

Tepen JE and Wilkinson SG. Exercising Consistent Vocabulary in Physical Therapy Documentation. Rockhurst University-Physical Therapy Education Program.

Title: Exercising Consistent Vocabulary in Physical Therapy Documentation.

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Purpose: The purpose of this research was to determine the variability of vocabulary within physical therapy documentation. Inconsistent vocabulary use within physical therapy documentation could potentially disrupt treatment workflow, alter treatment outcomes, and negatively impact successful and effective implementation of electronic health records and other health information technologies.

Methodology: In this study, data was collected on three different patient diagnosis categories: shoulder, lumbar, and knee pathologies from 10 different outpatient physical therapy clinics. At each clinic, seven charts were randomly selected for each of the three categories for a total of 21 charts per clinic. Each of the intervention names used during patient treatments was recorded and analyzed for consistency. The intervention names were grouped into common categories and compared with the others to determine naming consistencies. Each intervention name was analyzed for the use of modifiers. Classifications of modifiers were identified including: no modifier, patient position, clarification of technique performed, alteration of the exercise, equipment, level of difficulty, and laterality. Frequency was determined for each intervention name and modifier. Finally, intervention names were analyzed to determine the frequency of abbreviations.

Results: There were 745 shoulder interventions, 629 back interventions, and 618 knee interventions for a total of 1,992 interventions collected. Several intervention names were consistent, such as, short arc quad (SAQ), long arc quad (LAQ), and straight leg raise (SLR); however, modifiers created variability in naming interventions. The coefficient of variance (CV) was determined on each common intervention to determine the variability of documentation. The CVs were high (39 – 80%), indicating large variability in naming conventions of the physical therapists' documentation. The majority (54.2%) of the interventions had the use of a modifier. Abbreviations were used in the majority (61.3%) of the interventions documented.

Conclusion: This research showed a high variability among the names of treatment interventions documented by outpatient physical therapists. Modifiers and abbreviations are commonly used in documentation. Although modifiers and abbreviations are essential and helpful with efficiency of handwritten documentation, the use of these may potentially have a negative impact on physical therapy. Physical therapy, along with all of healthcare, is moving towards computerized documentation and other health information technologies. Inconsistent vocabularies will have a detrimental effect upon successful implementation and use of these promising tools. Future studies are needed to determine how inconsistent vocabulary might influence treatment work flow, treatment outcomes, and health information technology.