

Quick recap on Short and Long-Term

Goals, Re-evaluations, Treatment Plans:

Documentation for short and long-term goals

In the current healthcare climate, chiropractic documentation must address treatment goals. Goals should be noted for each complaint, and the record must describe how each complaint has improved, resolved, or worsened. Here is what I have found among our peers as I continue to see notes from various providers.

- 1) **Short-Term Goals.** Short-term goals should be realistically achieved in the first 4-6 weeks of care. But what happens if the patient progresses faster than expected? It is important to document progress towards goals in the assessment portion of the notes throughout care, not just at the re-evaluation visits. This gives insight to any reviewers that you are monitoring the patient and that you are not stuck in an “auto-copy mode” of electronic record taking.
- 2) **Long-Term Goals.** These goals should reflect the milestones that must be reached to move the patient towards maximum medical improvement (MMI) or pre-injury status. These goals may take longer than 6 weeks to achieve. Sometimes, these goals are not met and the patient may have residuals. These goals often enable the Doctor of Chiropractic to determine if the patient is still under active care that can be billed out to an insurance company or if the patient is receiving maintenance/supportive/wellness care. If the functional outcome scores plateau and the patient stops progressing towards the long-term goals, it may be appropriate to discuss with the patient that palliative/maintenance care will be initiated and that the insurance company is no longer able to be billed for care.
- 3) **Re-evaluation of goals.** Re-evaluations are typically every 4 weeks in a care plan for a patient who has a chief complaint that is acute in nature. Functional outcome assessments are a good way to analyze where the patient was (initial visit) and where they are currently. Typically, the scores decline as the patient improves. When a patient does not improve with care, it may be appropriate to change the type of care (adjustment style, frequency, modalities, etc.) and assess if the patient responds better. If the patient is still not responding, referral to another provider would be a great next step. Do not wait for the re-evaluation to monitor patient progress though. This should be done to some extent on every visit.
- 4) **Treatment Plan.** The treatment plan should describe the frequency and duration of visits and a re-examination date. The treatment plan would list any home care, home or in-office exercises, and any other treatments to be rendered (soft tissue mobilization, traction, decompression, etc.). It should note what style of adjustments the patient will be receiving.
- 5) **Want to know more?** If this is interesting to you, this is why pursuing the diplomate in Forensics is beneficial for first time graduates starting out in practice as well as veteran doctors. The rules for compliance and documentation change. This is a prime example of why attending our national conference in October 2020 should be your first choice for continuing education. Learn more at our website.

Attention Members: If you have an interesting case please describe it in a one-page synopsis and submit it to drcrystalharrison@gmail.com for inclusion in our upcoming newsletters.

Welcome
to our
New Members

Welcome new members- names here!



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<https://www.forensic-sciences.org/membership-application.htm>

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