

# **BOARD NEWS**

## **Fall 2001**

Dear Friends and Colleagues;

(By: Sally B. Oxley PT, CHT, Board Chair)

I think you will all agree that the events of September 11 have made the world a much smaller place. As we experience the agony and horror of this assault, we are reminded of how often these things happen in, other areas of the world with little attention being given on our parts. In our profession we feel compassion for our patients and their families. At this time we need to open our hearts and feel compassion for all people who suffer and are persecuted worldwide. Comfort each other, count your blessings, and do something today to make a difference.

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Guidelines for Physical Therapy Documentation (By: Ralph Utzman PT, MPH)

Physical Therapists and Physical Therapist Assistants are busier now than ever before. Our current practice environment demands higher levels of efficacy and efficiency. These increased demands on our time make it easy to forget the importance of proper documentation. However, the same environmental factors mean that proper documentation is more important than ever.

Our documentation serves several purposes. It provides a chronological record that outlines the "who, where, what, when, how, and why" of patient care. A good medical record should describe what exactly was done, how it was done, when it was done, by whom it was done, and why it was done. We need these descriptions to communicate with others involved in the patient's care to insure quality patient care, and to evaluate the outcomes of the care provided. In addition, our documentation may be used for risk management and legal purposes, and third party payers often re- view our notes to make payment determinations. When writing in the medical record, the practitioner should be mindful of all the "consumers" who may be looking for information. Other PT's and PTA's, other healthcare providers, reimbursement claims reviewers, attorneys, regulatory agencies, and even the patient himself may read the medical record at one point or another. Documenting with only one of these consumers in mind might mean that others will not find the information they need. WV Regulatory Law states that the nature of Physical Therapists' practice requires determination of a "diagnosis, prognosis, plan of therapeutic intervention", and the assessment of the effects of those interventions.(1) In order to develop a diagnosis, prognosis, and care plan, the Physical Therapist must do a thorough examination, which includes a chart review, a subjective history, and documentation of objective data.(2) Objective data are obtained from tests, measurements, or observations that can be repeated. Only through documenting objective data can you show a true improvement in patient progress.

When documenting the patient examination, the practitioner should include objective dates regarding the patient's impairments and functional limitations. Impairments are "alterations in

## Guidelines for Physical Therapy Documentation (Continued)

anatomical, physiological, or psychological structures or functions..."(2) Common impairments measured in a physical therapy examination include range of motion, strength, balance, coordination, etc Functional limitations occur when "impairments result in a restriction of the ability to perform a physical action, task, or activity in an efficient, typically expected, or competent manner."(2) Typical functional limitations addressed by Physical Therapists include gait, mobility, ADLs, and work activities.

Since 1993, the American Physical Therapy Association has maintained a policy entitled "Guidelines for Physical Therapy Documentation."(3) This document provides a comprehensive outline of information that should be included in the medical record. According to the APT A, the record should include documentation of tests and measures from the patient examination. Treatment goals and care plans should be developed in collaboration with the patient and others involved in his care. The treatment goals should be measurable, and related to the patient's impairments and functional limitations as determined by the examination. Ongoing documentation should describe the interventions provided, changes in patient condition, progress towards goals, and any changes in the treatment plan. Objective outcomes of the care provided should be documented, as well as the need to refer to other providers.(3)

The Joint Commission on Accreditation of Healthcare Organization (JACHO) has similar guidelines for physical therapy documentation. Governmental agencies, such as the WV Department of Health and the Centers for Medicare and Medicaid Services (formerly HCFA), require compliance with these guidelines for facility licensure and for participation in Federal and State reimbursement plans. In brief, these guidelines require that the following be present in the physical therapy record:

- The written treatment plan must be based on an objective examination of the patient
- Informed consent: collaboration with the patient/family in developing and implementing a treatment plan.( 4)
- Rehabilitation goals and objectives related to function.(4)
- Factors that may influence achievement of these goals and objectives: this would include communication and learning barriers, indications, contraindications, and identification of the need to refer to other providers.(4)
- Specific strategies and time frames for achieving goals and objectives.( 4) . Ongoing measurement of patient progress.( 4) . Criteria for discharge and/or transfer.(4)

Compliance with accepted documentation standards is vital to provision of quality physical therapy services. The APTA's documentation guidelines are available on the Association's Website ([www.anta.org](http://www.anta.org)), as an appendix in the Guide to Physical Therapy Practice, or by calling the APTA at 800.399.2782. Ext. 3395.

References: (1) WV Board of Physical Therapy. Legislative Rule §16-1-8.

(2) Guide to Physical Therapist Practice; 2nd ed. Phys. Ther. 2001; 81:9-744.

(3) Am. Phys. Therapy Assoc. Guidelines for Phys. Therapy Documentation. Adopted 03/93; last amended 03/2000.

(4) Joint Commission on Accreditation. Rehab. care & services. '96 Accreditation Manual for Hospitals Vol. 1: Standards

## Commonly Asked Questions

### Question:

1. Can an ATC under on-site supervision of a licensed Physical Therapist perform an evaluation in the clinic on an athlete referred from the team physician of a local school?

### Answer:

No. An Athletic trainer cannot perform an independent Physical Therapy evaluation.

### Question:

2. If so, and if the third party payer or insurance company is aware that the ATC is performing the evaluation under on-site supervision of a PT, can and how should this be billed in WV?

### Answer:

A Physical Therapy evaluation cannot be billed when it is not performed by a PT.

### Question:

3. If this does apply to student athletes referred by a physician for sports medicine, would it apply to related populations with similar injuries?

### Answer: Yes.

### Question:

4. Can an ATC under on-site supervision of a licensed Physical Therapist perform a re-evaluation in the clinic on an athlete referred from the team physician of a local school?

### Answer:

No; not independent of the Physical Therapist.

### Reminders:

1. If you change addresses, please inform the office in writing of your new address. The result of the last mailing produced approx. 145 returned envelopes because of out-of-date addresses. Cost to the Office was approx. \$430.00.

2. Please check the expiration date of your WV license. Many of you have an expiration date of 12/31/2001. In order for your new license to get processed and mailed by the first working day of January 2002, you should have it in the office no later than December 21 st.

3. If you are a new student graduate who recently sat for the National Exam and did not have a positive testing experience at the Sylvan/Prometric site, please take the time to document the circumstances or events that you experienced and mail it into the office address. We will forward your comments to the Federation of State Boards of Physical Therapy.

4. The next installment of articles being written on the Disciplinary and Complaint Process is being postponed until the next issue which will come out in the spring.

5. "To handle yourself, use your head; to handle others, use your heart."