

Second Edition

Jeff G. Konin

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Documentation for Athletic Training

SLACK Incorporated

Name: _____

Illness/Condition: _____

Diagnosis: _____

Comments & Follow-Up: _____

Instructions: Yes ☐ No ☐

Clare: Yes ☐ No ☐ Team Practice

Other: _____

Regarding this document based on the information to date:

Student/Athlete Signature: _____

M.D. Signature: _____

Date: _____ Store: _____

Name: _____

Local Address: _____ Street: _____

Local Phone: _____

Parent/Guardian Name(s): _____

Permanent Address: _____ Street: _____

Parent/Guardian Home Phone: _____

Emergency Contact Name and Phone Number: _____

Eligibility Level: FR SQ JR SR _____

Medications you are currently taking including minerals, supplements: _____

Do you have any chronic pain? YES ☐ NO ☐

Did you have any injuries over the summer? _____

If yes, please explain: _____

Did you see a doctor, chiropractor, etc. and? _____

If yes, please explain: _____

Did you have any medical problems or injuries? _____

Head _____ Neck _____ Shoulder _____ Elbow _____

Thigh _____ Knee _____ Shin/Calf _____ Ankle _____

Do you have any concerns regarding these? _____

If yes, please explain: _____

Height: _____ Weight: _____

Documentation for Athletic Training

Second Edition

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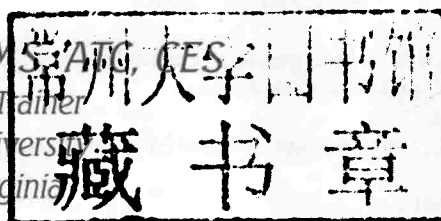
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The forms compiled in this second edition provide real examples of the types of documentation used by certified athletic trainers. Special thanks to Marc Paul, Head Athletic Trainer, Boise State University; Ivan Milton, Director of Athletic Training Services (retired), Missouri State University; Jim Penkalski, Director of Athletic Training Services, Missouri State University; Jim Thornton, Director of Sports Medicine, Clarion University; Pat Lamboni, Head Athletic Trainer, Salisbury University; Tom Kuster, Director of Sports Medicine, James Madison University; and Jeff Konin, Associate Professor and Vice Chair, Department of Orthopaedics & Sports Medicine, University of South Florida, for providing the forms in the appendices of this book that have real-life practical uses for our readers.

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Finally, this textbook, as with many other successful adventures, is the product of the hardworking and supportive group of individuals at SLACK Incorporated—Publisher, John Bond; Acquisitions Editor, Jennifer Briggs; Managing Editor, April Billick; and Project Editor, Dani Karaszkiwicz.

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DEDICATION

Dan Campbell was a contributor to the first edition of this textbook. Decades from now, when reimbursement for athletic training services is as commonplace as cell phones, we will all continue to be grateful for Dan's original efforts and leadership. Not a day goes by in our profession that isn't impacted by Dan's work and passion for athletic training.

JGK

To my loving wife, Angela, and our new daughter, Victoria. You both make me strive to be not only a better husband/father, but also a better man in general. Thank you for being such a support and inspiration for me. A special acknowledgment and thank you to Dr. Konin for being such an excellent mentor, confidant, and friend. I truly appreciate all that you have done for me.

JMK

To my parents, Peggy and Larry, for always showing me the way. To Robert, for your love, laughter, strength, and support. To Ross and Mary Parker, for making the Thompsons a family.

MFT

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PREFACE

Documentation remains a very important component of any health care professional's daily life. In 2005, the first edition of this textbook was published. It is hard to believe that this was the first book ever published solely dedicated to documentation for the profession of athletic training. It is now 2011, and it is equally hard to believe that 6 years after the first edition was published, this book remains the sole textbook dedicated to athletic trainers for documentation purposes. Other books have been written targeting documentation for all health care providers, and some have been written and have been very successful sellers for decades despite the fact that they have primarily focused on only one form of documentation.

Since the writing of the first edition, we have listened to feedback of the users of this book, as well as feedback from those who have chosen not to use this book. We clearly recognize that the world of documentation is ever changing in a rapid manner. The trends in health care documentation from paper trails to electronic databases rival similar trends in our everyday lives as we watch technology race before us. As with other aspects of our lives, we embrace some changes and tend to be slower to adapt to others. What does this have to do with the second edition of this book? For starters, we have updated our chapter on electronic documentation. In doing so, we realize that print material such as this, primarily utilized for formal educational purposes, is not likely to keep up with the advances of electronic documentation and electronic health records. Our intent in this edition is not to race to the finish line, but rather to inform the reader of how electronic medical records and documentation can change the way we practice athletic training—both the benefits and the challenges.

It remains our intent to provide the athletic training reader with the necessary information to document in all of the recognized formats and styles for proper health care records. Some of these formats and styles may seem foreign to some athletic trainers, and some athletic trainers may feel uncomfortable teaching students forms of writing they have never used before. However, this should not prevent our professionals from advancing with knowledge equivalent to that which others possess. Limiting our own opportunities is a disservice. As such, we continue to explain all forms of medical documentation with the hope that someday every graduating and practicing certified athletic trainer will possess a multifaceted toolbox for documentation standards.

This new edition offers the reader additional study guide-type questions at the end of each chapter. Specifically, some questions will assist athletic training students studying for the board of certification examination as it pertains to documentation standards. With this second edition, faculty members can gain access to ancillary materials with the test questions and answers. Furthermore, updated, revised, and new forms in template design have been added to the appendices. These forms have been provided by athletic trainers who have spent years in the profession and who have crafted their documents in an effort to make them practical, efficient, thorough, and user-friendly. These forms are not all-inclusive of the many that likely exist. They are, however, ones that our contributors have found to be useful and practical. You are invited to not only use these forms for learning purposes, but to also adapt them into your athletic training as appropriate permission allows. To be prudent, you should always have your counsel review forms that you intend to incorporate into your athletic training practice. Additionally, please provide credit to the authors of this book and/or the authors of the document that you intend to borrow as you would appropriately with all borrowed written material.

Documentation is an imperfect science. In fact, at most times, it is likely to be perceived more like an art than a science. How you choose to hone your documentation skills is up to you. As with all other aspects of the athletic training profession and practice, your documentation impacts many stakeholders. Your documentation is a reflection of who you are as an athletic trainer. Don't take shortcuts. Strive to contribute to the reputation of the profession and go the extra mile.

Jeff G. Konin, PhD, ATC, PT, FACSM, FNATA

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Margaret Frederick Thompson, EdD, ATC, VATL

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INTRODUCTION TO DOCUMENTATION

LEARNING OBJECTIVES

Following the completion of this chapter, the reader will be able to:

1. Identify and explain the purposes of medical documentation.
2. Explain the Nagi and International Classification of Impairments, Disabilities, and Handicaps models of disablement and how these conceptual frameworks apply to medical documentation.
3. Explain the effects of applying disablement models to athletic training.

Over the past several decades, health care in the United States has undergone considerable change. Research on new and better treatments for illness and disease has contributed greatly to skyrocketing health care costs. In an effort to control costs, insurance companies have developed strict regulations regarding reimbursement for health care. This has created an environment of harsh competition for the health care dollar. Simultaneously, the liability of health care professionals appears to have increased dramatically. An abundance of lawsuits alleging medical malpractice are filed each year, making the health care professional increasingly vulnerable. Furthermore, the increased emphasis on technology and its many uses has thoroughly infiltrated the profession of athletic training and all other aspects of health care and medicine as a whole. Given these trends, the need for effective medical documentation has never been greater.

Athletic trainers have long accepted the necessity and importance of documentation. Standard No. 7 of the Board of Certification (BOC) Standards of Professional Practice (see Appendix A) delineates the responsibility of the athletic trainer in maintaining proper documentation, specifically noting as follows: "All services are documented in writing by the athletic trainer and are part of the patient's permanent records. The athletic trainer accepts

responsibility for recording details of the patient's health status."¹ However, given that athletic trainers are relative newcomers to the battle for third-party reimbursement and that athletic trainers are increasingly vulnerable to the risk of liability given the role delineation associated with triage of acute care and oftentimes rapid decision making, there must be a renewed dedication to proficiency in medical documentation and to the implementation of effective medical documentation systems.

PURPOSES OF MEDICAL DOCUMENTATION

Generally speaking, medical documentation can be defined as any data that are recorded in a patient's medical record. Medical documentation serves as the official record of the care provided to the patient.^{2,3} Evaluation forms, medical referrals, progress notes, test results, and health history forms are but a few examples of medical documentation. Common types of medical documentation used by athletic trainers include preparticipation physical exam forms, initial evaluations, daily progress notes, physician's notes, informed consent, rehabilitation logs, and even policy and procedure documents pertaining to personnel and/or clinical guidelines.⁴ A medical documentation "system" refers to the organization and administration of the policies and processes related to medical documentation. The athletic trainer must be proficient both in medical documentation and in organizing and administering the medical documentation system. Part of providing quality clinical assessment and care requires the ability to document such interactions in an accurate and timely manner.

The ultimate goal of the athletic trainer is the provision of high-quality health care for athletes and the physically active. However, as time passes, the accuracy and assurance

of information sharing and the recollection of encounters rely upon effective documentation.

Pearl of Wisdom

For medical documentation to be effective, a medical documentation system must be developed based on (1) the mission of the facility, (2) a conceptual framework, and (3) the needs of patients/athletes.

Communication

The athletic trainer's most valuable asset is his or her ability to communicate. Effective documentation facilitates the athletic trainer's communication with other members of the sports medicine team, such as physicians, physical therapists, nurses, parents, and coaches. Medical records that require a release or transfer to other providers are best served when they are thorough and legible. Nowadays, much is done electronically and in template form to assist with the delivery of documents.

Organization

Documentation helps the athletic trainer organize the patient's/athlete's medical data. For example, information gathered during an initial injury evaluation must be recorded so that another health care professional can read the evaluation and determine exactly what data were collected. In an athletic training room or private practice clinical setting, it is not uncommon for an athlete or patient to work with different individuals on different days as a result of scheduling demands. By facilitating communication, well-organized medical documentation can positively impact the quality of patient/athlete care. Also, documentation aids the athletic trainer in clinical decision making. In completing appropriate documentation, the athletic trainer is required to organize not only the data but also the thought processes related to patient/athlete care.⁵ Organized documentation helps the athletic trainer make better decisions.

Quality Assurance

There is an old adage that "experience is the best teacher." That statement could be reworded to read, "The more experience you have, the better athletic trainer you are." Yet, practically speaking, experience alone is not a valid measure of athletic training proficiency. Quality assurance is a process of oversight that serves to objectively review performance measures and interventions. The athletic trainer should periodically review and analyze documentation of patient/athlete cases to glean objective information about the effectiveness of specific treatments. Athletic trainers should avoid the philosophy, "That's the way I've always treated that injury," and focus instead on objective evidence that a treatment is effective for an illness or injury.

Effectiveness is determined by reviewing the medical documentation of a patient's/athlete's subjective and objective responses to a treatment or treatment plan. Retrospectively analyzing treatment interventions, assessment findings, and other aspects of care serves to verify the true quality of one's system.

The medical documentation system should include a process for reviewing records. Peer review of medical records can help ensure high standards of quality in both medical documentation and patient/athlete care. While the high standard of care will improve the outcome for the patient/athlete, quality medical documentation may also contribute to a higher rate of third-party payment and also provide a better defense in the case of legal action against the athletic trainer. Third-party payers (insurance companies) generally conduct another type of medical record review. The purpose of this review is usually to determine if the insurance will reimburse the provider for patient/athlete care. Although third-party payment for athletic training services is still more the exception than the rule, a growing number of athletic trainers are billing for services, and that trend is expected to continue.

Outcomes Research

Researching the final results of a systematic process is a method of determining if an intervention led to a successful outcome. This is referred to as outcomes research. As previously stated, medical documentation provides objective evidence for the efficacy of a treatment or treatment plan. Advancement of the athletic training profession depends largely on the ability to prove that athletic training services are effective (eg, have positive outcomes). Effective documentation of the patient's/athlete's subjective and objective responses to a treatment or treatment plan enhances the validity and reliability of the evidence (data). Researchers can then use the data to establish relationships between treatments and outcomes, which will further inform the practice of athletic training. A relationship exists between quality assurance and outcomes that contributes to the overall success of documentation within the athletic training profession.

Reimbursement

Effective documentation is essential to obtaining third-party reimbursement for athletic training services. Standards and guidelines for documentation are established by third-party payers and are generally based on regulations set by the Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA).⁶ The athletic trainer must adhere to the appropriate standards and guidelines to ensure a high rate of reimbursement. In the future of health care delivery, it is feasible to imagine a day when athletic trainers will seek a fee for service based on standard insurance reimbursement policies that athletes and patients possess

for their health coverage. Despite the minimal examples of third-party reimbursement that exist in the current era of athletic training services provided, it is imperative that athletic trainers understand how to properly document within a reimbursable system should such reimbursement opportunities become available. Health care professions that receive third-party reimbursement have historically received higher salaries than those that do not. This topic is covered in depth in Chapter 7.

Pearl of Wisdom

In high school and collegiate athletic training settings, a calendar is a very useful tool to assist with collecting and maintaining documentation. Mark a calendar with due dates for paperwork such as preparticipation examination forms, postseason health history questionnaires, and so forth. There are likely to be several different due dates based on the various sports' competitive seasons.

Liability Concerns

The athletic trainer should always bear in mind that effective medical documentation is the first line of defense in a lawsuit. In many cases, medical documentation is the main source of objective evidence of patient/athlete care.⁷ Medical records are permanent, legal documents. Thus, the athletic trainer must avoid recording false, exaggerated, or fabricated data. It would be prudent to assume that a lawyer will scrutinize every patient/athlete file and each document therein. As a health care professional, the athletic trainer should adopt a common health care mantra, "not documented, not done." Legal aspects of documentation are discussed in detail in Chapter 5.

Injury Surveillance

Another purpose of documentation is to track the number and types of athletic training services provided in a specific time period.⁸ These data can be useful in a variety of ways, including determining injury incidence patterns, cost/benefit analysis, and budget needs. Tracking the volume of patient cases and billing associated with athletic training services can assist in making personnel decisions. In addition, being able to identify patterns associated with injuries related to a certain sport, gender, playing surface, environmental conditions, and a host of other variables can assist with understanding the causes of injuries and ultimately aid in developing injury prevention techniques and programs.

Marketing Tool

The role of marketing and public relations in the practice of athletic training is often overlooked and ignored.

Yet, a proactive and focused marketing plan can greatly enhance the practice of athletic training. In this regard, medical documentation can be used to track referral sources for athletic trainers practicing in a private practice type of setting. An athletic trainer who actively participates in increasing the business aspect of the practice can be in a better position to justify a higher salary and to justify his or her employment. Effective documentation also can be used to enhance communication with patients/athletes, leading to increased customer satisfaction.² An example of this is seen with the development and dissemination of patient education handouts. Such handouts can be used to demonstrate exercise techniques and teach individuals more about their injuries. Satisfied customers are an invaluable marketing resource.

Legislative Requirements

Athletic trainers may be required by state law to maintain documentation. Each state enacts its own set of rules and regulations; thus all athletic trainers should consult the state agency that administers the law in the state in which they practice to determine documentation requirements. Lack of knowledge pertaining to any law is not excusable in the event of absent documentation.

To summarize, effective medical documentation is valuable for a variety of reasons. The athletic trainer must be proficient in documentation skills in order to communicate effectively, help reduce the risk of liability, and uphold the standards and guidelines of the BOC, state practice acts, and third-party payers. The athletic trainer must also be able to organize and administer a medical documentation system.

CONCEPTUAL FRAMEWORK FOR DOCUMENTATION

For documentation to be effective, a conceptual framework must be developed, and the documentation policies and procedures must be embedded in that framework. The key role of any conceptual framework is to identify the concepts and relationships in a complex phenomenon. Creating the conceptual framework establishes a common language in order to clarify meaning and enhance communication about a particular entity. Many conceptual frameworks have been developed to create a common language for describing health status and disability. Three of the most commonly used health and disability models are presented in this chapter.

The Nagi Model of Disablement, developed by noted sociologist Saad Nagi in the 1960s, contains 4 key concepts: active pathology, physical impairment, functional limitation, and disability.⁹⁻¹¹ A description of the Nagi model is presented in Table 1-1.

Table 1-1

Nagi Model of Disablement

	Active Pathology	Physical Impairment	Functional Limitation	Disability
Definition	The intrinsic pathology or disorder	Anatomical, physiological, mental, or emotional abnormality or loss	Limitation of performance at the level of the whole organism or person	Limitation in performance of socially defined roles and tasks within a sociocultural and physical environment
Frame of Reference	Cell	Tissue, organ, body system	Whole person	External environment/culture/society
Example: Point guard on basketball team sustains a 3-degree ACL tear	3-degree ACL tear	+ Lachman's test Knee flexion 80 degrees	Inability to run Inability to jump	Unable to play basketball

Based on Jette AM. Physical disablement concepts for physical therapy research and practice. *Phys Ther.* 1994;74(5):11-18.

Table 1-2

International Classification of Impairments, Disabilities, and Handicaps Model

	Disease	Impairment	Disability	Handicap
Definition	Biochemical, physiologic, and anatomical abnormalities of the human organism	Loss or abnormality at the tissue, organ, or body system level	Inability to perform a task or participate in activity considered normal for a human being	Disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual
Frame of reference	Cell	Tissue, organ, body system	Whole person, external environment, culture	Society (not the individual)
Example: Point guard on basketball team sustains a 3-degree ACL tear	3-degree ACL tear	+ Lachman's test Knee flexion 80 degrees	Inability to run Inability to jump	Inability to play basketball

Based on Jette AM. Physical disablement concepts for physical therapy research and practice. *Phys Ther.* 1994;74(5):11-18.

In 1980, the World Health Organization (WHO) developed the International Classification of Impairments, Disabilities, and Handicaps (ICIDH) to create a common language for describing and understanding health and health status.^{11,12} This framework has 4 basic components: disease, impairment, disability, and handicap. Table 1-2 contains a description of the ICIDH model.

The ICIDH model has been continually revised since its inception. The most recent version of the ICIDH is the International Statistical Classification of Diseases and Related Health Problems Version 10 (ICD-10), adopted by WHO in 1999.¹² This biomedical model is used to classify a person's level of disease or disability, and does not account for social, psychological, or cultural aspects of disease.

In 2001, WHO adopted the International Classification of Functioning, Disability and Health (ICF). ICF is a comprehensive framework for describing health status and disability that integrates biomedical and psychosocial theories of disease. ICD-10 is mainly intended to classify diagnoses and diseases, while ICF is more focused on health status and the factors that influence health status. WHO notes that ICD-10 and ICF are complementary, encouraging users of the systems to utilize both international classifications together.¹²

Similarities between ICF model and the Nagi model are obvious. "Active pathology" is synonymous with "health condition." "Impairments" are similar to "body functions and structure." "Activity" is essentially the same thing as "functional limitation," just as "participation" is the same as "disability." However, the ICF model emphasizes the influence of "contextual factors," which are not incorporated in the Nagi model. Examples of contextual factors include the physical environment in which a person lives (eg, urban vs rural) and psychological aspects of disease (depression vs positive mental attitude). Figure 1-1 illustrates the ICF model.

When documentation policy and process are embedded in a framework such as the Nagi or ICF model, both the athletic trainer and the patient/athlete will benefit. Perhaps the most important application of a disablement model is to help structure the evaluation, treatment, and rehabilitation of musculoskeletal injuries and general medicine conditions. Most athletic trainers spend a majority of their time carrying out these functions. Focusing on a patient's/athlete's disability rather than simply a set of signs and symptoms or test results is similar to seeing the forest instead of the trees. That is, the athletic trainer must recognize that the goal of a particular treatment plan is to address and correct a patient's/athlete's inability to participate in a particular activity, not strictly to restore range of motion to a joint or strength to a muscle. This shift in thinking should result in a better outcome for the patient/athlete since the treatment plan will, at its core, become tailored to the individual as opposed to merely the injury. Application of a disablement model to the documentation of the evaluation, treatment, and rehabilitation of musculoskeletal injuries and general medicine conditions will have the added benefit of providing the athletic trainer with feedback about the success of particular treatments and rehabilitation protocols. The athletic trainer will benefit from this structure and from the feedback that is inherent in this type of documentation.

SUMMARY

Medical documentation is more important today than ever before in health care. Documentation serves a multitude of purposes, including communication,

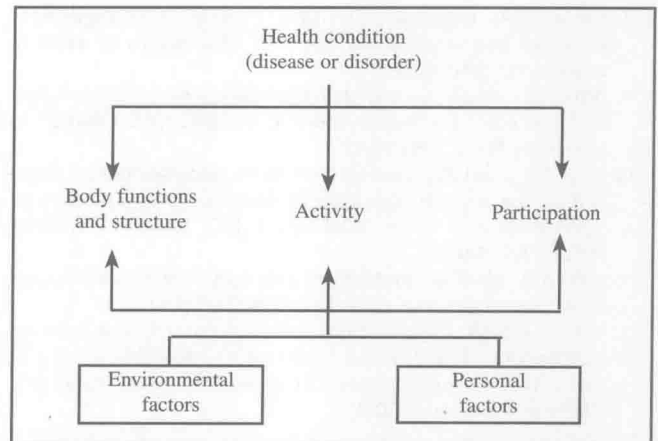


Figure 1-1. ICF model developed by WHO to describe health status. (Reprinted with permission from World Health Organization. Towards a common language for functioning, disability and health: ICF. Geneva, Switzerland: Author; 2002. Available at: <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>. Accessed February 3, 2011.)

organization, patient/athlete management, quality assurance, reimbursement, outcomes research, marketing, and injury surveillance usage patterns. A conceptual framework is necessary to define and clarify the policy and process of documentation. The Nagi Model of Disablement and the 2 WHO models are among the most commonly used frameworks for describing health status. Application of 1 or more of these models will greatly enhance the quality of athletic training services when used appropriately by athletic trainers.

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DISCUSSION ITEMS

Using the information presented in this chapter, answer the following:

1. Describe the primary reasons for establishing appropriate medical documentation in the athletic training environment. In what ways have you become familiar with any of these methods of documentation?
2. Do you think there is a difference between the way athletic trainers document information based upon setting? What differences, if any, have you experienced between high school, clinical, and university settings?
3. At your college/university, have you witnessed examples in your athletic training room setting of documentation completed for reasons other than those described in this chapter? If so, explain the purpose(s) of the documentation.
4. Explain the Nagi and International Classification of Impairments, Disabilities, and Handicaps models of disablement and how these conceptual frameworks apply to medical documentation for athletic trainers.
5. Prior to entering the field of athletic training, what experiences have you had with medical documentation? Were you aware of the importance and impact of what you put in writing for future reviewers of your paperwork?

DEFINE THE FOLLOWING TERMS

1. Quality assurance
2. Outcomes research
3. Medical documentation
4. Medical documentation system
5. Disablement model

CHOOSE THE BEST ANSWER

1. Accurate medical documentation serves all of the following purposes except:
 - A. Facilitating communication between health care workers, parents, and coaches
 - B. Establishing a relationship between treatments and outcomes
 - C. Guaranteeing full payment from a third-party payer for all athletic training services
 - D. Protecting the treating athletic trainer from potential lawsuits
 - E. Identifying patterns associated with injuries
2. Which of the following written goals reflect the Nagi and ICF conceptual frameworks?
 - A. Increase bilateral lower extremity strength to 5/5 in 6 weeks
 - B. The athlete will perform an independent home exercise program
 - C. The patient will be able to climb 2 flights of stairs independently and without difficulty
 - D. Decrease left wrist pain from 7/10 to 1/10 during wrist flexion in 4 weeks
 - E. Increase left ankle dorsiflexion active range of motion by 5 degrees in 1 week
3. The athletic trainer can use good documentation techniques as a marketing tool, potentially leading to which of the following outcomes?
 - A. Justification of a higher salary and his or her employment
 - B. Promotion as a school administrator
 - C. Promotion to an office manager
 - D. Proof of competence as an athletic trainer
 - E. Increased reimbursement rates from third-party payers

BASIC PRINCIPLES OF MEDICAL DOCUMENTATION

LEARNING OBJECTIVES

Following the completion of this chapter, the reader will be able to:

1. Identify and explain the principles of medical documentation.
2. Describe the documentation standard set forth by the Board of Certification Standards of Professional Practice.
3. Describe the proper method for an athletic training student to sign a medical record.

Standards and guidelines for medical documentation have been established by a variety of organizations, including the Centers for Medicare & Medicaid Services (CMS).¹ The largest third-party payer in the United States, CMS sets standards and guidelines for medical documentation for participating health care providers, such as physicians and hospitals.¹ Health care professions such as nursing and physical therapy also establish standards and guidelines for documentation. The significance of the CMS requirements is that they are regarded as the gold standard and are often adapted for use by other third-party payers (insurance companies). So if an athletic trainer seeks reimbursement for services, regardless of the insurance carrier providing the payment, the CMS standards and guidelines may indirectly or directly apply.

Documentation for the athletic trainer is addressed in the Board of Certification (BOC) Standards of Professional Practice,² where Standard 7: Organization and Administration of the Practice Standards Section I reads:

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

Since documents such as the BOC Standards of Professional Practice are used to establish the standard of care for athletic trainers, the athletic trainer is obligated to adhere to its guidelines (see Appendix A).

While documentation standards and guidelines vary among health care settings, certain principles are commonly held as essential to all types of medical documentation because the medical record is a legal document. These rules are derived from the various documentation standards and guidelines in health care, as well as legal, statutes.

Pearl of Wisdom

Practice, practice, practice. Proficiency in medical documentation requires continual critiquing and refining.

MEDICAL TERMINOLOGY

All health care providers should use appropriate medical terminology in medical documentation.³ The use of appropriate medical terminology serves to enhance communication among and between all types of health care providers. Types of medical terminology with which the athletic trainer, and all health care professionals, must be familiar include terms associated with pathology, biomechanics, orthopedics, general medicine, and the musculoskeletal system. For example, body parts should be described using anatomical nomenclature (eg, "tibia" instead of "lower leg"). Movement should be described using correct biomechanical terms (eg, "gait" instead of "walk"). The use of appropriate and professionally accepted terminology gives the athletic trainer a level of distinction and respect as a health care provider, separate from the lay person.

Medical Abbreviations

Medical documentation typically contains a myriad of abbreviations that, while enhancing efficiency, can contribute to confusion and errors.⁴ Many health professions have developed a list of acceptable abbreviations in an effort to ensure common understanding and alleviate confusion and mistakes. However, such lists do not fully eliminate the possibility of misunderstanding. Furthermore, different disciplines may use different terms to describe the same thing. Also, time spent learning to use and interpret abbreviations can decrease the efficiency that is often attributed to their use. Patient/athlete safety is of utmost importance, and care must be taken that the use of abbreviations in medical records does not compromise this. Another issue with medical abbreviations arises when insurance companies review medical records. The reviewer may not be familiar with the abbreviations, and also may not bother to research the meaning. This can be cause for denial of a claim, which can delay or restrict patient/athlete care and reimbursement for services.⁴

Despite the drawbacks, medical abbreviations are still commonly used. Thus, the athletic trainer should become proficient in using and interpreting medical abbreviations (see Appendix B). Health care facilities and insurance companies commonly have specific sets of medical abbreviations. It is incumbent on the athletic trainer to know and understand the medical abbreviations used in his or her practice setting. When there is doubt about comprehension, abbreviations should be avoided.^{3,4} Sometimes, taking the time to write the whole word will be more efficient in the long term.

Punctuation

Correct punctuation is important to ensure the correct interpretation of data in medical records. The narrative style of documentation, which is discussed later in this text, encompasses a story-like medical note. When writing in narrative style, the athletic trainer should take care to use appropriate sentence structure, including the use of punctuation marks. In other medical documentation, such as the commonly used subjective, objective, assessment, and plan (SOAP) notes (discussed in Chapter 4), it is essential that a common usage for various punctuation marks be clearly understood by all interested parties. To ensure common understanding, many facilities include a list of punctuation marks and how to interpret punctuation along with the list of accepted medical abbreviations.

Pearl of Wisdom

Avoid using hyphens on evaluation, treatment, and rehabilitation forms. Since the hyphen (-) looks exactly like the negative sign (-), the reader may misunderstand the meaning of the symbol.

Accuracy

Data entered in medical records must never be falsified, exaggerated, or fabricated.³ The athletic trainer should exercise extreme care in recording data precisely and objectively. This may not be an easy task given some of the environments in which athletic trainers practice. For example, during a football game, many injuries requiring assessments could occur within a 2-hour span, particularly in inclement weather. It may not be possible to document the findings of each assessment at the time of occurrence. At the very best, the athletic trainer may be able to jot down some simple notes that he or she may refer to after the game. Thus, the athletic trainer may have to rely on memory recall at the completion of a game, which may limit the ability to fully document all that may have occurred.

Objective measurements and findings are the hallmark of accuracy. One should not render judgment or opinion unless done in the assessment component of documented records. The reliability and validity of testing will contribute to accurate documentation. Updating medical records regularly and auditing records will help one improve upon accurate methods of documenting future medical charts. Keeping up with industry standards and legislative and regulatory laws that are passed will also contribute to accuracy with documentation.

Pearl of Wisdom

Use quotation marks when recording statements made by the patient/athlete, as when taking a medical history.

Brevity

Medical documentation should contain concise, short statements. Phrases joined by the word *and* should be avoided.³ Abbreviations can facilitate brevity. However, accuracy and clarity must not be sacrificed for the sake of brevity. The athletic trainer must include all necessary information in a manner that will ensure complete understanding. Omitting terms and facts for the sole purpose of brevity is not recommended.

Clarity

To be effective, a medical document must convey meaning readily. Avoid vague terms, changes in verb tense, and abbreviations that may inhibit comprehension.³ Document in a medical chart with the anticipation that the next person who reads the chart will need to continue with a previous intervention or follow up with your suggested documented notes. If such terms are not clear or legible, the lack of clarity may ultimately affect the outcome of care provided. Medical professionals have the notorious reputation of possessing illegible handwriting. Do not use this as an excuse for not documenting with clarity.