

Effective Communication through Documentation

Beth Scalone, PT, DPT, OCS

Documentation should be an effective communication tool. Clear medical documentation leads to faster reimbursement, improved understanding between providers and ultimately efficient and effective patient care. Our daily notes include information about the patient's current level of pain or function, what treatment was performed, how the patient tolerated the treatment and what is the plan for the next session. Most health care professionals are taught this basic SOAP note format. When aquatic therapy treatment is introduced communication of patient information is a challenge. The aquatic therapist must relay vital information to other health care providers and insurance companies who may *not* understand the therapeutic properties of water. This article will discuss ways the aquatic therapist can convey the therapeutic benefits of aquatic therapeutic interventions through documentation.

One of the main reasons for aquatic therapy is to decrease the pull of gravity and weight bearing forces. In the insurance world this would be considered the medical necessity for therapy and for the use of the aquatic environment. First we must document a need for therapy and a justification for exercise in the water. A clear way to communicate the client's ability especially to those health care professionals not familiar with water exercise is to translate the depth of immersion to percentage of weight bearing. For example instead of "the patient is performing $\frac{1}{4}$ squats in chest deep water without pain" be specific, *"the patient tolerates $\frac{1}{4}$ squat with 30% weight bearing"*. See table one and table two as a review for percentage of weight bearing at rest and with fast walking in the water. Often justification for the use of aquatic therapy is the patient is not tolerating exercise on land, to convey this with documentation it is important to indicate tolerance and pain levels comparing land and water. For example,

"The patient reports pain level in lower back is 7/10 when walking on land, decreasing to 4/10 with 30% weight bearing and 0/10 with non weight bearing deep water walking"

Remember pain level is not the only justification for aquatic exercise. Limited ability to move on land due to weakness, obesity or fear of falling are additional impairments commonly seen in patients who would benefit from aquatic environment.

One of the primary reasons for denial of claims from insurance companies is that documentation does not demonstrate progression. The aquatic therapist understands exercise in water is not just about decreasing the force of gravity but must communicate how the exercise is progressed. On land we document increased resistance by change of position from gravity assisted to gravity resisted, with increased weight of dumbbell, change in color of resistance bands etc. In the water we change from buoyancy assisted to buoyancy resisted exercise. Again the non water therapist will not recognize that seated knee extension is assisted and that standing with hip at neutral performing knee extension is resisted when being performed in the water. To convey this message it is important to point out the progression, this can easily be achieved the sentence, *"Able to increase to knee extension exercise from buoyancy assisted to buoyancy resisted without increase in patient symptoms"*.

Not just position but the addition of buoyancy equipment will change an exercise. Many companies sell different sized aquatic dumbbells it is important to indicate which ones were utilized and when changing to a higher density foam. Of course at times taking away buoyancy equipment being used for support is also a progression and would need to be communicated to the non aquatic therapist. For example, *“The patient’s trunk strength has improved demonstrated by their ability to maintain balance and upright posture against the turbulence of the water while walking forward without use of buoyancy dumbbells for support”*.

Other ways to increase resistance with aquatic exercise is by increasing drag forces. Increased speed and surface area, along with the addition of turbulence all can challenge a patient while performing aquatic exercise the following are documentation examples to communicate the increased challenge these forces provide.

“The patient is now performing exercise at twice the speed resulting in 4 times the original resistance, with good form and without complaints of pain”

“Added turbulence challenged the patient’s ability to maintain spine in a neutral position, requiring frequent rest periods with exercise”

“Upper extremity exercise progressed with the addition of resistance gloves”

When billing an insurance company medical necessity is not the only criteria for payment considered. Is the service being provided “skilled care” or could the person perform this independently or in a community group such as arthritis foundation class? Communicating skilled care is a challenge. We must indicate that the patient would not only benefit from the aquatic environment but that the therapist must be present and is making clinical decisions, maximizing the treatment. The Guide to Physical Therapist Practice include aquatic exercise as part of therapeutic exercise, see box 1 for the definition of therapeutic exercise. Skilled care is often communicated within the assessment portion of the SOAP note. One of the ways to indicate the aquatic therapist was required is to document level of assist, type and extent of verbal cuing, specialized manual techniques and modifications made during treatment session in response to patient performance. The following are some examples:

“The patient required moderate assist from therapist to recover from loss of balance”

“With frequent verbal cueing the patient was able to maintain upright spine with walking forward, the patient has a tendency to lean forward with head and trunk”

“The patient’s hip adductor muscle tone was reduced with Watsu techniques allowing the patient to walk without scissoring of the lower extremities and perform full range hip abduction strengthening exercise.”

Therapeutic exercise is the systematic performance or execution of planned physical movements, postures or activities intended to enable the patient or client to:

- Remediate or prevent impairments
- Enhance function
- Reduce risk
- Optimize overall health

Box 1: Guide to Physical Therapist Practice definition of therapeutic exercise

Additional rules to follow with documentation include limiting your abbreviations especially with formal evaluation and progress report. Have a list of abbreviations and meanings for reference. Flow sheets can save time, remember with Medicare patients you are not allowed to use check marks indicating same as last time, you must put repetitions, number of sets, level of resistance etc. for each exercise for each visit. Be sure documentation is legible, signed and dated.

With a little practice your documentation can be an effective communication tool without being time consuming. Conveying the information the first time decreases the need to appeal a denied claim or have the physician not understand the patient's ability. Because most of our standard tests and measures are land based it is important to re-assess these measures on a regular basis to demonstrate the patient is benefiting from aquatic therapy and that the water treatment is carrying over to land based function.

Table 1 Percentage of weight bearing based on depth of immersion

Water level	% WB
ASIS	56%
Xiphoid	30%
C7	10%

Over head	0%
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Table 2 percentage of weight bearing with fast walking

Depth of immersion	% WB
C7	25%
Xiphosternum	50%
ASIS	75%

References and additional reading:

MEETING THE NEEDS OF THE PUBLIC: Documenting Aquatic Therapy

Located at: <http://www.aquaticnet.com/Article%20-%20Documenting%20aquatic%20therapy.htm>

Defensible documentation located at www.apta.org/documentation