



# Physical Therapy Patient Management and Documentation

**INTRODUCTION TO DOCUMENTATION CONTENT AND  
ORGANIZATION**

# Objectives

- ▶ Describe the significance and the purpose of the physical therapy medical record.
- ▶ Identify the American Physical Therapy Association's (APTA's) guidelines for physical therapy documentation.
- ▶ Discuss documentation elements of the initial examination (including the patient history), visit/encounter reports, progress reports, and discharge reports.
- ▶ Define the SOAP mnemonic and its meaning.
- ▶ Compare and contrast the documentation responsibilities of the PT and PTA.
- ▶ State the rationale for reexamination and reevaluation.
- ▶ Explain the differences between examination, evaluation and discharge.

# Role of Documentation

- ▶ Provides a record of the **Quality of Patient Care**
- ▶ **Legal Record** of Patient Care
- ▶ Provides **basis for reimbursement** of Patient Care
- ▶ Quality documentation must **reflect the disablement model**
- ▶ PT Documentation **demonstrates PT interventions** are impacting impairments, functional limitation, disability

# Documentation Standards

- ▶ Various agencies have set standards. These agencies include:
  - ▶ Federal Government – Medicare
  - ▶ State Government – Medicaid
  - ▶ Professional Agencies – APTA
  - ▶ Accrediting Agencies – JCAHO
  - ▶ Healthcare Facility/Company

# APTA Five Elements of Patient Management

- ▶ Examination
- ▶ Evaluation
- ▶ Diagnosis
- ▶ Prognosis
- ▶ **Intervention**

Use “person first” language and ICF framework

**PTA Evaluation Implications**  
This is not a skill that lies within the scope of practice of a PTA and must be performed by the supervising PT. The PTA may be present for the evaluation.

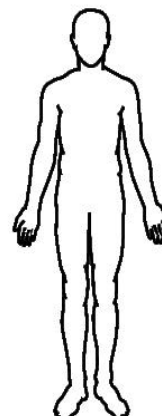
**PTA Diagnosis Implications**  
This section is determined by the referring physician and the evaluating physical therapist. This is beyond the scope of practice for the PTA. However, if the diagnosis the patient is being treated for changes in any manner, it is the responsibility of the PTA to communicate this to the supervising PT to have the PT determine if a change in the plan of care is necessary.

**PTA Prognosis Implications**  
The final determination for the level of improvement attained through PT intervention remains the responsibility of the supervising PT. The PTA is responsible for communicating any changes in the patient's ability to complete the plan of care, as ordered or if it needs to be changed by the supervising PT. The PTA may make changes in timing and frequency if they remain within the plan of care provided by their supervising PT.

**Evaluation**  
A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination. This process also may identify possible problems that require consultation with or referral to another provider.

**Diagnosis**  
Both the process and the end result of evaluating examination data, which the physical therapist organizes into defined clusters, syndromes, or categories to help determine the prognosis (including the plan of care) and the most appropriate intervention strategies.

**Prognosis (Including Plan of Care)**  
Determination of the level of optimal improvement that may be attained through intervention and the amount of time required to reach that level. The plan of care specifies the interventions to be used and their timing and frequency.



**Examination**  
The process of obtaining a history, performing a systems review, and selecting and administering tests and measures to gather data about the patient/client. The initial examination is a comprehensive screening and specific testing process that leads to a diagnostic classification. The examination process also may identify possible problems that require consultation with or referral to another provider.

**Outcomes**  
Results of patient/client management, which include the impact of physical therapy interventions in the following domains: pathology/pathophysiology (disease, disorder, or condition); impairments, functional limitations, and disabilities; risk reduction/prevention; health, wellness, and fitness; societal resources; and patient/client satisfaction.

**Intervention**  
Purposeful and skilled interaction of the physical therapist with the patient/client and, if appropriate, with other individuals involved with the care of the patient/client, using various physical therapy procedures and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. The physical therapist conducts a reexamination to determine changes in patient/client status and to modify or redirect intervention. The decision to reexamine may be based on new clinical findings or on lack of patient/client progress. The process of reexamination also may identify the need for consultation with or referral to another provider.

**PTA Examination Implications**  
The initial process of obtaining the history, performing a systems review, and selecting and administering tests and measures to gather data about the patient/client is the responsibility of the supervising PT. Once this information has been gathered and documented, the PTA may then perform tests and measurements within their scope of practice to determine if the patient is meeting the PT's goals outlined within the plan of care.

**PTA Outcomes Implications**  
These would include the results of patient/client management, which include the impact of physical therapy interventions in the following domains: pathology/pathophysiology (disease, disorder, or condition); impairments, functional limitations, and disabilities; risk reduction; prevention; health, wellness, and fitness; societal resources; and patient/client satisfaction. The ultimate short- and long-term goals to achieve these outcomes remain the responsibility of the supervising PT.

**PTA Intervention Implications**  
This is the purposeful and skilled interaction of the PTA with the patient/client and, if appropriate, with other individuals involved in the care of the patient/client, using various physical therapy procedures and techniques to produce changes in the condition that are consistent with the diagnosis and prognosis. The PTA will re-assess the patient/client's status to determine if the current plan of care meets the needs of the patient or if the PT needs to re-evaluate the patient/client and develop a new plan of care.



# Medical Diagnosis vs PT Diagnosis

## Medical Diagnosis

Systemic disease or disorder determined by the physician's evaluation and diagnostic tests

- **Examples:**
  - Rheumatoid Arthritis**
  - Fracture of R femur**
  - Pneumonia**

## Physical Therapy Diagnosis

Identifies the impairment or functional limitation

- **Examples:**
  - Muscle weakness**
  - Limited ROM**
  - Strength deficit**

# Initial Examination and Evaluation:

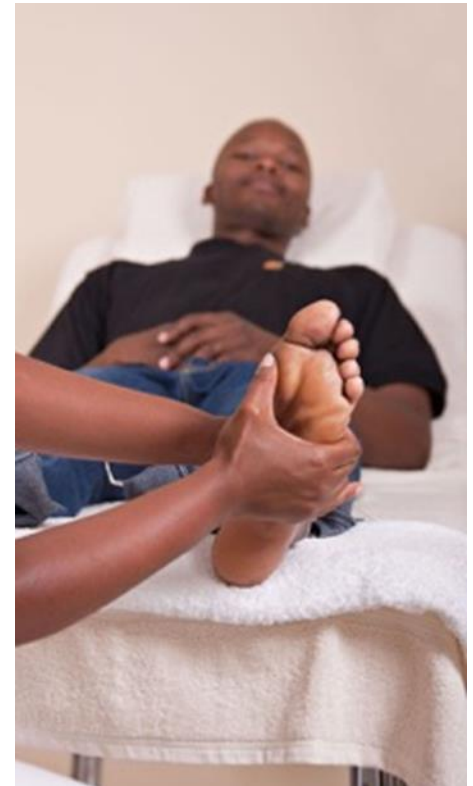
PT completion

- ▶ History
- ▶ Strength
- ▶ AROM, PROM
- ▶ Functional Abilities
- ▶ Pain level
- ▶ Muscle Tone
- ▶ Communication ability
- ▶ Adaptive equipment
- ▶ Reflexes
- ▶ Level of Independence
- ▶ Alignment
- ▶ Quality of Movement
- ▶ Cognitive Abilities



# PLAN of CARE- completed by PT

- ▶ Initial evaluation provides a detailed POC including:
- ▶ Goals: short and long term w/ time frames
- ▶ Measurable Functional Outcomes
- ▶ Interventions
- ▶ Treatment objectives and time frames
- ▶ Frequency of treatments
- ▶ Anticipated discharge plans



# SOAP Note Format

Used for  
Evaluation  
and  
Daily Notes



**S: subjective**



**O: objective**



**A: assessment**



**P: plan**



**Short and Long Term Goals**



**Reexamination (progress note)**



**Summation of care (discharge note)**

# SUBJECTIVE DATA

- ▶ What the patient “**tells**” you includes:
  - ▶ Information about the past medical history
  - ▶ Symptoms or complaints which promoted patient to seek healthcare **PAIN**
  - ▶ What produced the symptoms
  - ▶ Patient’s lifestyle and functional needs
  - ▶ Patient’s goals/ expectations of healthcare



# Objective Data

- ▶ Includes information that is **objective, reproducible** – collected by exam, tests, observations
- ▶ Reader should be able to **form mental picture**
- ▶ PT performs evaluation to identify treatment diagnosis
- ▶ **PTA** – repeats tests, measurements within scope of practice



# Examples of Objective Data

- ▶ **Observations**
- ▶ **MMT**
- ▶ **Goniometry**
- ▶ **Leg length tests**
- ▶ **Wound size/description**
- ▶ **Sensory testing**
- ▶ **Vital signs**
- ▶ **Standardized functional assessments**

# ASSESSMENT

Treatment Effectiveness? Did it work?

- ▶ Interpretation of the **patient's response** to treatment
- ▶ **Most important part of medical record**
- ▶ Section reviewed by third party payors for reimbursement
- ▶ Comments on progress toward goals



# Daily or Treatment Notes



# Where to Start?

**LoHi Physical Therapy**  
**Occupational - Hand Therapy**  
@CatalystTherapies.com

Ph 303-458-9660 Fax 303-458-9661  
info@CatalystTherapies.com

## INITIAL SELF EVALUATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

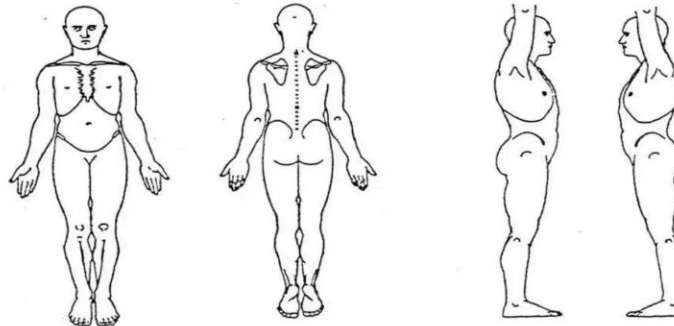
Please tell us about yourself, so that we can serve you better. If you have difficulty answering any question, or if it doesn't apply to you, just leave it blank. You will have ample opportunity to clarify or explain any of your answers during your evaluation and treatment sessions.

Who referred you to us? \_\_\_\_\_

What is your reason for seeking therapy? \_\_\_\_\_

Please mark or shade in any areas where you have been experiencing discomfort. You can label each area with one or more descriptor from the following list:

Severe	Sharp	Burning	Aching
Moderate	Dull	Throbbing	Stabbing
Numbness/tingling	Weakness	Radiating (indicate direction with arrow)	



List & rate each symptom you have been experiencing. Rate on a scale of 0-10, 0 is no pain-10 the worst pain you can imagine.

- a. \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9 10
- b. \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9 10
- c. \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9 10
- d. \_\_\_\_\_ 0 1 2 3 4 5 6 7 8 9 10

When did your symptoms begin? \_\_\_\_\_

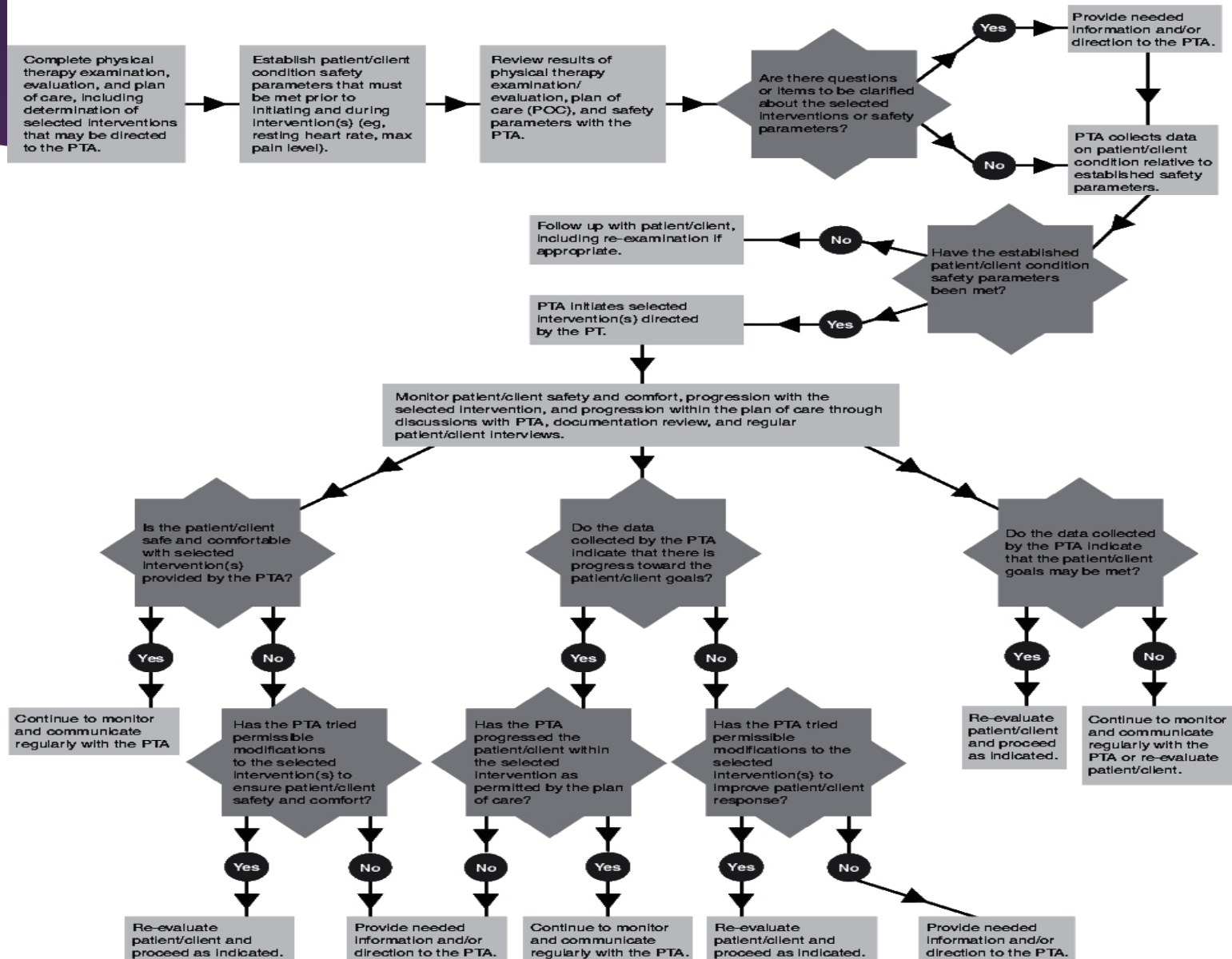
What do you think causes your symptoms? \_\_\_\_\_

2680 18TH STREET, SUITE 150 B DENVER, CO 80211



# PTA Supervision Algorithm

## PTA Supervision Algorithm (See Controlling Assumptions)



# Electronic Medical Record

- ▶ **Used for evaluation and daily notes**

  - Easy to read

  - Speeds documentation recording

  - FEWER ERRORS

- ▶ **Flow Sheets:**

- ▶ **Templates:**

- ▶ **IEP: Individualized Education Plan**

# Defensible Documentation

- ▶ Reflects decision making
- ▶ Indicates evidence of unique body of knowledge
- ▶ Verification of professional judgement
- ▶ **EVIDENCE BASED PRACTICE?**



## Documentation Matters

