrases dropped during the hierarchy, but he still maintains a louder volume than pre-treatment. Again, the cue “loud each word” serves to increase his loudness. He has demonstrated initial signs of self-cuing during the hierarchy by occasionally self-correcting if he realizes his volume has dropped, but he still needs moderate (min, max) external cues (verbal and/or non-verbal) from the clinician to maintain increased vocal loudness.
- XX has increased awareness of his greater communicative success.

**Plan:** Patient to complete 1 set of homework + 1 carryover task for LOUD voice tonight, and 2 sets + carryover on Thursday. Carryover consists of greeting and closing

interactions (such as “Hello, how are you?”, “Good morning, I am checking in for my appointment”, “Great seeing you-have a great day.” with use of his LOUD voice (i.e. THINKING LOUD), leaving me a voicemail, and commenting to the beautician on his manicure. He will complete f/u appt. with focus on LSVT LOUD.