CHEAT SHEET TO DOCUMENTING SKILLED TIMED CODES

Copy and paste and fill out the red sections with your own info/customize. Options listed with ";" between. Can use one option in [red] or multiple or customize your own. Remember, once you create the first note, those carry forward to the next notes. So you can just tweak some minor things in each note. You can copy and paste right into those boxes in optima or use this for speech to text into those boxes as an outline.

Gait Training:

to be used when TRULY TEACHING someone how to walk (better/differently/new device/etc)

- Instructed in proper [WB-describe; sequencing of device-describe; kinematics-describe] to [enhance safety during swing phase; enhance safety during stance phase; normalize gait pattern; adhere to WB precautions; utilize device properly and safely during ambulation] with [tactile;verbal;visual] cues.
- Patient demonstrated [partial;complete] understanding and required [consistent cuing;less frequent cuing] as session progressed.
- Still demonstrating [elaborate on the issues they still have with gait] and is now able to [what are they doing better since you taught them] and [no longer needs attention for this; will require some more training; will need more training once status changes].

THEREX

to be used when doing exercises, or ROM, or even stretching. Need to talk about reps, sets, resistance, etc.

- [PROM; AAROM; AROM; Isometrics; Concentrics; Eccentrics] exercises targeted to [improve ROM; improve muscular endurance; improve strength] of [body region] including [X number of reps/X number of sets; X type of resistance (bands, manual, weight); X minutes continuous pedaling on ergometer with rest break of X mins and Y total sets of intervals]
- Needed [frequent cues and guidance; infrequent cues; minimal cuing] during the exercises.
- Showing overall [improvement; minimal change] with respect to [ROM; strength; muscular endurance] as evidenced by [MMT of X/5; ROM of Y degrees; ability to now (describe functional activity); ability to tolerate X minutes of activity].

THERACT

Most of what we do…FUNCTION…transfers, balance, etc…ALL but true ADL teaching is in self care mgmt., and if NEURO diagnosis as primary diagnosis AND doing true neuro like vestibular or PNF or NDT, and talk about tone etc, then that is NEURO RE ED

- Performed [dynamic/static seated/standing balance activities with emphasis on trunk control/righting] to improve [limits of stability; proper strategies; proper righting; proper protective strategies] [with assistive device; without assistive device] needed for [insert functional activity here].
- Activities included [seated/standing reaching; single leg stance; perturbation training; higher taxonomy of gait such as side stepping or back stepping; tandem stance; carrying/lifting/pushing/pulling]
- Required [level of assist] to maintain center of gravity over base of support

- Still showing difficulty with [insert what they are having difficulty with e.g. maintaining upright posture against gravity standing] due to [poor ankle strategy; poor suspensory strategy; poor righting; poor protective reactions; poor coordination / timing; poor strength]
- Showing some signs of improvement as evidenced by ability to now [e.g. sit to stand with 1 hand on RW safely 4 of 5 trials]

OR

- Performed functional activities to improve [list here like sit to stand transfers, or functional reaching, or something] including [sit to stands, supine to sits, dynamic reaching in sitting; dynamic reaching in standing]
- Still showing difficulty with [list here e.g. stand pivot transfers] due to [poor coordination / timing; poor strength; poor sequencing]
- Showing some signs of improvement as evidenced by ability to now [e.g. sit to stand with 1 hand on RW safely 4 of 5 trials]

Self-Care Management

Truly teaching compensatory/safety with ADLs like bathing, dressing, feeding, etc

- Instructed [patient; caregiver] in [list what it is here: bathing, dressing, etc] [independence; assistance] using compensatory techniques to mitigate [surgical precautions; functional limitations; new adaptive or assistive equipment]
- Used [visual;verbal] cues directed at [list here what they were- e.g. "log rolling to affected side and using grab rail to pull self up]
- Showed [some;minimal;full] comprehension and carry over as evidenced by [still inability to perform (what); ability to perform (what) safely x of Y trials]

NEURO RE ED

MUST have Primary Dx of neuro condition (stroke, nerve palsy, ALS, MS, etc) AND MUST have treatment that is NEURO based like NDT, PNF, things addressing tone and motor control and apraxia, etc, otherwise typically is Ther ACT

- Performed neuro re-ed techniques of [NDT; PNF; overflow principal; biofeedback] aimed at [increasing/reducing/normalizing tone; improving spatial awareness; improving motor control; improving proprioception] of [input affected area e.g. left side of body or left lower kinetic chain]
- Patient still shows [what the issue is like pushing to left] [x% of the time]
- Patient is showing some improvement evidenced by [what]

MANUAL THERAPY

Doesn't reimburse much, so try not to make it the primary objective…for hands on therapies like myofascial release, lymph drainage, or joint mobilizations.

- Performed [joint mobilizations (to where, what grade, what direction); MFR (to where); MLD techniques (what and where)] to [pain control; improve ROM; improve joint mechanics; improve lymph drainage]
- Patient shows [good response; fair response; no response] to techniques as evidenced by [outcome e.g. pain levels now 2/10, lymph circumference reduced, improved kinematics at GH joint with active flexion]

MODALITIES

Doesn't reimburse much, won't count towards payroll, can use, but should not be ongoing or main focus

- Performed [what, setting, to where, how long, and why see below]
    - US
        - 1 MHz at 1.5 W/cm2 to left low back quadrant for 8 minutes on continuous setting to promote increased blood flow and tissue relaxation for healing and pain control
        - 3 MHz at 1.0 W/cm2 to left shoulder anterior quadrant for 8 minutes on pulsed 20% setting to promote increased cell permeability to promote drainage for healing and pain control
    - E-Stim
        - IFC current to low back with moist heat to reduce pain via gate theory and relax tissues to prep them to be able to handle manual techniques following treatment
        - Biphasic current to shoulder to reduce pain and swelling after therex to reduce post procedural pain
- Tolerated treatment, no abnormal response. [outcome…e.g.: pain levels reduced to 3/10 afterwards]
- Sanitized device before and after treatment. Electrodes stored with patient for single use.